

Module 1: Becoming a WIC Peer Counselor

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Sneak Preview

Module 1, “Becoming a Peer Counselor,” helps you learn ways to feel confident and comfortable in your new role as a WIC peer counselor.



You Will Learn:

- How peer counselors make a difference for WIC moms
- Your basic job responsibilities and duties
- A typical day as a peer counselor
- The scope of practice for a peer counselor
- The WIC team who will help you

Mapping the Journey

Handout 1.1
“Mapping the Journey”

Handout 1.1, “Mapping the Journey,” has a list of topics that will be covered throughout your peer

counselor training. Place a star beside the topics that you feel you already know a lot about. Circle the topics that you do not know much about. Place a question mark beside the topics that you are especially interested in learning more about. As peer counselors we are life-long

learners, always looking to travel to new places in our journey through life. We never want to stop learning!

How Peer Counselors Make a Difference

Think back to how you felt the first time you became a new mother. What excited you? What worries did you have? Who did you turn to for support with breastfeeding?

Many new mothers turn to other moms just like them to share experiences. When new moms have someone who understands what they have been through, it makes it easier to cope with the questions and challenges of being a new parent. WIC peer counselors are mothers in the community with personal breastfeeding experience who give information and support to new moms. As a peer counselor, you will become friends with WIC mothers and share ideas for how to have a good experience with breastfeeding.



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Your Job Responsibilities and Duties

As a peer counselor, your job is to support new mothers and babies with breastfeeding. This means you will provide information to help mothers make an educated choice about how they will feed their babies. You will share tips for helping mothers get off to a good start with breastfeeding, answer their common questions, and encourage them when they face challenges. You will also refer mothers who have challenging questions and concerns. Learning how to do this well will take time, so be patient with yourself. As a peer counselor, you will be traveling on your own special journey as you learn new skills. You will not be alone. Other peer counselors, breastfeeding experts, and WIC staff will take that journey alongside you as you work together to make a difference in the lives of WIC moms.

Handout 1.2

"Breastfeeding Peer Counselor Job Description"

Take a look at Handout 1.2, "Breastfeeding Peer Counselor Job Description." Place an "E" beside the duties that you feel will be EASY, and an "H" beside the duties that you feel might be HARD for you.

A Typical Day as a Peer Counselor

Handout 1.3

"Typical Day"

Peer counselors work in many different settings, so a typical day will be very different from place to place. Read the questions on Handout 1.3, "Typical Day," and write down your thoughts.

WIC Clinic. Some peer counselors visit new mothers in the WIC clinic. They come to WIC during the regular clinic hours to visit one-on-one with new moms and help them feel more confident with breastfeeding. While you are at the clinic, you may telephone mothers to see how their pregnancy or breastfeeding are going, and will pick up referrals from the WIC nutrition staff.



Work from Home. Some peer counselors make and receive phone calls from new mothers at home. This enables you to reach mothers with their questions and concerns when the WIC clinic is not open. Being available to moms beyond the WIC clinic hours is very manageable when you plan ahead. Think about where your work space will be, and how you can keep your children occupied while you are on the phone. Some peer counselors make calls during naptime or when children have gone to bed, or provide a special quiet area for children to play during phone calls. Other peer counselors ask a family member or another peer counselor to swap babysitting services one or two days a week.

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Hospital. Some peer counselors visit new moms in the hospital to help them get a good start with breastfeeding. Having a peer counselor to help them when they are first beginning breastfeeding can be reassuring to new moms. Your WIC clinic will make arrangements with the local hospital for your services and will provide you with special training to prepare you.

Other Settings. Some peer counselors make home visits or lead mother's group meetings. Most peer counselors make phone calls to pregnant and breastfeeding mothers, receive calls from mothers who have questions and concerns, and refer mothers to breastfeeding experts when they are experiencing difficulties that are beyond normal breastfeeding. Handout 1.3, "Typical Day," helps you think through ways your job as a peer counselor can fit into your daily life.

Scope of Practice for a Peer Counselor

A peer counselor supports normal breastfeeding for new moms and babies. This means you will help mothers get off to a good start by giving her accurate information and encouraging her with your support. Your "scope of practice" is a term to describe the range of services you can provide. This includes:

- Working in a professional way that respects the dignity of the mother, the WIC staff, and other staff at the hospital or the mother's health clinic.
- Encouraging WIC mothers to breastfeed by helping them explore the barriers that stand in their way, and showing them how to fit breastfeeding into their lives.
- Helping mothers get off to a good start with breastfeeding.
- Helping mothers continue to breastfeed.
- Giving support to new mothers.
- Referring mothers to other breastfeeding experts when needed.

The WIC Team Who Will Help You

Handout 1.4

"Who Can Help Me in My Job"

There are many people within the WIC program who will help you. These people include your peer counselor supervisor or coordinator, the breastfeeding coordinator of your local agency, the WIC nutritionist or nurse, the lactation consultant or other breastfeeding expert, and fellow peer counselors. Use Handout 1.4, "Who Can Help Me in My Job," to record those who are available at your local WIC agency.



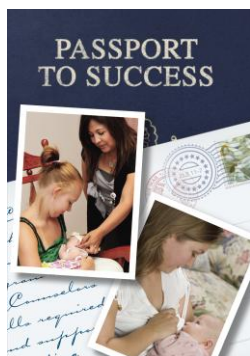
When you encounter situations that are beyond your basic scope of practice, you can call on these people to help you. In WIC we call this the "YIELD" concept. Think about a yield sign in traffic which allows drivers who have the "right of way" to move forward and then merge into traffic. As you travel alongside new mothers, it can be reassuring to know that you have breastfeeding experts you can hand a mother off to when she experiences more complex problems. When you yield a mother to the expert(s), you will continue to travel alongside her to support and encourage her.

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Learning More



Your journey as a peer counselor will become more rewarding as you continue your learning. Talk with an experienced peer counselor who works in your same job and ask her about her typical day. Ask for her ideas and tips for how to make the job meaningful for you. You can also continue your learning by looking over the peer counselor resource, *Breastfeeding: A Parent's Guide*. There will be specific assignments in this book after each module.



Passport to Success

Many people keep track of places they have traveled to by collecting postcards or taking photos. A passport is needed to travel outside the country. When traveling, a customs and border protection officer stamps the passport when the traveler is cleared to move ahead. Similarly, your *Peer Counselor Passport to Success* is your record of the amazing new skills you are learning as you move through each module. Ask your supervisor to stamp your passport when you finish each module.

Know a little	Know a lot	Know nothing	
			Becoming a WIC Peer Counselor <ul style="list-style-type: none"> • Role of the peer counselor in the WIC Program • Positive impact a peer counselor makes in helping WIC participants • Basic job responsibilities and duties of a peer counselor • How to work peer counseling into a peer counselor's life • Scope of practice for basic education and support • Situations which should be "yielded" to others with more expertise • WIC designated breastfeeding experts available to assist
			Helping Moms say YES to Breastfeeding! <ul style="list-style-type: none"> • Reasons to breastfeed for babies and mothers • Components of human milk • How human milk differs from infant formula • National breastfeeding goals and current rates • How WIC supports breastfeeding mothers' infant feeding goals • Role of peer counselor as part of WIC "circle of care" for new families
			Helping Moms Overcome Common Barriers <ul style="list-style-type: none"> • Common barriers to breastfeeding initiation, exclusivity, and duration • Making the infant feeding decision • Engaging family members in providing support • Myths and facts about breastfeeding • Exceptions to breastfeeding • When to yield
			How to Talk with Moms About Breastfeeding <ul style="list-style-type: none"> • Participant-focused counseling techniques • Connection before content • 3-Step counseling strategy • Assessing a mother's readiness to change • Dealing with participants who are resistant or difficult to counsel • Multi-cultural awareness and sensitivity • Misinformation from family members and health care providers
			Ways to Reach New Moms <ul style="list-style-type: none"> • Maintaining client confidentiality • Documenting contacts • In-person visits in WIC clinics • Effective telephone skills • Appropriate use of cell phones • Using social and electronic media
			Encouraging Exclusive Breastfeeding <ul style="list-style-type: none"> • Why WIC promotes exclusive breastfeeding • Why mothers begin formula • Barriers to breastfeeding exclusively • How the breast makes milk and factors that influence milk production • Mothers' concerns about real or perceived low milk production

Handout 1.1

MAPPING THE JOURNEY: PEER COUNSELOR LEARNING TOPICS

Know a little	Know a lot	Know nothing	
			Supporting New Moms <ul style="list-style-type: none"> • The important first hour after birth • Skin-to-skin contact • Baby-led breastfeeding • Laid-back breastfeeding • Positioning and latch • How to know baby is getting enough • Early practices that support breastfeeding • When to yield - referrals for breastfeeding assistance
			Helping Moms When Things Don't Go As Planned <ul style="list-style-type: none"> • Sore nipples, engorgement, plugged ducts, and mastitis • Low milk production • Hand expression • Recovery from childbirth • Infant weight loss, jaundice, reflux, fussiness, growth spurts • When to yield
			Talking with Pregnant Women About Breastfeeding <ul style="list-style-type: none"> • Stages of pregnancy • Talking with pregnant women about breastfeeding • Preparing for breastfeeding • Mothers dealing with loss
			Breastfeeding In the First Month <ul style="list-style-type: none"> • Being a new mom • Recovery from childbirth • Dealing with emotional challenges • Understanding baby's transitions • Secrets of baby behavior – understanding fussy babies, why babies cry, and sleep patterns of newborns • Practices that support breastfeeding • Normal feeding patterns/characteristics of feedings • Assessing how well breastfeeding is going • When to yield for breastfeeding assistance
			Breastfeeding as Baby Grows <ul style="list-style-type: none"> • Growth patterns and appetite spurts • Working baby into a busy life • Introducing solid foods to a breastfed baby • Where baby sleeps • Through teething and weaning
			Breastfeeding When Mother and Baby Are Separated <ul style="list-style-type: none"> • Preterm babies and sick mother or baby • Returning to work/school, and occasional outings • Maintaining milk production when separated from baby • Expressing, storing, and handling breastmilk
			Providing Peer Counselor Services in Other Settings <ul style="list-style-type: none"> • Providing breastfeeding counseling to WIC mothers in the hospital • Making home visits to WIC mothers • Leading breastfeeding classes and support groups
			Teaching Options for Ongoing Peer Counselor Training <ul style="list-style-type: none"> • Lesson plans for ongoing training of peer counselors

Module 2: Helping Moms Say YES to Breastfeeding!

Module 2: Helping Moms Say YES to Breastfeeding!

Sneak Preview

Module 2, “Helping Moms Say YES to Breastfeeding!” explores the important reasons to breastfeed, and ways WIC promotes and supports moms.



You Will Learn:

- Reasons to breastfeed for babies and mothers
- How human milk differs from infant formula
- National breastfeeding goals and rates
- How WIC supports breastfeeding mothers and babies
- How peer counselors are part of the WIC circle of care for new families

Feelings About Breastfeeding

There is no right or wrong way to feel about breastfeeding. Each woman will have different feelings based on her knowledge, her expectations, her past experiences, and the experiences of the people close to her.

For instance:

- Some women will feel very positive about breastfeeding and will be eager to learn more.
- Some women will be uncomfortable or perhaps curious about what it may be like.
- Women who have more than one child may have had a different feeding experience with each child.

Peer counselors can be sensitive to the unique feelings and experiences of each mother. By meeting her where she is and respecting her feelings, you can build trust and support the breastfeeding goals she has set for herself and her baby.

Why WIC Promotes Breastfeeding

The focus of the WIC Program is to improve the health of mothers, infants, and children. Breastfeeding is one of the most important ways to ensure that babies get a healthy start in life.

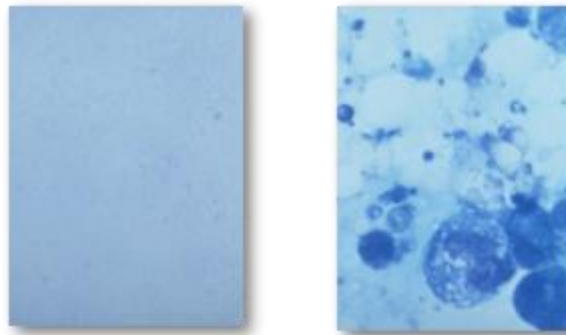
Did You Know?

- Mother’s milk has the perfect combination of nutrients babies need to grow and develop.
- Human milk has more than 200 nutrients in the perfect combination of fats, sugar, and protein to help babies grow healthy and strong.
- A mother’s milk changes during the feeding and throughout the day as her baby grows.

Module 2: Helping Moms Say YES to Breastfeeding!

- A mother's body adjusts to her baby's growing needs by making milk with just the right amount of nutrients.
- A mother's milk is flavored by the foods that she eats.

Human Milk Is Different from Formula



On the left is a picture of a drop of formula under the microscope. On the right is a drop of human milk. Human milk is a living substance which contains cells and other living matter that helps babies fight disease.

Babies who are not breastfed...are more likely to develop ear infections, respiratory infections, stomach illnesses, leukemia, diabetes, and skin conditions. They are also more likely to die from Sudden Infant Death Syndrome.

Mothers who do not breastfeed...have a greater risk of breast and ovarian cancer and Type 2 diabetes. They also have a greater risk of cardiovascular disease later in life.



A mother's own milk has:

- Vitamins and minerals
- Growth factors that help babies grow and develop
- Enzymes that help with digestion
- Antibodies that fight disease and infection
- Probiotics, which are microorganisms that help improve immune response

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Although vitamins and nutrients are added to infant formulas to make them more suitable for human babies, no infant formula can match the ingredients in human milk.

Breastfeeding Rates in the United States



Breastfeeding is so important that the United States has set national objectives for breastfeeding as part of our Healthy People 2020 goals. The goal for mothers initiating, or starting breastfeeding, is 81.9%. The goal for 6 months is that 60.6% of women will be breastfeeding, and the goal at 12 months is 34.1%. This chart shows that the rates are lower for mothers on the WIC Program compared to the national average. As a peer counselor you can help mothers choose to breastfeed and continue to breastfeed longer.

How WIC Supports Breastfeeding Moms

Breastfeeding promotion and support are an essential part of the WIC services provided to new mothers. WIC helps mothers make an informed choice about how they will feed their baby, and provides many services to help mothers reach their goals. These include:

- Counseling by trained dietitians and nutritionists.
- WIC Designated Breastfeeding Experts who know how to help mothers with breastfeeding questions or concerns that are beyond your training.
- Peer counselors like you who help moms outside the WIC clinic and the usual clinic hours.
- Group education such as classes that focus on pregnancy and breastfeeding.
- Mother's groups to give moms a way to meet other moms just like them.
- Breast pumps for a mom whose baby is sick or premature, or who has other special needs. (Always check with your local agency to find out what types of pumps are available and for what situations.)
- *Loving Support*® Makes Breastfeeding Work materials and support to help WIC moms have a positive breastfeeding experience.
- Breastfeeding-friendly WIC clinics which may include a quiet, private area for women to breastfeed if they wish, and promotional information and materials to support new moms.

\$ 180

Module 2: Helping Moms Say YES to Breastfeeding!



Partially Breastfeeding

Deluxe Package

- For mothers and babies who mostly breastfeed but also receive some infant formula from WIC after the first month postpartum. They may receive it until the baby is 12 months old.
- Provides extra quantities and varieties of foods – more than for moms who mostly formula feed, but not as much as for moms who fully breastfeed.
- For infants, formula amounts are kept to a minimum to help moms continue to breastfeed. Too much formula can lead to unhealthy weight gain in the baby and lower milk production for the mother.
- In addition to the extra foods from WIC, mothers and babies also receive valuable breastfeeding support to encourage them to breastfeed.

The WIC Team

As a peer counselor, you are part of a larger group of WIC staff who support WIC mothers and their families. Although each person's role is different, together you form an important team to help mothers reach their breastfeeding goals. This same team is here to support *you* in your journey toward becoming a peer counselor. You will walk hand-in-hand with the WIC team as you help mothers reach the breastfeeding goals they have set for themselves and their babies.

Team members may include:

- **WIC Director** makes sure all the federal and state policies are carried out and approves peer counseling program activities and funds.
- Clinic Manager manages the day-to-day issues that arise in the clinic. You may be asked to check in with the clinic manager when you come to the clinic.
- **Breastfeeding Coordinator** coordinates breastfeeding activities in the WIC clinic and community.

Module 2: Helping Moms Say YES to Breastfeeding!

- **Nutritionist or Dietitian** has special knowledge and experience in nutrition, certifies women and their children for WIC, and explores their dietary needs.
- **Nurse** may do WIC certifications and immunizations of infants and children, and provide maternity services.
- **Clerk** may answer the telephone, make appointments for WIC mothers, and process the paperwork needed to certify a mother and her children.
- **Peer Counselor Coordinator/Supervisor** supports you as you learn your job and coordinates the activities and work of peer counselors.

Your Role as a Peer Counselor

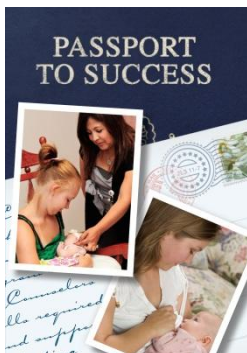
As a WIC peer counselor, you are an important part of the WIC team. WIC staff depend on you to support mothers, and to follow up with mothers who need encouragement and support. You can let staff know when you have completed these contacts so everyone is aware of how the mothers are doing and any other support they might need to continue breastfeeding. To be a trusted member of the WIC team, don't forget to:

- Arrive at work on time on the days agreed upon with your supervisor.
- Call the clinic if you are not able to arrive when scheduled.
- Greet staff when you are in the clinic and introduce yourself to those you do not know.
- Dress in comfortable clothing that follows the clinic's guidelines.
- Be respectful of all clinic staff.
- Yield to other staff when mothers have problems beyond your training.
- Thank staff when they support breastfeeding mothers!

Learning More

Here are some ways you can build your knowledge about how to support breastfeeding moms.

1. Read pages 8-10 in *A Parent's Guide to Breastfeeding*.
2. Read chapter 1, pages 3-26, in *The Womanly Art of Breastfeeding*
3. Read the breastfeeding pamphlets used by your State and/or local WIC agency.
4. Make a list of important reasons to breastfeed you were not aware of before your training or reading.



Passport to Success

Ask your supervisor to stamp your passport once you have completed the module and individual learning. Be proud of the journey you are making to support new moms and babies! WIC is very proud of your role as part of the WIC team, and looks forward to making this journey together with you.

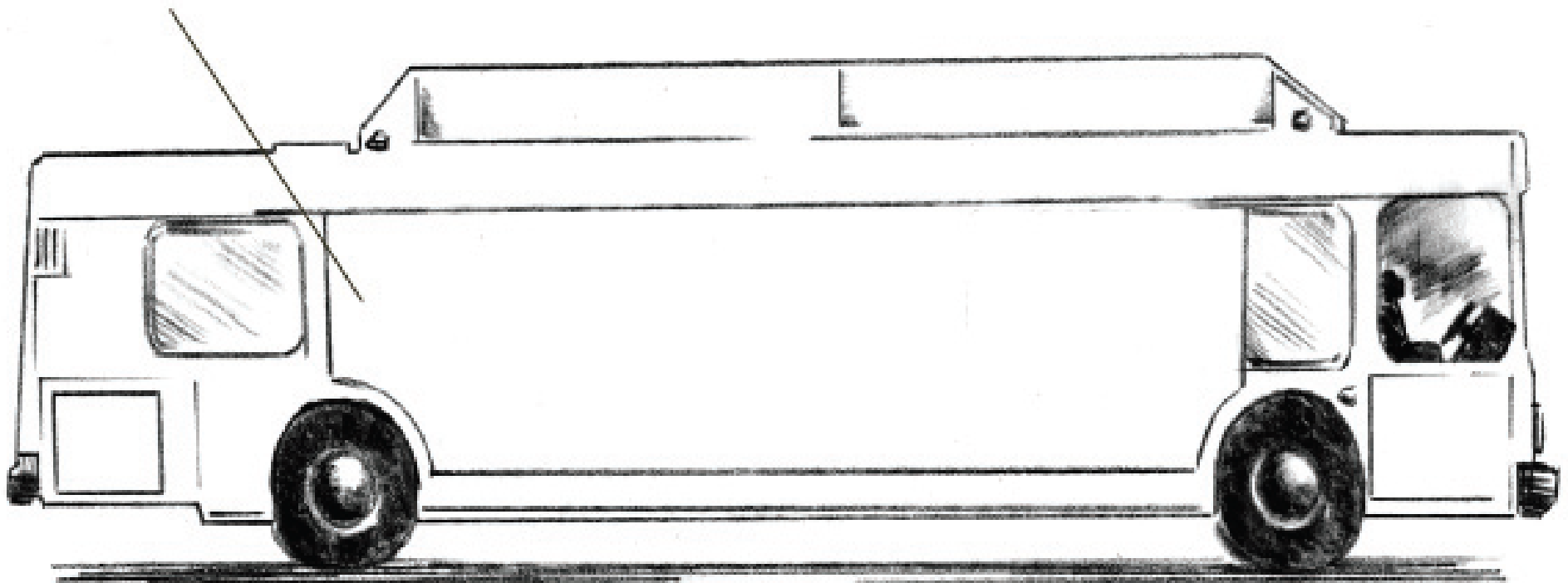
Handout 2.2 Bus Ad

In small groups, discuss the reasons breastfeeding could benefit one of the following groups (as assigned to your group):

1 - Babies	2 - Mothers	3 - Fathers	4 - Grandparents	5 - Employers	6 - Teachers
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Write a BUS AD that could promote those reasons to that group and write it in your bus. Be creative and use our imagination to make it eye-catching!

Your Ad Here



Adapted from the California WIC Breastfeeding Peer Counseling Program

Module 3: Helping Moms Overcome Common Barriers

Module 3: Helping Moms Overcome Common Barriers

Sneak Preview

Module 3, “Helping Moms Overcome Common Barriers,” helps you learn how to address the worries that WIC moms have about breastfeeding.



You Will Learn:

- How to explore common questions and concerns mothers have about breastfeeding
- How to help mothers find ways to work breastfeeding into their lives
- When to yield to your WIC breastfeeding expert

Making the Infant Feeding Decision

Women make their infant feeding decisions at many different points, including before pregnancy, during pregnancy, and after birth. The decision to breastfeed is also influenced by many different people important in the mother’s life: her mother, her partner, her health care provider, her friends, and others. Remember that women who lack confidence may be reluctant to try breastfeeding. As a peer counselor you can help support new mothers, especially when they lack strong support from family members.

When mothers decide

Contact new mothers throughout their pregnancy and early days after the baby is born to provide information and support.

- **Before pregnancy...**many women may already have heard about breastfeeding and made a decision based on what other women in their family or community have done, or what they have seen and heard.
- **During pregnancy...**many women decide during pregnancy how they will feed their baby. Early contacts will help increase the likelihood they will consider breastfeeding. Don’t give up on mothers who tell you they have decided not to breastfeed. With continued information and support, many women change their minds later in their pregnancy.
- **After baby is born...**some women decide late in their pregnancy or even after the baby is born. Some women who hold their baby skin-to-skin after birth discover that their baby is interested in breastfeeding and they make the decision then to try it. Some women who at first chose not to breastfeed change their minds when their breasts become engorged and they realize that making milk is the primary function of their breasts.

Module 3: Helping Moms Overcome Common Barriers

Who helps her decide?

Mothers often turn to their family members for help in making their feeding decisions.



Grandmothers

New moms often turn to their own mothers for advice on how to feed and care for their children. The grandmother's influence can be even greater if the mother plans to return to work or school and will depend on her mother to care for her baby. You can support new mothers by involving grandmothers in conversations when possible, and sharing ideas of things other than feeding they can do to help care for the baby.



Fathers

Support from the baby's father is crucial to a mom's decision about breastfeeding. Fathers may worry that breastfeeding will ruin the mother's breasts, interfere with sex, or be too difficult. They may wonder if they will be left out if their partner breastfeeds. They may not have heard about the important reasons to breastfeed. Encourage women to talk with their partners about breastfeeding, and share strategies of ways they can be part of baby's life.



Health Care Providers

New mothers hear advice from their physician, nurse, and WIC staff. Health care providers can be very influential in a mother's decisions. Sometimes they may encourage a mother to wean or give formula supplements. You cannot contradict medical advice. However, you can provide information and encourage the mother to discuss her feelings about breastfeeding with her health care providers. This may require you to yield to your WIC breastfeeding expert.

Module 3: Helping Moms Overcome Common Barriers

What Women Want

Most women know that it is healthier for babies to breastfeed. However they often make other decisions based on emotional factors which make them feel:

- Close to their babies
- They are good mothers
- Their children are happy
- Successful

Many women do not know about the personal health benefits they will experience with breastfeeding. As a peer counselor, you can explore how breastfeeding can help them enjoy the things that are most important to them.

Overcoming Barriers

Many women are afraid to try breastfeeding because of potential “barriers” they perceive will make it hard to work it into their life. Some common barriers are embarrassment, returning to work or school, lack of support, a busy life, fear of pain, lack of confidence, and worries about making enough milk. Nearly all barriers to breastfeeding have solutions. You can share solutions that other mothers have found worked for them. Listening opens the door to learn what mothers need to make breastfeeding work for them. Mothers will be more comfortable and trusting if they are able to talk freely with you about their concerns.

Handout 3.4
“Solutions to Barriers”

Handout 3.4, “Solutions to Barriers,” provides a list of common barriers to breastfeeding, and examples of solutions you might share with new mothers. Read through these solutions and identify those that you found worked for you.

Can Mom Breastfeed?

Breastfeeding is possible in most cases. You can reassure mothers that breastfeeding is possible by giving them correct information. For women who need extra help with breastfeeding, you can be helpful by providing correct information and support. In a very small number of situations, breastfeeding may not be recommended. When these situations arise, or if you have any questions about a mother’s situation, you should always and immediately refer the mother to your WIC Designated Breastfeeding Expert.

What about:

Multiples? **YES**

Having more than one baby at a time is more challenging for parents. However, breastfeeding may make things easier since babies are likely to be healthier and can be fed at the same time. Multiples are often born early and may need to spend time in the Neonatal Intensive Care Unit

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(NICU). Their mothers may worry if they can make enough milk. Women *can* make enough milk for more than one baby since milk is made based on the law of supply and demand.

Adopted baby? YES

Mothers who have adopted a baby can make milk, even if they have not breastfed before. A mother who wishes to breastfeed an adopted baby will need special support from the WIC Designated Breastfeeding Expert.

Baby is ill? USUALLY

Babies who are ill often need the antibodies in their mothers' milk even more than healthy babies. Mother's milk is also easily digested and absorbed. Babies with some medical conditions, such as PKU, anatomical or neurological disorders, will need help from health care providers. If a mother has been told to stop breastfeeding due to a sick infant, yield to your WIC Designated Breastfeeding Expert.

Mother is ill? USUALLY

In most cases, mothers who are ill with common colds and viruses should continue to breastfeed. Once the mother is showing symptoms her baby is already exposed, and the important antibodies she is making to help her fight the illness will help her baby. For most conditions, medications a mother takes will be safe for her baby. There are a few conditions when the American Academy of Pediatrics recommends a mother not breastfeed, including if the mother:

- Is HIV positive
- Has untreated, active tuberculosis
- Is infected with human t-cell lymphotropic virus type I or II
- Is taking prescribed cancer chemotherapy agents
- Is undergoing radiation treatments

Yield a mother who has questions about her illness or medications to the WIC Designated Breastfeeding Expert or ask her to talk with her physician.

HIV positive? NO

It is currently not recommended that mothers who are HIV positive breastfeed their babies. Always yield a mother who has questions about her HIV status to your WIC Designated Breastfeeding Expert.

Hepatitis? YES

Mothers with Hepatitis B or C can continue to breastfeed. The immunological properties of human milk will reduce the likelihood of transmitting the disease to the baby. Mothers with hepatitis are usually treated with a vaccine, and newborns are usually given a vaccine at birth.

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Herpes Simplex II? **USUALLY**

With the exception of being HIV positive, breastfeeding can continue with most sexually transmitted diseases. If a mother has an active herpes lesion or open sore on her breast, however, she can breastfeed from the side that is not affected, and express and discard any milk she collects from the affected side until the sore heals. The lesion should also be covered carefully so the baby has no risk of contact. Always yield a mother with herpes to her medical professional for treatment.

Tattoo? **YES**

A mother with a tattoo can breastfeed, even if the tattoo is on her breast. The dyes used in tattoos do not affect the mother's milk.

Nipple ring? **YES**

A nipple ring does not affect the quality or quantity of a mother's milk. Nipple rings should be removed when breastfeeding to avoid harming the baby's mouth or causing choking. If scarring occurs from the nipple ring, the mother's milk release may be inhibited. If scarring has not occurred, milk may flow through the openings. This will not harm the baby.

Breast surgery? **MAYBE**

Mothers who have had breast surgery such as implants, biopsies, and breast reduction surgery, may be able to breastfeed. A mother's ability to make milk after surgery will depend on the type of surgery she had. If important nerve endings remained intact, she may be able to make milk. Mothers who had implants inserted can have more trouble with plugged milk ducts. Even if a mother is not able to make a full amount of milk, she may breastfeed while supplementing with formula. Yield all mothers who have had breast surgery to your WIC Designated Breastfeeding Expert.

Alcohol? **CAUTION**

Occasionally consuming an alcoholic drink does not warrant stopping breastfeeding. Breastfeeding women should be cautious about drinking alcohol. If breastfeeding is well established (no earlier than 3 months of age), a mother may consume a single alcoholic drink and wait at least 4 hours before breastfeeding. She can feed the baby or express her milk before consuming the alcoholic drink. If she is drinking more than an occasional alcoholic drink, yield to your WIC Designated Breastfeeding Expert.

Smoking? **YES**

It is always best for a mother to NOT smoke. If she cannot quit smoking, breastfeeding will help protect her baby, who is at higher risk for respiratory problems, allergies, and Sudden Infant Death Syndrome. Mothers who smoke should be encouraged to breastfeed, and to keep secondhand smoke away from the baby. A mother should never smoke near her baby, in the house, or in the car. She may want to change her shirt after smoking before going near her

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baby. Mothers who smoke may also have lower milk production. Yield the mother to the WIC nutritionist for help in cutting back on smoking.

Illegal drugs? NO

Mothers who use street drugs (such as heroin, cocaine, methamphetamines, or marijuana) should not breastfeed. Drugs pass into the mother's milk and can harm the baby. Yield the mother to the WIC Designated Breastfeeding Expert.

Medications? CAUTION

Most medications are safe while breastfeeding. This is because they pass through the mother's digestive system before they go into her milk. Occasionally, however, some drugs are not safe for babies. Always yield to the mother's or baby's health care provider for answers to questions about medications.

Birth control? CAUTION

Most hormone birth control methods are safe for the baby. Some methods, such as combination birth control pills, can cause a drop in the mother's milk production. Most hormonal birth control methods (such as the Depo-Provera injection) should not be given until 6 weeks after the baby is born. Yield mothers who have questions about birth control to their health care provider, the family planning specialist, or the WIC Designated Breastfeeding Expert.

Stress? YES

The hormones released during breastfeeding, along with skin-to-skin contact with the baby, can actually *lower* a mother's stress levels and help her feel calm. A mother's milk does not spoil if she becomes upset.

Junk food? YES

Unless a woman is severely malnourished, her milk has the same nutritional makeup as a woman who eats a healthy diet. This means that even a mother who eats a poor diet produces healthy milk for her baby. Encourage all women to eat a balanced diet to ensure their own health and vitality. Yield a woman who eats poorly to the WIC nutritionist.

Mother is pregnant? USUALLY

Mothers who become pregnant while nursing a baby can usually continue to breastfeed, unless there is a history of miscarriage or contractions during breastfeeding. When the new baby is born, the mother may choose to breastfeed both babies. This is called "tandem nursing." During pregnancy, mothers may become uncomfortable and their nipples may become sore. This becomes a natural weaning time for many mothers. Respect the mother's choice about whether to continue breastfeeding after she becomes pregnant. Yield the mother to her health care provider for questions about the safety of breastfeeding during pregnancy.

Module 3: Helping Moms Overcome Common Barriers

Disabled? YES

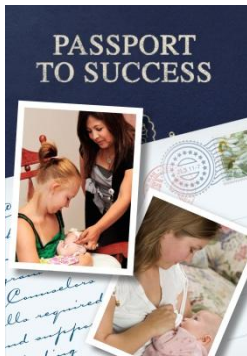
Mothers with a physical or mental disability, or who are blind or deaf, can make milk just like other mothers can. However, these mothers may need special help to learn how to care for their babies. Talk with your WIC Designated Breastfeeding Expert about mothers who have a physical or mental disability.



Learning More

Here are some ways you can build your knowledge about how to support breastfeeding moms.

- Read pages 170-181, "Common Questions," in *A Parent's Guide to Breastfeeding*.
- Read Chapter 1, pages 3-26, in *The Womanly Art of Breastfeeding*.
- Have a conversation with your own mother, female relatives or friends. Ask why they chose to breastfeed or not. What were some of their feelings? What barriers stood in the way?



Passport to Success

Ask your supervisor to stamp your passport once you have completed the module and individual learning. Be proud of the journey you are making to support new moms and babies!

Module 3: Helping Moms Overcome Common Barriers

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Handout 3.1 ROAD BLOCKS TO SPEED BUMPS

Read the following situations by yourself or with a small group of other peer counselors. Underline the things that could be potential “roadblocks” for the mother, or things that you feel will be important to her as she makes her infant feeding decision.

1. 15-year-old teen mother lives at home with her mother, step-father, and sisters. Her boyfriend is not interested in being part of her baby’s life so she will be raising this baby with the help of her mother. She will have to return to school quickly if she wants to pass her sophomore year in high school since she took a lot of sick time during her pregnancy. Her mother will care for her baby so she can return to school.
2. A 24-year-old mother is married and expecting her second baby. She tried to breastfeed her first baby but she said he never got the hang of it so after three days, she went to all pumping and did that for seven weeks. She says she did all she could to make it work but that maybe breastfeeding just wasn’t her thing. She says she feels bad about it, that sometimes it makes her feel like she’s not a good mom, especially when her friends go on and on about how amazing breastfeeding is and how good it is for the baby. Her family manages the casino in her community and she works there full-time.
3. A 28-year-old mother is pregnant with her 3rd child. She formula fed her first two children (now ages 3 and 5). Although she remembers that the older two were “sickly” and one child has asthma, she thinks they turned out all right since they are bright and healthy. She is married and works two part-time jobs. Her husband is a truck driver and is gone a lot. Both she and her husband smoke.
4. A 40-year-old woman is expecting her first baby after trying to get pregnant for years. She works at a convenience store and her husband works at a manufacturing plant. She is 32 weeks along and her doctor has put her on bed rest since he’s afraid she is going to deliver early. All of her friends have older children, none of whom breastfed.
5. An 18-year-old first-time mother has just found out she’s pregnant. She is overweight and diabetic, and extremely shy about discussing her pregnancy with the WIC nutritionist. She hopes her boyfriend will be a part of the baby’s life. She still has to break the news to her parents.













Many mothers realize that breastfeeding can work once they learn practical ways to fit breastfeeding into their busy lives.

Worries About Milk Production

Things she might say:

- My breasts are too small.
- I tried to pump and didn't get very much.
- My mom said I'm starving my baby.
- He's greedy.
- Nobody in my family could make milk.

She may worry that:

- Her baby will not thrive on her milk.
- Milk production is a genetic phenomenon and outside her control.
- She feels inadequate and unable to provide for her infant.

Ideas you can share:

- Getting off to a good start in the first month after baby is born makes the difference!
- Breastfeed early – within the first hour of birth.
- Breastfeed often – 8-12 times every 24 hours.
- Count baby's wet and dirty diapers to be sure you are making enough. What goes in, must come out!
- Babies need to feed often – mother's milk is digested well.
- Get help if you are concerned about how much milk you are making.

- Write other ideas here:

Handout 3.4 SOLUTIONS TO BARRIERS

Returning to Work/School

Things she might say:

- I am going to do “both.”
- It is too hard to breastfeed.
- I could never talk to my boss (or principal) about that.
- I don’t know what my co-workers/boss/other students would say.

She may worry that:

- Co-workers may not support her, or may say negative things about her.
- She will make her supervisor/co-workers uncomfortable.
- Combining work/school and breastfeeding will be too overwhelming or too much trouble..
- It will be embarrassing for others at work to know she is expressing milk.
- There is nowhere to express milk privately.
- Taking breaks to express milk may cause extra work for her co-workers.

Ideas you can share:

- Many mothers are able to combine breastfeeding and working or attending school successfully.
- Breastfeeding is one way to stay connected to your baby even when you must be apart.
- WIC offers breast pumps that will help you express your milk for your baby when you must be at work or school.
- You have rights under the law to be supported with breastfeeding at work.
- Continuing to breastfeed gives the business and school advantages too (ex: less likely to have to miss work or school, and lower health care costs)
- Breastfeeding is an investment in your baby’s health and well being.
- The amount of time needed to express milk becomes less and less as the baby grows.
- You can talk with your supervisor at work (or counselor at school) about her plans to breastfeed. She can discuss:
 - Coming back to work more gradually, such as working part-time for a while.
 - Finding a place to express milk when you must be away from your baby.
- Write other ideas here:

Handout 3.4 SOLUTIONS TO BARRIERS

Embarrassment

Things she might say:

- I could never do *that*.
- I just can't see myself doing it.
- I only want to breastfeed at home.
- It would be just too embarrassing.
- I can't stand the thought of a baby at my breast.
- I think I'll just pump and put it in a bottle.

She may worry that:

- Her breasts may be exposed in public.
- She may make others uncomfortable.
- Other people may criticize her.
- She will have uncomfortable questions to answer, especially if her child continues to want to nurse as he grows older.

Ideas you can share:

- Reassure her that many women worry about embarrassment.
- Tell her many women grow more comfortable with the idea of nursing after baby is born.
- Show her ways to breastfeed discreetly.

Tips would include:

- Pulling her shirt up from the bottom, rather than the top.
- Buying nursing tops that are available at many maternity and discount stores.
- Practicing in front of a mirror.
- Asking a partner or friend to observe.
- Using a sling or cover with a blanket.
- Seeking out dressing rooms.
- Other options:
 - Shopping at stores that provide nursing mother's rooms.
 - Pumping milk in advance and feed a bottle in public.
- Teach women who are worried that people may watch them breastfeeding to keep their eyes up and focused in another direction.
- Write other ideas here:

Lack of Social Support

<p>Things she might say:</p> <ul style="list-style-type: none"> ▪ My mother says we can't make milk in our family. ▪ I want the baby's father to feed the baby, too. ▪ I want the baby's father (or her mother) to help with the baby. ▪ It will be too hard for others to keep the baby if I breastfeed. ▪ I don't know anyone in my family who has ever breastfed before. ▪ I don't want my baby's father to see me breastfeeding. <p>She may worry that:</p> <ul style="list-style-type: none"> ▪ Family members who will be caring for her child will not be supportive. ▪ The baby's father will not be able to feel close to the baby unless she bottle feeds. ▪ Her mother or female relatives want to feed the baby, too. ▪ It will be too hard to try and breastfeed in public places. 	<p>Ideas you can share:</p> <ul style="list-style-type: none"> ▪ Encourage the mother to talk with her partner and mother about their infant feeding decisions. ▪ Invite her family members to attend prenatal classes. ▪ Show her how the baby's father can be involved with the baby, such as: <ul style="list-style-type: none"> – Playing with the baby. – Burping. – Cuddling the baby after breastfeeding. – Singing or humming softly if baby is fussy. – Holding the baby closely, skin-to skin. – Doing infant massage. ▪ Show her how her mother can be involved with the baby, such as: <ul style="list-style-type: none"> – Bathing the baby. – Dressing the baby. – Cuddling and rocking the baby after breastfeeding. – Caring for other children who need special attention. – Nurturing her daughter, the new mother. ▪ Write other ideas here:
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Handout 3.4 SOLUTIONS TO BARRIERS

Busy Life

<p>Things she might say:</p> <ul style="list-style-type: none"> ▪ I don't have time to breastfeed. ▪ He'll be spoiled if I breastfeed. ▪ I'm afraid he won't take a bottle. ▪ He'll be too attached. ▪ I think I'll just pump and put it in a bottle. <p>She may worry that:</p> <ul style="list-style-type: none"> ▪ Her child may become overly dependent. ▪ Her baby may not easily accept a bottle when she needs him to. ▪ She cannot easily speak about her breastfeeding needs, especially with a male supervisor or principal. ▪ It will be too hard to express milk. ▪ Breastfeeding is going to mean she won't have a life. 	<p>Ideas you can share:</p> <ul style="list-style-type: none"> ▪ Breastfeeding becomes easier as baby grows. ▪ Bottle feeding takes time, too! ▪ Mothers can express their milk for times when they will be separated from their babies. A few tips include: <ul style="list-style-type: none"> – Express soon after baby is born to relieve fullness and freeze for later use. – Use a breast pump or hand express milk. – Contact the WIC local agency that may provide a breast pump mothers can use to express their milk. – Store milk in the refrigerator or freezer for times when she needs to be separated from her baby. ▪ Breastfeeding helps her stay connected to her baby after a separation. ▪ Teach women that: <ul style="list-style-type: none"> – Babies who are breastfed are actually more independent and self-assured. – Babies often take a bottle from someone else besides the mother when needed. ▪ Write other ideas here:
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Lack of Confidence

<p>Things she might say:</p> <ul style="list-style-type: none"> ▪ I don't think I'll make enough milk. ▪ I might "try" to breastfeed. ▪ Breastfeeding will be too hard. ▪ I'm afraid I won't have any milk like my mother. ▪ I'm going to breastfeed, but I also want some formula from WIC "just in case." ▪ My breasts are too small. ▪ I'm not sure I can do it. <p>She may worry that:</p> <ul style="list-style-type: none"> • Breastfeeding will be too difficult for her. • Breastfeeding will be overwhelming and too hard to learn in the midst of her other demands. • There's something wrong with her breasts (too big/too small/nipple issues). 	<p>Ideas you can share:</p> <ul style="list-style-type: none"> • Always find something to praise a new mother about. • Let her know she is a good mother. • Remind her that lots of mothers have shared her concerns and found that breastfeeding can work. • Breast size does not determine how much milk she will make. Women of all breast sizes have been able to breastfeed. • Mothers can make plenty of milk for their babies by getting off to a good start (as discussed in later modules). • Write other ideas here:
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Handout 3.4 SOLUTIONS TO BARRIERS

Fear of Pain

<p>Things she might say:</p> <ul style="list-style-type: none">▪ My friends all say it hurts.▪ I just couldn't do it.▪ I quit with my first baby after three days because it hurt so badly. <p>She may worry that:</p> <ul style="list-style-type: none">▪ Breastfeeding will be overly painful.▪ The "horror tales" she has heard from friends are true.▪ If she had a painful experience breastfeeding another child that it will be painful this time, too.	<p>Ideas you can share:</p> <ul style="list-style-type: none">▪ Pain can usually be prevented by positioning and latching the baby properly.▪ Mothers can attend a WIC prenatal breastfeeding class to learn how to properly position and latch their babies.▪ Although some breast tenderness is normal right at first, breastfeeding usually grows very comfortable as long as the baby is latched correctly.▪ Women have been breastfeeding all over the world for many years.▪ People in the community can help if they think something is not working correctly.▪ Write other ideas here:
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Module 4: How to Talk with Moms About Breastfeeding

Module 4: How to Talk with Moms About Breastfeeding

Sneak Preview

Module 4, “How to Talk with Moms About Breastfeeding,” helps you build counseling skills to build a strong connection with new mothers.



You Will Learn:

- How to build rapport with new moms
- Active listening skills
- Dealing with mothers in difficult situations

Connection Before Content

Knowing that we should adopt healthy behaviors does not always translate into action. For example, most of us know we should make physical activity a regular part of our lives, yet not everyone does so. The same is true with breastfeeding. This is why information alone is not enough. How that information is presented makes a difference in whether a mother acts on it. You can focus first on building a connection with new mothers so they know you care. Once a connection is built, mothers are more likely to feel safe sharing their concerns and listening to the information you have to share.

“People don’t care how much you know
until they know how much you care.”
Teddy Roosevelt

The 3-Step Counseling Strategy

Active listening skills help build a connection with new mothers. The 3-Step Counseling Strategy focuses on three important principles of active listening that help you quickly determine a mother’s concerns so you can target information that will be most helpful to her.

The three steps are:

1. Ask open-ended questions
2. Affirm the mother’s feelings
3. Educate her



Module 4: How to Talk with Moms About Breastfeeding

These steps work best in this order. In other words, take the time to build the connection through asking open-ended questions and affirming the mother's feelings before educating her about breastfeeding.

Step 1: Ask Open-Ended Questions

What it is	Why it's important	Examples
Closed questions can usually be answered by a simple response such as "yes" or "no."	With closed questions, mothers often feel interrogated or they feel they must come up with the "right" answer, whether they believe it or not.	<ul style="list-style-type: none">▪ What have you heard about breastfeeding?▪ What does your mother tell you about breastfeeding?
Open questions seek the mother's thoughts and feelings and draw more information from the mother.	Open questions help build rapport, which helps mothers feel confident and safe sharing their concerns.	<ul style="list-style-type: none">▪ How do your breasts feel after he nurses?▪ How often does he nurse?▪ Tell me what worries you most.

TIP: Begin your questions with the words, "What," "How," or "Tell me..." to ask things in an open way. Remember that asking questions in an open way takes practice! The more you practice, the easier it will become.

Handout 4.2 and 4.3 "Open Questions" Practice

Handouts 4.2, "Open or Closed," and 4.3, "Open Questions: From Closed to Open" (Practice #1, 2, and 3) provide opportunities to practice creating open-ended questions. Complete the worksheets in your training or by yourself and share them with your

supervisor. Practice the open-ended questions skills on family and friends who can help you gain confidence.

Handout 4.4 "Conversation Starters"

Handout 4.4, "Conversation Starters," helps you practice using open-ended questions to begin a conversation with a WIC mother. Making a first call to someone you do not know can be somewhat like riding a bike for the first time. You may feel a little shaky at

first, but once you get practiced it will get easier and easier. Using a list of "Conversation Starters" can be somewhat like your "training wheels" to refer to until you grow more comfortable.

Some questions that can help you get to know a new mom include:

- How is your pregnancy going?
- Tell me about your family.
- What has your family said about having a new baby?
- What have you heard about feeding your baby?
- What are your plans after the baby is born?
- What are some things you are doing to prepare for the baby?

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Digging for More Information

Often the responses that mothers give to you are incomplete, and you will need to learn more to fully understand what they need. If you make assumptions, you might guess incorrectly and give a mother information that is not very useful. For example, when you travel, you can enjoy your trip more when you talk to people who have been there before, asking for good places to eat and activities you might enjoy. In the same way, both you and the mothers you counsel will benefit when you ask probing questions that help you learn more about the unique situation of each mom.



A “probe” is a follow-up question, usually asked in an open-ended way. Probes help you get a bigger picture of what the mother means by the things she says. There are many different types of probes that can be used to learn more.

What it is	How it works	Examples
Extending Probe	Asks the mother to tell you more.	<ul style="list-style-type: none">▪ What else have you heard about that?▪ How did you feel when he said that?▪ Tell me more.
Clarifying Probe	Helps you understand what the mother means by what she has told you. It often uses the words “do you mean?”	<ul style="list-style-type: none">▪ When you say it’s too hard, do you mean it will be too hard to learn to breastfeed?▪ Are you afraid breastfeeding will be embarrassing to you or to someone who might see you?
Reflecting Probe	Repeats the mother’s words back to her so she can hear what she said. It often begins with the words, “So you’re saying...”	<ul style="list-style-type: none">▪ So you’re saying you don’t think you can breastfeed?▪ You think the baby’s father will feel left out, and that worries you?▪ It sounds like it’s important to you to breastfeed.
Redirecting Probe	Helps you change the subject or steer the conversation in a different direction. This works best when the mother’s concerns are acknowledged before changing the subject.	<ul style="list-style-type: none">▪ I can see you’re concerned about your finances, and we’re going to get you some names of people who can help. Other than that concern, what else worries you?

Handout 4.5
“Practice with Probes”

Use Handout 4.5, “Practice with Probes,” to practice coming up with probes that can be used to find out more information from a mother.

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Step 2: Affirmation

Affirmation is the single most important thing you can do to help a mother feel safe and comfortable.

What it is	Why it's important	Five ways to affirm
<p>Affirmation is a short, simple statement that lets a mother know her feelings are okay.</p> <p>Affirmation acknowledges not what she says, but her feelings behind what she is saying.</p>	<p>Many mothers feel uneasy after sharing their concerns, and worry that you may think they are silly. It can put a mother at ease to know she is not alone and that you recognize the feelings that are important to her. Once her feelings are validated, a mother is more likely to hear the information you will share with her.</p>	<ol style="list-style-type: none">1. Agree with her. "You're right. Breastfeeding can be time consuming at first."2. Assure her she's not alone. "Many moms have felt that way."3. Read between the lines to discover what she is worried about. "I can see that keeping your baby happy is very important to you."4. Shine the spotlight on what she is doing well. "It's great you are breastfeeding! A lot of moms would have given up."5. Show her she's a good mother. "It's obvious how much you love your baby."

Handout 4.6
"Ways to Affirm"

Handout 4.6, "Ways to Affirm," lists the five major ways to affirm, and examples for how it might sound. Keep it as a handy reference.

Handout 4.7
"The Gift of Affirmation"

Use Handout 4.7, "The Gift of Affirmation," to practice coming up with statements that would acknowledge a mother's feelings. Affirmation is a gift you give to people around you. The more you practice it the better both of you will feel.

Module 4: How to Talk with Moms About Breastfeeding

Step 3: Educate

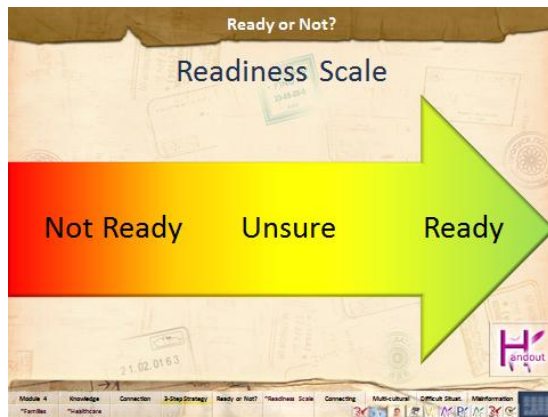
Once you have asked open-ended questions, used probes to identify the mother's true concerns, and affirmed the mother's feelings, you are ready to begin educating the mother. Education is in the form of simple bits of information that help address the mother's concerns. It works best when it focuses on options and solutions.



Education tips	Why it's important	Ways to use it
Keep it simple.	Complicated instructions make breastfeeding sound difficult or unmanageable.	Focus on 2-3 simple ways to handle her concerns. Think "tweet" to keep it short and simple.
Target her concerns.	Adults tend to "tune out" people who are sharing information that does not interest them. Mothers will remember information they find relevant to them.	Once a mother has identified her concern, give her a couple of options that address the concern she has identified, not your own "laundry list" of information you want her to know.
Reinforce your message.	Adults are more likely to remember information they've heard more than once.	Record the mother's concern in your notes, and review it in your next call or visit. Or, send a brochure that addresses that concern.
Give options.	When adults receive options, they feel they are more in control of their choices, and can select the options they believe will work best for them. Offering options also helps them feel their concerns can be overcome since there is more than one solution.	Consider offering 2-3 options that worked for you or for other moms. You can say, "Here are a couple of things that worked for other moms. You can pick whatever you think might work best for you."
Share resources.	Moms may like to have resources to refer to later, in case they forget things you shared.	Share WIC pamphlets, simple breastfeeding books, or videos to reinforce your information. You can also share information about classes or mother's groups she might like to attend.

Module 4: How to Talk with Moms About Breastfeeding

Ready or Not?



When talking about breastfeeding with WIC mothers, remember that not all women are at the same place in their “readiness” to hear your information. You will want to change the way you talk with a mom depending on where she is in her decision-making process. The 3-Step Counseling skills will help you identify where a mother is in that process and how you can best reach her.

Not Ready

A mother who is not ready may need more time to think about breastfeeding. She may be feeling overwhelmed, or have had a previous negative experience. Your role is to keep the conversation going and help her not feel judged. Your power tool is affirmation.

3-Step power tools	How they might sound
Open-ended Questions	“Tell me some things you have been thinking about”
Affirmation	“It sounds like you’ve been giving this a lot of thought. That’s great!” “That’s a common reaction from other moms.”
Education	Encourage her to: <ul style="list-style-type: none">Think about breastfeedingBe openLearn about breastfeeding to make an informed choice

Unsure

A mother who is unsure has some awareness of the importance of breastfeeding, but may be weighing pros and cons. Avoid giving her too much information.

3-Step power tools	How they might sound
Open-ended Questions	“Tell me some things you’ve been thinking about.” “Who might be around to support you?”
Affirmation	“I can tell you’re giving this a lot of thought.” “It sounds like being a good mom is very important to you.”
Education	Encourage her to: <ul style="list-style-type: none">Explore options that might work for her.Take baby steps by learning more.

Module 4: How to Talk with Moms About Breastfeeding

Ready

When a mother is ready, she has weighed the pros and cons and feels she can work breastfeeding into her life. She is open to your ideas and suggestions.

3-Step power tools	How they might sound
Open-ended Questions	"What are some things you feel will make it a good experience for you?" "Who will support you with breastfeeding?"
Affirmation	"It's great you are planning to breastfeed!"
Education	Encourage her to: <ul style="list-style-type: none">▪ Talk with the people close to her about breastfeeding.▪ Attend a breastfeeding class to be well prepared.

Multi-Cultural Aspects

As a peer, you will relate well to most of the mothers in your community. You will also meet mothers who do not share your experiences, beliefs, customs, or even your language. The 3-Step Counseling principles are an effective tool for dealing with mothers of other cultures because they enable you to treat each mother as the unique individual she is. Even though some women share common characteristics or cultures, there can be differences within small groups of those cultures, within communities or neighborhoods, and even within individual families. If you encounter a situation that seems different from what you are used to, consider the possibility that the mother's response may be a cultural practice that is different from yours. Rather than making assumptions because of a woman's cultural group, it is better to be curious and learn as much as you can about each mother.



Some words of wisdom in dealing with mothers from cultures other than yours:

- Seek to understand.
- It's more important what you learn.
- Work to build confidence.
- Build relationships, not walls.

Module 4: How to Talk with Moms About Breastfeeding

Counseling in Difficult Situations

The 3-Step Counseling principles can help you handle more challenging situations. Affirmation, in particular, is a “power tool.” Be sensitive to the mother’s situation and honor her wishes. Realize that you only see part of the snapshot of her life, and seek to understand rather than judge. Remember that you are not alone in this journey! Your WIC team is here to support you if you encounter uncomfortable situations.

Not interested

- Show understanding and affirm her decision to do what she feels will be best.
- Tell her WIC wants to help her make an informed choice and will support her.
- Ask if you can check on her periodically to see how her pregnancy is progressing. This builds trust and allows her to change her mind later if she chooses.

Rude

- Be sensitive to what may be going on in her life.
- Affirm her and avoid the temptation to react negatively to her rudeness.

Shy

- Ask open-ended questions that cannot be answered with one or two words.
- Let her know that WIC peer counselors are moms just like her.
- Affirm where she is and let her know it is okay to be unsure about things right now.

Previous sexual abuse

- Let her know that WIC can put her in touch with people she can talk with if she desires.
- Affirm the mother, who may be feeling overwhelmed and scared.
- Let her know that for some mothers, breastfeeding is a way to bring about healing.

Current physical abuse

- Refer to your WIC Designated Breastfeeding Expert or supervisor.

Overly dependent on you

- Affirm the mom’s willingness to come to you with questions.
- Point her to resources to learn more so that many of her questions can be answered in other ways.
- Remind her that you have many other WIC participants to counsel and she might need additional assistance from the WIC Designated Breastfeeding Expert.

Module 4: How to Talk with Moms About Breastfeeding

Received misinformation

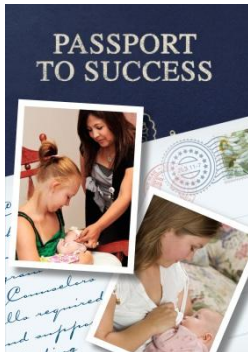
- Rather than contradicting the information she received, support the important relationships in the mother's life.
- Share new information the mother might not be aware of to help her make an informed decision.
- Encourage her to bring family members with her to the breastfeeding class.
- Report any misinformation incidents.



Learning More

Here are some ways you can build your knowledge about how to support breastfeeding moms.

- Listen in on counseling sessions with new mothers provided by experienced peer counselors or WIC staff.
- Be aware of how people respond in stressful situations. Note how often you hear affirmations that help put people at ease.



Passport to Success

Ask your supervisor to stamp your passport once you have completed the module and individual learning. Be proud of the journey you are making to support new moms and babies!

Module 4: How to Talk with Moms About Breastfeeding

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These quotes were gathered from <http://matadornetwork.com/bnt/2008/03/07/50-most-inspiring-travel-quotes-of-all-time>.

"Travel is fatal to prejudice, bigotry, and narrow-mindedness." – [Mark Twain](#)

"The world is a book and those who do not travel read only one page." – [St. Augustine](#)

"There are no foreign lands. It is the traveler only who is foreign." – [Robert Louis Stevenson](#)

"The use of traveling is to regulate imagination by reality, and instead of thinking how things may be, to see them as they are." – [Samuel Johnson](#)

"All the pathos and irony of leaving one's youth behind is thus implicit in every joyous moment of travel: one knows that the first joy can never be recovered, and the wise traveler learns not to repeat successes but tries new places all the time." – [Paul Fussell](#)

"Our battered suitcases were piled on the sidewalk again; we had longer ways to go. But no matter, the road is life." – [Jack Kerouac](#)

"He who does not travel does not know the value of men." – Moorish proverb

"A journey is like marriage. The certain way to be wrong is to think you control it." – [John Steinbeck](#)

"All travel has its advantages. If the passenger visits better countries, he may learn to improve his own. And if fortune carries him to worse, he may learn to enjoy it." – [Samuel Johnson](#)

"For my part, I travel not to go anywhere, but to go. I travel for travel's sake. The great affair is to move." – [Robert Louis Stevenson](#)

"One's destination is never a place, but a new way of seeing things." – [Henry Miller](#)

"Traveling is a brutality. It forces you to trust strangers and to lose sight of all that familiar comfort of home and friends. You are constantly off balance. Nothing is yours except the essential things – air, sleep, dreams, the sea, the sky – all things tending towards the eternal or what we imagine of it." – [Cesare Pavese](#)

"A traveler without observation is a bird without wings." – [Moslih Eddin Saadi](#)

"When we get out of the glass bottle of our ego and when we escape like the squirrels in the cage of our personality and get into the forest again, we shall shiver with cold and fright. But things will happen to us so that we don't know ourselves. Cool, unlying life will rush in." – [D. H. Lawrence](#)

"Twenty years from now you will be more disappointed by the things you didn't do than by the ones you did do. So throw off the bowlines, sail away from the safe harbor. Catch the trade winds in your sails. Explore. Dream. Discover." – [Mark Twain](#)

"Travel is more than the seeing of sights; it is a change that goes on, deep and permanent, in the ideas of living." – Miriam Beard

"All journeys have secret destinations of which the traveler is unaware." – [Martin Buber](#)

"We live in a wonderful world that is full of beauty, charm and adventure. There is no end to the adventures we can have if only we seek them with our eyes open." – [Jawahar Lal Nehru](#)

"Tourists don't know where they've been, travelers don't know where they're going." – [Paul Theroux](#)

"To my mind, the greatest reward and luxury of travel is to be able to experience everyday things as if for the first time, to be in a position in which almost nothing is so familiar it is taken for granted." – [Bill Bryson](#)

"Do not follow where the path may lead. Go instead where there is no path and leave a trail" – [Ralph Waldo Emerson](#)

"Two roads diverged in a wood and I – I took the one less traveled by." – [Robert Frost](#)

"A journey of a thousand miles must begin with a single step." – [Lao Tzu](#)

"There is no moment of delight in any pilgrimage like the beginning of it." – [Charles Dudley Warner](#)

"A good traveler has no fixed plans and is not intent on arriving." – [Lao Tzu](#)

Handout 4.1

MESSAGE IN A BOTTLE

"If you reject the food, ignore the customs, fear the religion and avoid the people, you might better stay at home." – [James Michener](#)

"The journey not the arrival matters." – [T. S. Eliot](#)

"A journey is best measured in friends, rather than miles." – [Tim Cahill](#)

"I have found out that there ain't no surer way to find out whether you like people or hate them than to travel with them." – [Mark Twain](#)

"Once you have traveled, the voyage never ends, but is played out over and over again in the quietest chambers. The mind can never break off from the journey." – [Pat Conroy](#)

"Not all those who wander are lost." – [J. R. R. Tolkien](#)

"Like all great travelers, I have seen more than I remember, and remember more than I have seen." – [Benjamin Disraeli](#)

"Perhaps travel cannot prevent bigotry, but by demonstrating that all peoples cry, laugh, eat, worry, and die, it can introduce the idea that if we try and understand each other, we may even become friends." – [Maya Angelou](#)

"Too often travel, instead of broadening the mind, merely lengthens the conversation." – [Elizabeth Drew](#)

"Travel and change of place impart new vigor to the mind." – [Seneca](#)

"What you've done becomes the judge of what you're going to do – especially in other people's minds. When you're traveling, you are what you are right there and then. People don't have your past to hold against you. No yesterdays on the road." – [William Least Heat Moon](#)

"I soon realized that no journey carries one far unless, as it extends into the world around us, it goes an equal distance into the world within." – [Lillian Smith](#)

"To travel is to discover that everyone is wrong about other countries." – [Aldous Huxley](#)

"Travel does what good novelists also do to the life of everyday, placing it like a picture in a frame or a gem in its setting, so that the intrinsic qualities are made more clear. Travel does this with the very stuff that everyday life is made of, giving to it the sharp contour and meaning of art." – [Freya Stark](#)

"The first condition of understanding a foreign country is to smell it." – [Rudyard Kipling](#)

"The whole object of travel is not to set foot on foreign land; it is at last to set foot on one's own country as a foreign land." – [G. K. Chesterton](#)

"When you travel, remember that a foreign country is not designed to make you comfortable. It is designed to make its own people comfortable." – [Clifton Fadiman](#)

"A wise traveler never despises his own country." – [Carlo Goldoni](#)

Handout 4.2 OPEN OR CLOSED?

Write an “O” before the questions that are open-ended questions and a “C” beside the questions that are closed questions.

	Do you work?
	How do you feel about that?
	Have you started feeding your baby solid foods yet?
	Where do you live?
	Are you going back to school?
	Tell me more about how that made you feel.
	What’s a good plan for you?
	What has your mother told you about breastfeeding?

Handout 4.2 OPEN OR CLOSED?

ANSWER SHEET

Write an “O” before the questions that are open-ended questions and a “C” beside the questions that are closed questions.

c	Do you work?
o	How do you feel about that?
c	Have you started feeding your baby solid foods yet?
c	Where do you live?
c	Are you going back to school?
o	Tell me more about how that made you feel.
o	What’s a good plan for you?
o	What has your mother told you about breastfeeding?

Handout 4.3

FROM CLOSED TO OPEN: PRACTICE SESSION ONE

Take each closed question listed below and write the question in an open way, using the words such as who, what, how, why, or tell me.

Closed Question	Open Question
Have you talked with your mother about breastfeeding yet?	
Are you going to room in with your baby?	
Are you going to breastfeed or formula feed your baby?	
Do you have other children?	
Are you going to work after the baby is born?	

Handout 4.3 FROM CLOSED TO OPEN: PRACTICE SESSION ONE

ANSWER SHEET

Take each closed question listed below and write the question in an open way, using the words such as who, what, how, why, or tell me.

Closed Question	Open Question
Have you talked with your mother about breastfeeding yet?	What does your mother say about breastfeeding?
Are you going to room in with your baby?	What are your plans for being with your baby in the hospital?
Are you going to breastfeed or formula feed your baby?	What have you heard about breastfeeding?
Do you have other children?	Tell me a little bit about your family.
Are you going to work after the baby is born?	What are your plans for after the baby is born?

Handout 4.3 FROM CLOSED TO OPEN: PRACTICE SESSION TWO

Take each closed question listed below and write the question in an open way, using the words such as who, what, how, why, or tell me.

Closed Question	Open Question
Have you and your partner talked about breastfeeding yet?	
Are you worried you aren't making enough milk?	
Have you been to a prenatal class yet?	
Does the baby poop 3 times a day?	
Do you think your family will support you with breastfeeding?	

Handout 4.3 FROM CLOSED TO OPEN: PRACTICE SESSION TWO

ANSWER SHEET

Take each closed question listed below and write the question in an open way, using the words such as who, what, how, why, or tell me.

Closed Question	Open Question
Have you and your partner talked about breastfeeding yet?	What does your partner think about breastfeeding?
Are you worried you aren't making enough milk?	How do you feel about your milk production?
Have you been to a prenatal class yet?	What are some things you are doing to prepare for the baby's birth?
Does the baby poop 3 times a day?	Tell me about the baby's wet and dirty diapers.
Do you think your family will support you with breastfeeding?	Who do you think will be around to support you after the baby is born?

Take each case example below and write possible open questions, using the words such as who, what, how, why, or tell me.

Case Example	Open Question
16-year-old Amber came to WIC today for the first time as a pregnant mom.	
Lilly, a first time mother of a week-old baby boy, was in WIC today asking for formula. She does not think she is making enough milk.	
Terri is pregnant with her second child. She formula fed her first child.	
Carmen is breastfeeding her 2-month-old baby girl. She is certified on a fully breastfeeding package. She is returning to work soon.	

ANSWER SHEET

Take each case example below and write possible open questions, using the words such as who, what, how, why, or tell me.

Case Example	Open Question
16-year-old Amber came to WIC today for the first time as a pregnant mom.	<ul style="list-style-type: none">▪ How are you feeling about this pregnancy?▪ Who do you feel might support you with the baby?▪ What have you heard about breastfeeding?
Lilly, a first time mother of a week-old baby boy, was in WIC today asking for formula. She does not think she is making enough milk.	<ul style="list-style-type: none">▪ Tell me how things are going with breastfeeding.▪ What is your family telling you about breastfeeding?▪ What are some of your concerns about making milk?
Terri is pregnant with her second child. She formula fed her first child.	<ul style="list-style-type: none">▪ Tell me what you have heard about breastfeeding.▪ What is the experience of some of your friends with breastfeeding?▪ What are some of your goals for this baby?
Carmen is breastfeeding her 2-month-old baby girl. She is certified on a fully breastfeeding package. She is returning to work soon.	<ul style="list-style-type: none">▪ Tell me about your plans to return to work.▪ What will your typical work day be like?▪ What are your plans for caring for the baby while you are at work?

Handout 4.4 CONVERSATION STARTERS

List some open questions that could be used in an initial conversation with new mothers.

Open Questions

Handout 4.5 PRACTICE WITH PROBES

Below are statements that a mother might make. Identify probing statements as possible responses.

Statement	Probe
"I could never do that."	
"I want the baby's father to help, too."	
"It would be too embarrassing."	
"My mother would freak out."	
"I heard babies get too attached if they are breastfed."	

ANSWER SHEET

Below are statements that a mother might make. Identify probing statements as possible responses.

Statement	Probe
"I could never do that."	<ul style="list-style-type: none"> ▪ Tell me more about why you feel you could not breastfeed. ▪ Do you mean you could not put the baby to breast, or you don't see yourself going out in public? ▪ Are you saying it might be embarrassing to you or do you mean you don't know how to breastfeed?
"I want the baby's father to help, too."	<ul style="list-style-type: none"> ▪ Tell me more about what he says about breastfeeding. ▪ Are you saying you want him to feel close to the baby, or do you feel you will need help with the baby?
"It would be too embarrassing."	<ul style="list-style-type: none"> ▪ Are you worried your breasts will be exposed or that breastfeeding might make others uncomfortable? ▪ Tell me about people you have seen breastfeeding.
"My mother would freak out."	<ul style="list-style-type: none"> ▪ Tell me what you mean by "freak out"? ▪ Are you worried your mother might not help you with the baby if you breastfeed? ▪ So you're saying your mother would be upset if you breastfeed?
"I heard babies get too attached if they are breastfed."	<ul style="list-style-type: none"> ▪ Are you concerned about going out with friends or returning to work? ▪ Tell me a little more about that. ▪ So you're saying you think your baby will be too dependent on you?

Five major ways to affirm a mother's feelings

Agree with her (if you can). This lets her know she is right about something.	<i>You're right. Breastfeeding can be time consuming in the beginning.</i>
Assure her she is not alone. This reassures her that others have felt the same way.	<i>Other mothers have felt the same way or I remember feeling that way.</i>
Read between the lines to discover what she values or is worried about.	<i>I can see that keeping your baby happy is very important to you.</i>
Shine the spotlight on what she is doing well.	<i>It's great you are breastfeeding! A lot of mothers would have given up.</i>
Show her how she is a good mother.	<i>It's obvious you are working hard to be a good mother.</i>

Handout 4.7 AFFIRMING NEW MOTHERS

Write down an affirming response using one of the five ways to affirm.

"My breasts are too small. The baby will starve."	
"I'd be too afraid to breastfeed since I smoke."	
"I don't want my father to see me breastfeed."	
"I want to just pump."	
"I have to go back to work right after the baby is born."	
"My mom says the baby will be too hard to take care of if I breastfeed."	

Handout 4.7 AFFIRMING NEW MOTHERS

ANSWER SHEET

Write down an affirming response using one of the five ways to affirm.

"My breasts are too small. The baby will starve."	<ul style="list-style-type: none">▪ <i>I felt that way, too</i>▪ <i>Most women worry about the size of their breasts</i>
"I'd be too afraid to breastfeed since I smoke."	<ul style="list-style-type: none">▪ <i>It sounds like you're already thinking like a good mother.</i>▪ <i>I can see why you would be worried.</i>
"I don't want my father to see me breastfeed."	<ul style="list-style-type: none">▪ <i>Most women worry about that.</i>▪ <i>I felt the same way.</i>
"I want to just pump."	<ul style="list-style-type: none">▪ <i>It's great you want to give your milk to your baby.</i>▪ <i>I can tell being a good mother is important to you.</i>
"I have to go back to work right after the baby is born."	<ul style="list-style-type: none">▪ <i>That must be hard to think about leaving your baby so soon.</i>▪ <i>It sounds as though you have been giving this a lot of thought.</i>
"My mom says the baby will be too hard to take care of if I breastfeed."	<ul style="list-style-type: none">▪ <i>My mother told me the same thing.</i>▪ <i>Sounds like your mother wants to be a good grandmother.</i>

ROLE PLAY #1 COUNSELOR:

You are counseling Lisa, who is 24 weeks pregnant with her first child. Her pregnancy is going well. The WIC nutritionist has talked with Lisa about breastfeeding once before and says Lisa is somewhat interested.

1. Ask open-ended questions to find out her thoughts and feelings about breastfeeding.
2. Use probes to better understand what she means.
3. Affirm her feelings.

ROLE PLAY #1 WIC MOTHER:

You are Lisa, a first-time mother. The WIC nutritionist and your doctor have both talked with you about breastfeeding. Although you know it's probably best for the baby, you are not sure you will want to since you will be going to work after the baby is born. You will be a single mother, and it will be pretty tough to make ends meet with a new baby unless you work. A friend told you it was possible to pump your milk but that sounds like it could be pretty hard and would take too much time.

Handout 4.8: Role Plays

ROLE PLAY #2 COUNSELOR:

You are counseling Maria, who is 16 weeks pregnant with her second child, who is now two years old. Although she breastfed her last child, she is not interested in breastfeeding this time.

1. Ask open-ended questions to find out her thoughts and feelings about breastfeeding.
2. Use probes to better understand what she means.
3. Affirm her feelings.

ROLE PLAY #2 WIC MOTHER:

You are Maria, 16 weeks pregnant and mother of a 2-year-old who you breastfed for just a couple of weeks. You are not sure you want to breastfeed this time. After all, things didn't go so well last time. For one thing, it was very embarrassing breastfeeding in the hospital with nurses and family members coming in and out of your room all the time. You gave the baby bottles a lot and decided you would wait to breastfeed when you got home. But once you were home from the hospital, Jose did not latch on very well. Your nipples became very sore, and you got engorged when your milk came in. This time around, you think it would be better just to start off with bottles and avoid the discomforts of breastfeeding.

ROLE PLAY #3 COUNSELOR:

You are counseling Amber, a first-time mother who is 36 weeks pregnant. The WIC nutritionist has talked with Amber about breastfeeding in two prenatal visits.

1. Ask open-ended questions to find out her thoughts and feelings about breastfeeding.
2. Use probes to better understand what she means.
3. Affirm her feelings.

ROLE PLAY #3 WIC MOTHER:

You are Amber, 36 weeks pregnant with your first child. None of your family members have ever breastfed, and you can't even imagine what it would be like. When you mentioned to your sister that the WIC nutritionist told you breastfeeding was best, she said breastfeeding was nasty, and nobody in your family does it. She told your mother you were talking about it, and your mother said she had tried it but never could make any milk. It seems as though breastfeeding would probably cause some family problems, so bottle feeding might be better.

ROLE PLAY #4 COUNSELOR:

You are counseling Miki, a recent immigrant to the United States from Japan. Miki is pregnant with her first child. She is a high school student. The WIC nutritionist says she speaks excellent English.

1. Ask open-ended questions to find out her thoughts and feelings about breastfeeding.
2. Use probes to better understand what she means.
3. Affirm her feelings.

ROLE PLAY #4 WIC MOTHER:

You are Miki, unmarried and 20 weeks pregnant with your first child. You recently came to the United States from Japan with your parents, and got pregnant after messing around with a boy at your Seattle high school. He doesn't seem interested in being very involved in your baby's life. Your mother tells you that even though Japanese women breastfeed, you are now in America, and you should try to fit in by bottle feeding. Besides, you have very small breasts and probably wouldn't be able to make any milk. Since you want to go to college in a few months, breastfeeding seems like it would be too hard and not worth the effort.

Module 5: Ways to Reach New Moms

Module 5: Ways to Reach New Moms

Sneak Preview

Module 5, “Ways to Reach New Moms,” gives ways to effectively counsel with mothers in various settings.



You Will Learn:

- Maintaining confidentiality of WIC mothers
- How to document your contacts
- Ways to counsel mothers in the WIC clinic
- Effective telephone skills
- Appropriate use of cell phones and social media

Client Confidentiality

All WIC staff, including peer counselors, keep a mother’s information confidential. You do not share anything about WIC mothers, even the fact they are on the WIC Program, with anyone except other WIC staff, your supervisor, or your WIC Designated Breastfeeding Expert. Your agency may ask you to sign a “Confidentiality Agreement.” This means that you understand how important confidentiality is.

Tips when working from home:

- When making calls, try to do it at a time and in a place where other family members will not hear you.
- Do not discuss information about WIC mothers with your family members.
- Electronic communication may not be secure; be sure to log off the computer so others cannot see or access information about clients.
- Be careful about leaving voicemail messages on an answering machine, or sending text messages, unless the mother has given her permission.

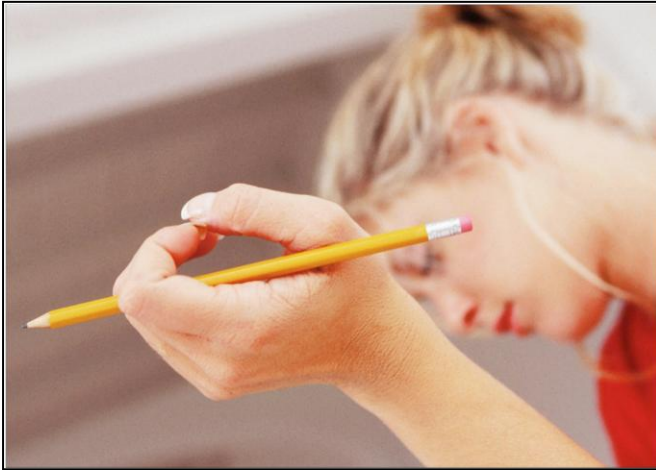
It is best to assume that all information you receive from a mother is confidential. If you are not sure if information is confidential, check with your WIC supervisor.

Documenting Contacts

In the health care world, all contacts made with patients are documented. This is a record of what has been done and is very important. WIC peer counselors also document all contacts with WIC participants. This includes telephone calls, visits with mothers in the clinic, home visits, hospital visits, and classes or mother’s group meetings.

Module 5: Ways to Reach New Moms

Why we document



Documentation is your permanent record of the contacts you make with mothers. It helps you remember what you told the mother, what her concerns are, what worked and what did not, and the support she will need. It also protects you from liability because it shows how you handled a situation and the referrals you made for mothers having problems. Documentation also educates the rest of the WIC team about what the mother's needs are and how they can support your efforts.

Documentation forms

Each State or local WIC agency will use their own documentation forms, and will train you on how to use them. Though every agency may use slightly different versions, most documentation forms give you a place to record such things as the mother's name and contact information, topics you discussed with her, and referrals you made. Some forms also provide a place for "narrative notes" for you to write a little more detail about the mother's situation.

Tickler file

You may find it helpful to set up what is called a "tickler file" system to remind you when it is time to contact a mother again. You might use your computer or an electronic calendar to note when mothers need to receive another contact. With electronic calendars, "pop up" messages can alert you when it's time to contact a mother.

You might use a manual tickler card box by creating an index card for each mother you are following. Here's how it works:

- In a card box, place divider tabs 1 through 31 for each day of the month.
- Put each mother's name on a separate index card, along with her phone number and her baby's due date or birth date.
- Place the card behind the tabbed divider when she should be contacted next. (Ex: a woman having problems might need to be called in 2 days, so you would place her card behind the tab for the date 2 days from now.)



Module 5: Ways to Reach New Moms

- Once the contact has been made, move the card to the next date when the mother should be contacted.
- Keep the documentation forms filed in a notebook binder alphabetically so you can easily find a mother's information when you're ready to contact her.

Communicating in the WIC Clinic

Some WIC agencies have peer counselors counsel mothers during clinic hours. You may meet mothers who need special help on an "as needed" basis, or you may come to the clinic on certain days that the agency feels are needed. You may also contact mothers by telephone while they are in the clinic. Being in the clinic helps WIC staff get to know you and appreciate the role you serve. It also gives you an opportunity to meet the mothers face-to-face, which helps you get to know one another.

Tips for success:

- Be on time when coming to the clinic. If you must be late, always call your supervisor or the WIC clinic manager so they know how to plan.
- Introduce yourself to staff who may not know you.
- Dress comfortably and appropriately. It is important to relate well to both the WIC mothers you will counsel and other WIC clinic staff.
- Wear a nametag, if possible.
- Attend WIC clinic staff meetings to which you are invited.
- If your clinic's policy allows you to bring your baby to work with you, always take responsibility for your baby and follow the policies set by your agency.
- When face to face with a mother, your body language becomes very important! Use your facial expressions and eye contact to show the mother you are listening to her.
- Document your clinic visits on your documentation log, and talk with your supervisor about any other policies for documenting contacts at the WIC clinic.



Module 5: Ways to Reach New Moms

Communicating by Telephone

Many of your contacts with pregnant women and new mothers will be made by telephone. The WIC clinic staff will make sure that mothers are okay receiving phone calls from a peer counselor before giving you their names and contact information. Remember to keep your phone calls limited because small bits of information are remembered better than long calls.



Tips for success:

- Never give out personal information such as your address to mothers.
- Remember that WIC mothers do not always call for help; be proactive by calling them first.
- Check on moms to see how things are going with their pregnancy or breastfeeding. Most mothers like knowing that someone cares enough to see how they are.
- One of the benefits of having peer counselors is they are available after WIC clinic and doctor's offices are closed. However, you want to set limits with mothers by letting them know the best hours to call you. Your supervisor will give guidance on your agency's policies for making and receiving phone calls from home.
- Keep a list handy of breastfeeding experts in the community who are available after usual business hours.
- Follow your agency's policies on leaving voicemail messages or text messages.
- Remember that because mothers cannot see you on the telephone, your tone of voice is critical in helping put her at ease.

Handout 5.4
"Telephone Tips"

Handout 5.4, "Telephone Tips," gives basic steps to making calls with WIC mothers.

Cell phones

Some WIC agencies provide cell phones or pagers to peer counselors. If your agency provides a cell phone, follow all policies outlined by your supervisor. This will include not using the WIC cell phone for any use other than your WIC work. You will also be required to secure your phone so that it will not be used accidentally by other people in your household. Note that anytime you notice a missed call from a mother, it is a sign of help needed. Respond as quickly as possible. If you are not going to be available to take calls for an extended period of time, let your supervisor know so that your phone can be shared with another peer counselor who is available.

Module 5: Ways to Reach New Moms

Text messages

Text messages can be a great way to give short, simple messages to WIC mothers. Many WIC mothers prefer to communicate through texts. Texting can be appropriate for messages to check in on mothers, issue class or group meeting invitations, send reminders about WIC food packages, etc. Keep text messages short and simple, using abbreviations that are commonly understood.



Remember that whatever you text becomes a permanent record of what you said. Pause before texting to be sure your text is clear and that the tone is appropriate. Always discuss with your supervisor the agency's policy for using text messaging, and document contacts in whatever way your agency requires.

Handout 5.5
"Texting Tips"

Handout 5.5, "Texting Tips," lists common abbreviations, as well as sample short messages appropriate for WIC mothers.

Communicating with Email

Email can be used as a means of communicating quick messages with mothers (similar to text messages above) as long as WIC mothers have given their permission to be contacted that way. Not all WIC mothers have access to a computer, so many peer counselors find that text messaging through the phone may be more desirable. Any time you use email, remember to avoid bombarding a mother with too much information. Keep messages short and simple, and remember that anything you send through email can easily be forwarded to anyone. Make sure you would be comfortable with any information you send being printed in the newspaper or shared with your mother. Also remember to maintain her confidentiality.

Communicating with Social Media

Social media is a conversation through technology. Today's online world is a rapidly growing means of communicating with others. Discuss with your local agency whether you will be allowed to use social media (such as Facebook®, Twitter®, and other means) to connect with WIC mother, and follow your agency's social media policy.

Module 5: Ways to Reach New Moms

Tips for success:

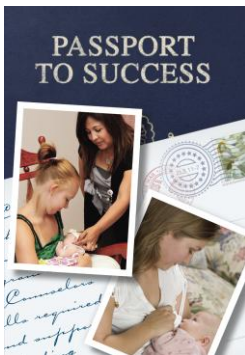
- Be respectful.
- Share ideas and thoughts in a supportive and caring way.
- Keep all messages posted short and simple.
- Pause before posting! Assume that anything you post could be circulated widely
- Keep all information about WIC mothers confidential.



Learning More

Here are some ways you can build your knowledge about how to support breastfeeding moms.

- Visit the WIC Works Resource System to view YouTube® videos and podcasts created for peer counselors.
<http://wicworks.nal.usda.gov>
- Visit the website of the New York WIC Breastfeeding Partners at www.breastfeedingpartners.org and note information for new mothers you feel is helpful.



Passport to Success

Ask your supervisor to stamp your passport once you have completed the module and individual learning. Be proud of the journey you are making to support new moms and babies!

Staffing and Supervision 5: Scope of Practice for the WIC Peer Counselor

A peer counselor provides basic breastfeeding information, encouragement and support to WIC participants and performs within the peer counselor scope of practice.

1. Perform in a professional manner in all aspects of the peer counselor role.

- A. Respect the participant's privacy, dignity and confidentiality.
- B. Respect and respond sensitively to cultural attitudes and practices of participants and the community.
- C. Work within the policies and procedures of the WIC program.
- D. Maintain records according to legal requirements and ethical practices.
- E. Recognize when assistance is needed and consult with the supervisor, Breastfeeding Coordinator and/or Peer Counselor Coordinator and other lactation specialists.
- F. Identify situations outside the Scope of Practice and refer as appropriate in a timely manner.
- G. Yield to the WIC designated breastfeeding expert (such as the local agency breastfeeding coordinator, local agency WIC coordinator, or International Board Certified Lactation Consultant [IBCLC]) for situations out of breastfeeding peer counselor Scope of Practice.
- H. Acquire ongoing breastfeeding education to maintain and build knowledge and skills.

2. Encourage and support participants to breastfeed.

- A. Use participant-focused communication techniques to best meet participant needs.
- B. Help participants identify the support available to them and educate family members.
- C. Help women identify their breastfeeding concerns, barriers, and solutions.
- D. Teach the reasons to breastfeed and the risks of not breastfeeding.
- E. Teach the importance of exclusive breastfeeding in the early weeks.
- F. Teach participants about the WIC food packages for breastfeeding mothers.
- G. Assist in infant feeding classes and peer support groups.
- H. Be available to WIC participants outside of usual clinic hours and outside of the clinic environment.
- I. Refer mothers to resources for support.
- J. Promote breastfeeding in the community, workplace, and health care system.
- K. Support breastfeeding participants from pregnancy through growth spurts, introducing solid foods, and weaning.

3. Teach basic breastfeeding to participants and help them when difficulties occur.

- A. Teach basic, evidence-based techniques that help ensure a successful start in breastfeeding, including milk production, skin-to-skin care, positioning and latch, and milk expression and storage.
- B. Identify signs of the normal course of breastfeeding, including breastfeeding frequency and duration, infant feeding cues, and normal infant weight gain and stooling patterns.
- C. Provide anticipatory guidance to help prevent the occurrence of problems.
- D. Provide guidance to mothers regarding non-evidence-based breastfeeding information they receive.
- E. Help mothers plan for a return to work/school that supports the continuation of breastfeeding.
- F. Provide basic and timely problem-solving and support.
- G. Yield mothers experiencing difficulties to the WIC designated breastfeeding expert.

Adapted from Scope of Practice for Peer Counselors materials from Michigan, California and Virginia WIC.

Preparing for Telephone Calls

- Getting ready to make phone calls is an important step. Take time to get ready!
- Before making calls, make sure your home situation will not distract you.
- Pick a time when your children are occupied or napping, and when you are not busy with other responsibilities.
- Some peer counselors prepare a special box of toys they only bring out when they are busy on the phone. Children often regard these toys as a special treat.
- Peer counselors often use evenings after their children are asleep to catch up on paperwork or necessary reading.
- Get your workspace ready. Lay out materials and supplies so you are prepared.
- Keep Handout 4.4, “Conversation Starters,” handy.
- Pull out the contact log for the mother you are going to call and review her information and what you talked about with her previously.
- Make a note of her baby’s name so you can use it in your conversation.

Making the Call

- When beginning your call, introduce yourself at the beginning since people are often hesitant to talk with a stranger on the phone.
- Let the mother know you are a WIC breastfeeding counselor from the local WIC clinic. (Not all mothers will know what a “peer counselor” is.)
- Tell the mother you breastfed your own baby and are ready to help her with any questions she has.
- Ask her if this is a good time to talk. If she says it is not a good time, ask her when you can call her back.
- Get to know her. Listen to her answers to your open-ended questions about her feelings about breastfeeding.

More Telephone Tips

- Don’t be afraid of silence. Some silence is okay because it gives mothers time to think about their answers.
- Sprinkle a few “mmm” and “uh-huh” responses so she knows you are still there and listening.
- Don’t interrupt. Respect her by allowing her to finish her thoughts before jumping in with your ideas.
- Handle disruptions carefully. If you must end your call because of something that needs your attention at home, explain carefully why you must call her back.
- Reassure her that you are interested in her and will get back to her as quickly as you can. Ask what would be a good time to call her back.
- Use her name and her baby’s name often.
- Identify something she is doing right and praise her. You may be the only one in her life who tells her she is a good mother and is doing a good job.

Handout 5.7 3-STEP PRACTICE: USING 3-STEP AT THE WIC CLINIC

You are just about to leave the WIC clinic after stopping by to pick up referrals when a WIC clerk says there is a mom here you might want to see. The staff are swamped and cannot see her right now. Jade is nursing a 5-day-old baby but worries whether she is going to be able to continue breastfeeding. She was hoping WIC would give her some formula as a backup. When you sit down with Jade she does not make eye contact and has little to say.

1. Be curious. What more do you want to know to help her? Write 1-2 open-ended questions you could ask to find out.
2. Affirm. What do you think the mother is feeling? What can you say to acknowledge those feelings?
3. Educate. What simple ideas could you share with her?
4. What are our next steps in your relationship with her?
5. Yield. Who should this mother be referred to?

Handout 5.7 3-STEP PRACTICE: USING 3-STEP AT THE WIC CLINIC

ANSWER SHEET

You are just about to leave the WIC clinic after stopping by to pick up referrals when a WIC clerk says there is a mom here you might want to see. The staff are swamped and cannot see her right now. Jade is nursing a 5-day-old baby but worries whether she is going to be able to continue breastfeeding. She was hoping WIC would give her some formula as a backup. When you sit down with Jade she does not make eye contact and has little to say.

1. Be curious. What more do you want to know to help her? Write 1-2 open-ended questions you could ask to find out.
 - *How are you taking care of yourself in these early days?*
 - *Tell me how/how often the baby is feeding.*
 - *Describe the baby's bowel movements.*
 - *How are your breasts feeling?*
 - *Who is at home with you to support you?*
2. Affirm. What do you think the mother is feeling? What can you say to acknowledge those feelings?
 - *Having a new baby is can be very overwhelming, especially right at first.*
 - *It's obvious how much you care about your baby.*
3. Educate. What simple ideas could you share with her?
 - *If milk is in, continue breastfeeding 8-12 times every 24 hours to make plenty of milk.*
 - *Formula supplementation will decrease your milk.*
 - *WIC food packages will provide lots of extra support for you and the baby.*
 - *If milk volume has not increased and baby is not gaining weight, yield.*
 - *Ways to get more rest.*
4. What are your next steps in your relationship with her?
 - *Contact her daily over the next few days to see if things improve.*
 - *Short texts just to let her know you are thinking about her.*
 - *Continue contacts as often as appropriate for her situation.*
5. Yield. Who should this mother be referred to?
 - *The WIC designated breastfeeding expert or a nutritionist may need to do follow-up if milk supply is not sufficient.*

Staffing and Supervision 7: When To Yield

When peer counselors identify any of the following problems or situations, they must immediately consult their WIC designated breastfeeding expert (such as the local agency breastfeeding coordinator, local agency WIC coordinator, or International Board Certified Lactation Consultant [IBCLC]) to discuss the best plan for supporting the mother and infant, including the referrals that are appropriate. The peer counselor will continue to provide support while the designated expert or health care provider (HCP) is addressing the issue, unless the supervisor or peer determines that it is best to discontinue peer support.

Pregnancy Issues

1. Spotting or bleeding
2. Excessive vomiting or nausea
3. Swelling
4. Contractions, suggesting premature labor
5. Baby stops moving
6. Other troublesome medical situations

Baby Concerns

1. Baby is born preterm or low birth weight
2. Baby is sick
3. Baby has fewer than 6 wet diapers and 3 stools per 24 hours in the first month after the baby is 4 days old
4. Baby fails to gain weight or gains weight slowly:
 - Baby loses more than 7% of birth weight
 - Birth weight is not regained by 2 weeks postpartum
 - Weight gain is less than 4.5 ounces per week
5. Baby has difficulty latching or remaining latched after several attempts
6. Baby appears unhappy at the breast or refuses to breastfeed
7. Baby is still hungry after feedings despite 24 hours of increased frequency and duration of breastfeeding
8. Breastfeedings typically last more than 45 minutes
9. Baby is jaundiced
10. Baby has a congenital defect such as cleft lip/palate or Down Syndrome
11. Baby has restricted tongue movement from a tight frenulum

Mother Concerns

1. Mother has engorgement or plugged ducts that are not resolved after 24 hours

2. Mother has a fever (suggesting possible mastitis)
3. Mother has nipple discomfort that does not improve after 24 hours
4. Mother is supplementing with formula before the baby is 1 month old and wants to increase her milk production or reduce/eliminate formula supplements
5. Mother has been formula feeding the baby since birth and now wants to breastfeed
6. Mother is exclusively pumping her milk and now wants to put her baby to breast
7. Mother wants to breastfeed an adopted baby
8. Mother is breastfeeding more than one baby
9. Mother wants to breastfeed but has been advised NOT to by her HCP
10. Mother finds a lump in her breast

Illness in Mother or Baby

1. Mother or baby have symptoms of thrush/yeast infection
2. Mother or baby are vomiting or have diarrhea
3. Mother or baby are hospitalized
4. Mother has symptoms of mastitis
5. Mother has a physical handicap
6. Mother or baby has a chronic or acute illness
 - Hepatitis B or C, tuberculosis, CMV, or chicken pox
 - Renal, liver, intestinal, heart problems, or cystic fibrosis
 - Metabolic disorder such as diabetes mellitus
7. Mother has been diagnosed with AIDS/HIV

Other Medical Situations

1. Mother has been prescribed medications that have not been approved for breastfeeding by current established authorities such as the AAP or Lactmed

2. Mother has prior breast surgery (breast implants, breast reduction, biopsy, breast cancer), chest surgery, or trauma
3. Mother has had gastric bypass surgery
4. Mother has a history of PCOS, hypothyroidism, or other hormonal conditions that could affect breastfeeding

Nutrition

1. Mother has nutrition questions
2. Mother is nutritionally at risk for underweight, has bulimia or anorexia
3. Mother has no food

Social

1. Mother appears depressed

2. Physical abuse of the mother or another family member is suspected
3. Mother is abusing or suspected of abusing alcohol or street drugs (such as heroin, marijuana, meth, cocaine, etc.)

Other

1. Mother or baby have any other medical problems that are outside the peer counselor scope of practice
2. Mother feels there is a problem that needs a referral
3. Peer counselor feels there is a situation that needs to be addressed by a lactation expert
4. Mother is not following suggestions given by the peer counselor

Adapted from the Minnesota WIC Program, "Yield List"

Human Milk Storage Guidelines for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

These guidelines are for healthy full term babies¹

Guidelines are for home use only and not for hospital use.

	Counter top or table	Refrigerator	Freezer with separate door	Deep Freezer
Storage Temperatures *	Up to 77°F ² (25°C)	At or below 40°F ^{2,3,4} (4°C)	0°F ² (-18°C)	At or below -4°F ⁵ (-20°C)
Freshly Pumped / Expressed Human milk	Up to 4 hours ²	Up to 4 days ^{2,3}	Up to 6 months ^{2,3}	Up to 12 months ⁵
Thawed Human Milk	1-2 hours ⁴	Up to 1 day (24 hours) ^{2,4}	Never re-freeze thawed human milk ²⁻⁵	Never re-freeze thawed human milk ²⁻⁵

* Storage times and temperatures may vary for premature or sick babies. Check with your health care provider.

1. Adapted from 7th Edition American Academy of Pediatrics (AAP) Pediatric Nutrition Handbook (2014); 2nd Edition AAP/American College of Obstetricians and Gynecologists (ACOG) Breastfeeding Handbook for Physicians (2014); and Academy of Breastfeeding Medicine (ABM) Clinical Protocol #8 Human Milk Storage Guidelines (2010).
2. 2nd Edition AAP/ACOG Breastfeeding Handbook for Physicians (2014).
3. 7th Edition AAP Pediatric Nutrition Handbook (2014).
4. ABM Clinical Protocol #8 Human Milk Storage Guidelines (2010).
5. CDC Human Milk Storage Guidelines accessed at:
www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm.

Human Milk Storage Guidelines Tips

Collection and Storage

- Wash your hands. Wash bottles and pumping supplies in hot soapy water or in the dishwasher.*
- Human milk can be stored in clean glass or BPA-free** plastic bottles with tight fitting lids. Put the collection date on the container.
- If you are giving the milk to your childcare provider, put your child's name on the container and talk to your childcare provider about storage guidelines for human milk.
- When traveling short periods of time, such as to and from work or school, store your pumped/expressed milk in an insulated cooler bag with frozen ice packs.
- Refer to the Human Milk Storage Guidelines chart for storage time and temperatures of human milk.

-
- *Don't use disposable bottle liners or other plastic bags to store your human milk.*
 - *Don't store milk on the shelves in the door of the refrigerator because the temperature varies due to the frequency of opening and closing the door.*

* Check the manufacture information on whether pump parts can be washed in the dishwasher.

** Bottles with the recycle symbol number 7 indicates that the container may be made of BPA-containing plastic.

Freezing Milk

- Freeze milk in small batches of 2 to 4 ounces.
- Leave an inch or so of space at the top of the container because milk will expand as it freezes.
- Store milk in the back of the freezer. Don't store milk on the shelves of the freezer door.
- Chill freshly pumped milk before adding it to frozen milk.

Thawing and Warming Milk

- Use the oldest stored milk first. Practice FIFO (first in, first out).
- Human milk does not need to be warmed. It can be served room temperature or cold.
- Gently swirl the milk (don't shake it) to mix it, as it is normal for human milk to separate. Note – If you do warm your milk, test the milk temperature by dropping some on your wrist. It should be comfortably warm.
- Milk may be thawed in several ways, (1) in the refrigerator overnight, (2) under running warm water or (3) in a container of warm water.
- Milk thawed should be used within one hour after it is thawed or placed in the refrigerator. Milk thawed in the refrigerator should be used within one day (24 hours) after it is thawed.
- Discard unused milk left in the bottle within 1 -2 hours after the baby is finished feeding.

-
- *Do not microwave human milk. Microwaving breaks down nutrients and creates hot spots, which can burn your baby's mouth.*
 - *Never refreeze thawed human milk even if it had been refrigerated.*

Peer Counselor Caseload Management**BF-1290.03**

Effective Date: October 1, 2016

No. of Pages: 1

Policy

Peer counselors must maintain a full caseload based on hours worked. Peer Counselors will regularly add prenatal women and remove postpartum women to/from their caseload to maintain the required ratio.

Purpose

To increase the number of women who successfully initiate breastfeeding and meet their breastfeeding goal.

Procedures

- I. Peer Counselors shall maintain a caseload of three (3) times their weekly scheduled hours.
- II. Peer Counselors shall maintain a caseload with the following ratio:
 - A. At least fifty (50) percent prenatal participants
 - B. No more than thirty (30) percent postpartum zero (0) to five (5) months
 - C. No more than twenty (20) percent postpartum six (6) months plus.
- III. Peer counselors shall remove the following from their caseloads:
 - A. Participants with three documented unsuccessful attempts to contact within forty-five (45) days of the last documented contact.
 - B. Participants no longer breastfeeding.
 - C. Participants who no longer wish to participate in the program.
 - D. Dyads as they approach twelve (12) months postpartum.

Authority

Georgia WIC Program Policy

Definition/Supporting Information

(None)

Breastfeeding Peer Counselor Contacts**BF-1290.01**

Effective Date: October 1, 2016

No. of Pages: 3

Policy

Peer Counselors (PC) must maintain regular contact throughout the prenatal and postpartum period with women enrolled in the Loving Support Breastfeeding Peer Counseling Program.

Purpose

To prepare women to breastfeed successfully. To support women enrolled in the Loving Support Breastfeeding PC Program and help them to reach their breastfeeding goals.

Procedures

- I. Peer Counselors should use [“Talking Points”](#) as a guide for their conversations with WIC participants.
- II. Peer counselors must contact prenatal women on the following schedule:
 - A. Every six (6) to eight (8) weeks from enrollment in the PC Program to nineteen (19) weeks gestation
 - B. Monthly: 20 to 27 weeks gestation
 - C. Biweekly: 28 to 35 weeks gestation
 - D. Weekly: 36 weeks to Delivery
- III. Peer counselors must contact postpartum women on the following schedule:
 - A. Week One: Every 2 to 3 days
 - B. Weeks Two through Four: once weekly
 - C. At Six weeks Postpartum
 - D. At Two months Postpartum
 - E. Monthly thereafter
- IV. Peer counselors must contact their case-managed postpartum mothers reporting breastfeeding problems every 24 to 48 hours; until the reported problem is resolved.
- V. Peer counselors must contact their case-managed postpartum mothers returning to work/school:
 - A. A week before she is scheduled to return, if return date is known

Breastfeeding Peer Counselor Contacts**BF-1290.01**

Effective Date: October 1, 2016

No. of Pages: 3

- B. Twice the first week after she returns to work/school
 - C. Resume regular schedule of contacts, thereafter
- VI. Peer Counselors must document contacts in the Peer Counselor Database (PCDB) daily. Documentation must include the following:
 - A. A reference to the participant's breastfeeding goal
 - B. Required Follow up
 - C. Participant's concerns and how the participant was educated
 - D. Referral to Skilled lactation/medical care (i.e. DBE, IBCLC, CLC, CLE, physician etc) if applicable
- VII. Utilize the below hard copies of the PCDB screens when internet access is not available. The collected data must be entered within the database within forty-eight (48) hours.
 - A. [Peer Counselor Contact](#)
 - B. [New Participant Enrollment](#)
 - C. [Adding a Baby/New Baby](#)
- VIII. Document unsuccessful attempts to contact participants as "Comments."

Authority

Georgia WIC Program Policy

Definitions/Supporting Information

Peer Counselor (PC): A woman of the community with similar characteristics as the participants WIC serves; has successfully breastfed for six months; and current or past WIC participant. Peers are enthusiastic about breastfeeding. They offer para-professional level mother to mother support. Peers are encouraged to be available outside of normal clinic hours, and within various community settings.

Breastfeeding Peer Counselor Contacts**BF-1290.01**

Effective Date: October 1, 2016

No. of Pages: 3

Contacts: Two way communication such as telephone, in person (home visit, hospital, clinic, lactation support center), or electronically.

WIC Designated Breastfeeding Expert (DBE): is an individual who is an expert with special experience or training in helping breastfeeding mothers and who provides breastfeeding expertise and care for more complex breastfeeding problems when WIC staff face situations outside of their scope of practice. (From Nutrition Services Standards, August 2013)

International Board Certified Lactation Consultant (IBCLC): an individual who specializes in the clinical management of breastfeeding. They are certified under the direction of the US National commission for Certifying Agencies. (Adopted from <http://www.ilca.org/main/why-ibclc/ibclc>)

Certified Lactation Counselor (CLC): is an individual that has demonstrated knowledge to construct and maintain conditions that predispose mothers and babies to an uncomplicated breastfeeding experience through counseling, education, and support. (Taken from Healthy Children's Project, Inc)

Certified Lactation Educator (CLE): is an individual that educates, counsels, and supports families and the community by providing evidence based information about lactation and breastfeeding. (Adopted from <http://www.cappa.net/lactation-educator>)

Peer Counselor Observation Checklist

Peer Counselor: _____ **Clinic:** _____ **Month:** _____
WIC ID: _____ **Participant Category:** _____ **Reviewer:** _____

BREASTFEEDING COUNSELING	RATING	COMMENTS
Personalizes session by using participant's name & background information.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Prioritizes topics to discuss	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Asks open-ended questions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rating Scale: Frequently Rarely Never
Probes using appropriate questions to assess mother's situation.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Uses counseling skills such as reflective listening and affirmation of feelings appropriately.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Education was based on participant responses	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Counseling: Accurate information provided	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Counseling: Culturally appropriate information provided	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Gave Handouts related to participant needs and interests (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Uses breast models, dolls when appropriate	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reviews previous infant feeding experiences and/or that of other family or friends.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Explores mother's current and future feeding plan for her infant.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Explores participant's thoughts of information shared during counseling session.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

BREASTFEEDING COUNSELING	RATING	COMMENTS
Explores participant's thoughts and feelings about breastfeeding.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
New breastfeeding goal documented?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ends the counseling session on a positive note and offers appropriate follow-up and referrals as needed.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Properly referred to senior Lactation Consultant when needed.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

WHAT WENT WELL
WHAT CAN BE DONE DIFFERENTLY
WHAT I WILL WORK ON - Improvement Goal(s)

Peer Counselor signature: _____ Date: _____

Reviewer signature: _____ Date: _____

Peer Counselor Participant Survey

“This is _____ from (Health Dept., Clinic, or what term you use to best describe your local agency to participants). I work with the Breastfeeding Peer Counselors there. We are calling you in an effort to assess our Peer Counseling Program. Is this a good time for a short survey regarding your participation in our Peer Counseling Program?”

Peer Counselor Name: _____		Has your PC called and/or contacted you regularly?	How has her contacts been helpful to you?	Would you use the PC Program in the future?	In your opinion, how can we improve our program to better support breastfeeding moms?
1)	Mother's Name: _____ WIC ID #: _____ Date of Survey: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2)	Mother's Name: _____ WIC ID #: _____ Date of Survey: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3)	Mother's Name: _____ WIC ID #: _____ Date of Survey: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4)	Mother's Name: _____ WIC ID #: _____ Date of Survey: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Surveyor's Signature & Title: _____

Date: _____

**The "Peer Counselor Participant Survey" is intended to allow Peer Counselor Managers to evaluate services provided by Peer Counselors.*

Module 6: Encouraging Exclusive Breastfeeding

Module 6: Encouraging Exclusive Breastfeeding

Sneak Preview

Module 6, “Encouraging Exclusive Breastfeeding,” gives the basics of milk production and how to build moms’ confidence they can breastfeed.



You Will Learn:

- Why WIC promotes exclusive breastfeeding
- Why women begin formula supplements
- Barriers to exclusive breastfeeding
- How the breast makes milk
- How to address moms’ concerns about their ability to make milk for their babies

Exclusive Breastfeeding

Major organizations such as the American Academy of Pediatrics recommend that babies receive nothing but breastmilk for the first six months of life. This is called “exclusive breastfeeding.” Babies who receive only their mother’s milk receive the greatest health benefits. WIC promotes exclusive breastfeeding by not routinely giving formula to breastfeeding babies and giving moms the “grand deluxe” food package with more foods.

The nation’s Healthy People 2020 goal for exclusive breastfeeding is 46.2% breastfeeding exclusively at three months, and 25.5% exclusively breastfeeding at six months. You can make a difference by teaching WIC moms why exclusive breastfeeding is so important.



Why Mothers Begin Formula

For most new breastfeeding mothers, making enough milk is their most important concern. The concern about making enough milk is also the main reason women begin formula supplements or wean their baby in the first six months. There are many reasons for this.

Module 6: Encouraging Exclusive Breastfeeding

Hospital factors

Formula supplements may be given to breastfed babies in the hospital for medical reasons (ex: the baby is not gaining weight properly or the mother's milk production is delayed). If this occurs, you can remind mothers that this was a "temporary tool" and that a lactation consultant or the WIC Designated Breastfeeding Expert can help her return to exclusive breastfeeding when the medical reason has passed.

Sometimes formula is given for non-medical reasons (ex: the mother feels her baby is too fussy or she wants to sleep). Encourage the mother not to request formula for these reasons so she can build her milk production and baby can learn to breastfeed. If mothers receive gift bags from the hospital containing formula, remind them that gift bags and formula samples are marketing tools from infant formula companies designed to sell formula.

Home and other factors

When moms get home from the hospital, they may begin formula supplements because their baby is fussy or cries, there is family pressure to use formula, they want to see how much the baby is getting, or because they do not realize the impact that formula supplements will have on their milk production. Sometimes moms start formula because they are returning to work and want to get their baby used to a bottle, or because they used a breast pump and did not express much milk.

As a peer counselor, you can reassure moms that the best way to build milk production is to breastfeed often, 8-12 times every 24 hours. Praise moms for breastfeeding, and yield to the WIC Designated Breastfeeding Expert if a mom continues to have concerns about her milk production.

How the Breast Works

The breast is an important gland with many different parts all designed to help the mother make milk. A simple way to talk about milk production with a new mom is to explain that her breasts are similar to a factory. When the demand is high, a factory produces enough products to meet the demand. When the demand is low, the factory slows down until the demand is high again. In the same way, the breast makes plenty of milk as long as the demand is high.

Keys to a good milk production:

- Breastfeed right away after the birth of the baby (preferably in the first 30 minutes).
- Breastfed at least 8-12 times every 24 hours.
- Avoid supplements and pacifiers unless medically needed.

If the baby is unable to breastfeed directly, moms can remove their milk by hand or with a breast pump. If the mother replaces her baby's feedings with anything else, the amount of milk she makes will go down because the demand is lower.

Module 6: Encouraging Exclusive Breastfeeding

How the Breast Makes Milk

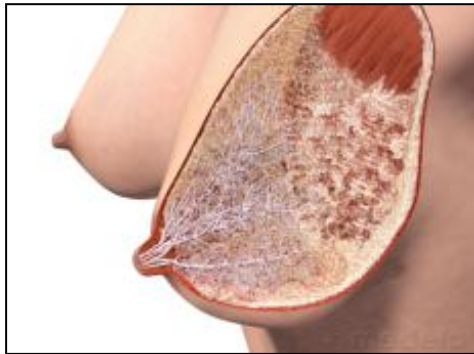
The milk factories go through three important phases of development.

Phase 1: Breast tissue grows

The milk-making factories in a woman's breasts begin developing very early when a young girl reaches puberty at around 10-12 years of age. With each menstrual cycle, breast tissue continues to develop. When she becomes pregnant, her body will prepare her for milk production. Many women will feel those changes as tenderness.



Outside the breast: As the pregnancy continues, women will notice the dark circular area around their nipple (called “areola” and pronounced “air-ree-oh-la”) becomes darker with small pimply-like bumps (called “Montgomery glands”). These glands secrete an oily, lubricating substance that helps the baby find the breast by using his sense of smell. You can reassure mothers that these changes are very normal, and signs that their bodies are going to produce plenty of milk for their baby.



Inside the breast: “Milk highways” (known as “milk ducts”) will transport the milk through the breast. Once the milk begins to flow, the milk highways expand in size so the milk can flow freely. The milk flows through openings in the nipple called “nipple pores.”



The “milk factories” (known as “alveoli”) are where the milk is made. Each milk factory is surrounded by special muscles that squeeze the factories and cause milk to begin flowing. The milk factories complete their development in the first month after the baby is born, as long as the baby is breastfeeding.

Note: Photos courtesy of Medela, Inc.

Module 6: Encouraging Exclusive Breastfeeding

Phase II – Milk production begins

Around the middle of the mother's pregnancy, at 16-20 weeks, her body begins making the first milk, called "colostrum." This is concentrated milk that is thick and yellowish in color. It is packed with infection-fighting ingredients. Some mothers leak colostrum while they are pregnant, and some do not. Either is normal. The amount of colostrum is very small because a baby's tummy is very tiny and does not stretch well in the first day or so. As the baby's tummy grows, the amount of milk the mother makes also grows.

Hormones – Prolactin

After the baby is born, pregnancy hormones drop rapidly and the mother's body naturally releases prolactin, a hormone necessary for making milk. Mothers may notice their breasts feeling fuller, usually by around 2-3 days after baby is born. Even if she does not plan to breastfeed, her body will begin making milk because of this release of prolactin.

Hormones – Oxytocin

A second hormone, oxytocin, releases the milk. Oxytocin causes the muscles around her milk factories to squeeze, which causes milk to begin flowing through the milk highways. This is called a "milk ejection reflex" or "milk release." Mothers may experience a tingling or tightening sensation. Mothers may have 4-5 milk releases in every feeding, though they may not feel any or all of them. Many mothers also report feeling thirsty and sleepy when the milk is released. Remind moms to have a glass of water nearby in case they feel thirsty. Oxytocin is a conditioned response. This means that when mothers hear, see, smell, or touch their baby their milk may begin to flow. If mothers are in pain, afraid, or extremely stressed, oxytocin may not flow as freely. Remind moms to get relaxed and comfortable to help their milk release more easily.

Hormone Receptors

To help these hormones work properly, mothers build hormone "receptors" in the first two weeks after the baby is born. These receptors allow the hormones to get into the breast. They are grown when babies breastfeed or the milk is removed by hand or with a breast pump. The more hormone receptors there are the more milk a mother will make. Giving formula supplements during the early weeks will prevent her body from making all of the receptors she needs.

Phase III – Making milk for baby's needs

The third stage of lactation is making milk long-term. The best way to make plenty of milk is to begin breastfeeding right after the baby's birth in the first hour, and to continue breastfeeding whenever the baby shows signs he is ready to eat. If the mother breastfeeds (or removes the milk with a breast pump) at least 8-12 times every 24 hours, she will form the important hormone receptors and finish growing her milk factories. This builds a high starting point for milk production.

Module 6: Encouraging Exclusive Breastfeeding

The jars of rice and beans at the left illustrate how the milk production process works. Every time the mother's milk is removed her body replaces it for as long as she breastfeeds (jar of rice). If the mother replaces feedings with something else (jar with a few beans), the milk that stays in her breast for that feeding signals her body to stop making so much milk and her production will go down. Often mothers who realize their milk production is going down will offer more supplement (jar with more beans), which only causes her milk production to go down even more. Before long, her body is making very little milk (jar with mostly beans and little rice). This is why WIC gives little to no formula to breastfeeding mothers in the first month.



Talking to Mothers About Milk Production

Pregnancy is the best time to begin preparing women for their breastfeeding journey, with information about how the breast makes milk. In the early days after the baby is born, you can remind them why the small volume of colostrum, or concentrated milk, is so important for the baby. You can affirm the mother by telling her that her fears and concerns are normal. Beyond the early days, mothers may need continued reminders that exclusively breastfeeding will develop good milk production and give babies important health benefits that will last a lifetime!

Handout 6.1

"Moving Mothers from Worries to Confidence"

Handout 6.1, "Moving Mothers from Worries to Confidence" will help you practice using your 3-Step Counseling skills to affirm and support mothers who are worried about their milk production.

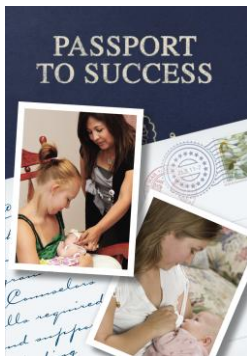


Learning More

Here are some ways you can build your knowledge about how to support breastfeeding moms.

- Read Chapter 3, "How Breastfeeding Works," on pages 13-19 of *A Parent's Guide to Breastfeeding*.

Module 6: Encouraging Exclusive Breastfeeding



Passport to Success

Ask your supervisor to stamp your passport once you have completed the module and individual learning. Be proud of the journey you are making to support new moms and babies!

Handout 6.1 JOURNEY TOGETHER POSTCARDS

Print out 1 set of the following color postcards of famous travel sights around the globe for each small group.

Invite each group to select a destination and make a list of at least 10 things they might need to do to have a successful journey.





Germany



Grand Canyon



Guam



Hawaii



Italy



Japan

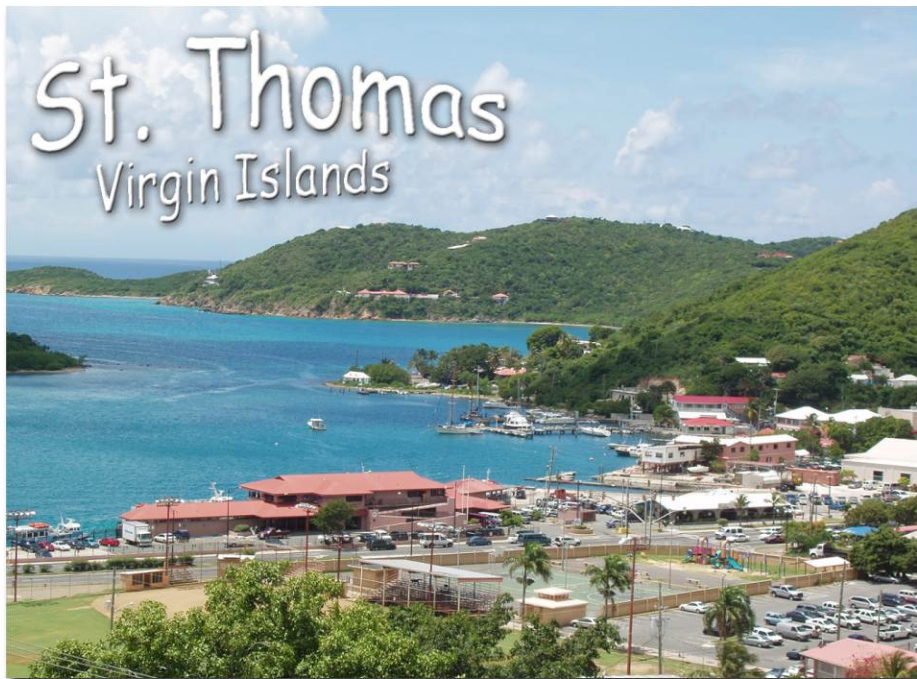


New Zealand



Niagra Falls





Handout 6.2

TRAVELING FROM WORRIES TO CONFIDENCE

Instructions: Select a scenario from the list below and discuss.

1. What is the mother worried about?
2. What could she be feeling?
3. How can you affirm those feelings?
4. What information could you share with her?

Mom Says...	Mother's Worries	Feeling/Affirmation	Information to Share
<i>I want to switch to formula.</i>			
<i>Nobody in my family could make milk.</i>			
<i>I used a breast pump and nothing came out.</i>			
<i>My breasts are too small to breastfeed.</i>			
<i>I gave him some formula after nursing because he still seemed hungry and he drank the whole bottle.</i>			
<i>My breasts don't feel full anymore and my baby is always hungry.</i>			

ANSWER SHEET

Responses to Consider

Mom Says...	Mother's Worries	Affirmation	Information to Share
<i>I want to switch to formula.</i>	Real or perceived low milk production; busy life; returning to work; pressure from family, mother just wants to wean, etc.	"It's great that you have been breastfeeding."	Importance of breastfeeding; starting formula causes milk production to decline
<i>Nobody in my family could make milk.</i>	Lack of confidence that she can make milk; this is a genetic problem she will also experience; her family may not support her.	"I used to think that, too."	Breastfeeding early and often, and following baby's signs of hunger, helps mothers make plenty of milk. Milk production can also be increased.
<i>I used a breast pump and nothing came out.</i>	This is visible proof that her worries are true and she has no milk.	"I can definitely see how you would think you don't have enough milk since you weren't able to pump much."	The quality of the pump and the way the pump flanges fit make a big difference. Also, it takes a lot of practice to get the milk to "let down" to a pump and to flow well. Babies usually get more milk than the pump. Also, pumping after feeding the baby can result in lower amount expressed.
<i>My breasts are too small to breastfeed.</i>	Her body is inadequate to nourish her baby.	"Many women worry about the size and shape of their breasts."	Breast size does not determine the amount of milk you make.
<i>I gave him some formula after nursing because he still seemed hungry and he drank the whole bottle.</i>	She is running out of milk and her baby is going to go hungry if she only breastfeeds.	"That must have been a scary feeling. I can tell you are worried about your baby, and it's good to be concerned."	Babies use a different mechanism to drink from a bottle and often continue drinking even though they are full.
<i>My breasts don't feel full anymore and my baby is always hungry.</i>	Her milk has dried up and her baby will go hungry if she continues to breastfeed.	"I can see you are very concerned about your baby."	Baby may be going through a growth spurt and her breasts may no longer be engorged.

Handout 6.3

3-STEP PRACTICE: BUILDING MOM'S CONFIDENCE

You are speaking with Anna on the phone about breastfeeding. Anna is 5 months pregnant with her first child and thought about breastfeeding, but is sure she won't be able to make any milk because nobody her family was able to do that. All the women in her family have very small breasts and could never satisfy their babies.

1. Be curious. What more do you want to know to help her? Write 1-2 open-ended questions you could ask to find out.
2. Affirm. What do you think the mother is feeling? What can you say to acknowledge those feelings?
3. Educate. What simple ideas could you share with her?
4. What are your next steps in your relationship with her?
5. Yield. Who should this mother be referred to?

ANSWER SHEET

You are speaking with Anna on the phone about breastfeeding. Anna is 5 months pregnant with her first child and thought about breastfeeding, but is sure she won't be able to make any milk because nobody her family was able to do that. All the women in her family have very small breasts and could never satisfy their babies.

1. Be curious. What more do you want to know to help her? Write 1-2 open-ended questions you could ask to find out.
 - *What have you heard about breastfeeding?*
 - *Tell me how your breasts are feeling right now.*
 - *Tell me more about the breastfeeding experiences of your mom and sisters.*
 - *Who do you think you will be turning to for support with the baby?*
2. Affirm. What do you think the mother is feeling? What can you say to acknowledge those feelings?
 - *It is normal to feel worried about your breast size, especially if nobody in your family was successful with breastfeeding.*
 - *This is a common concern of many women.*
 - *It sounds like you are really thinking about what's best for your baby.*
3. Educate. What simple ideas could you share with her?
 - *Breast size does not matter in making milk.*
 - *When mothers exclusively breastfeed they can make plenty of milk.*
 - *Formula supplementation can decrease the mother's milk production.*
4. What are your next steps in your relationship with her?
 - *Continue to contact her monthly.*
 - *Invite her to a prenatal class and bring her support people with her.*
5. Yield. Who should this mother be referred to?
 - *If the mother is worried about an anatomical problem, yield her to the WIC designated breastfeeding expert.*