

## Breastfeeding Challenges Webinar

Script for Breastfeeding Challenges Webinar (Numbers correspond to the power point slide numbers.)

1. Hi – Welcome to the Breastfeeding Challenges Training – this is Martha Hagen and I will be conducting the training today. This training will also be available on the WIC website under Information for WIC Local Agencies under Training. This webinar completes the USDA mandatory training that was conducted Summer 2010. This module is required for CPA’s although others can attend and is a part of new employee training for nurses and RD’s (CPA’s.) A script for this training is also available on the WIC website – you can print it off so don’t worry if you don’t get down all the notes you want. Mothers often have questions about breastfeeding when they are learning more about how their body works and as they adjust to being a new mom. This module examines common questions and concerns WIC mothers have about breastfeeding, as well as strategies that can help.
2. Nutrition and WIC Services is in the Bureau of Family Health and a part of the Kansas Department of Health and Environment. KDHE - Vision – Healthy Kansans living in safe and sustainable environments.
3. This module is designed to address one core competency  
“WIC staff will be able to assess the breastfeeding mother and infant for common breastfeeding difficulties and counsels and provides support and or referral as needed.”
4. To develop this competency, this module is designed to help WIC staff gain 3 learning objectives.
  - Identify consequences of unresolved breastfeeding issues such as engorgement, plugged ducts, sore nipples, and low milk production, etc.
  - Describe strategies mothers can use to address them.
  - Name situations in which referrals are needed.
5. Most breastfeeding challenges can be prevented; if they do occur, dealing with them early can help keep them from becoming bigger issues. Breastfeeding challenges can usually be prevented through proper latch and milk transfer from mother to baby. If a concern arises, it can usually be managed with accurate information, support, and follow-up, including referrals as needed. WIC staff can let new mothers know that there are always options and solutions for breastfeeding challenges. The secret is identifying potential concerns while they are still small and easily managed.
6. Remember that in your training we practiced the 3 Step Counseling Technique – it is still very important to use this technique when helping moms with problems. This training

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focuses more on details of problems, not the counseling process, but we still know that it is critical for you to use all the skills you've developed. The 3 Step Counseling Process is:

- Open Ended Questions;
- Affirmations
- Education

7. When mothers are in pain, it is easy to give up breastfeeding. This is why WIC mothers need a lot of support and easy solutions for quick pain relief. Mothers with concerns or problems, perceived or real, need lots of praise and support and may need to be referred on. Let moms know there are solutions to make breastfeeding more comfortable. See Breastfeeding Challenges Handout "Solutions to Share with Mothers" for assistance. Yield the mother to the WIC Designated Breastfeeding Expert and to her peer counselor for ongoing encouragement and support if necessary particularly if there is no improvement in 24 hours. An affirmation to use for mom with a challenge "What a great mom you are for sticking with it." Information to provide: "There are solutions that can help you feel more comfortable." Remember all staff can ask an open ended questions and affirm.

8. Activity: Real Life Breastfeeding Challenges ---

Purpose: To help WIC staff understand how to address common challenges breastfeeding mothers face, and how support can make a difference.

Materials needed: Handout Breastfeeding Challenges – "Real-Life Breastfeeding Challenges"

Julie Ornelas will read to us her personal breastfeeding experience story complete with breastfeeding challenges.

"When I was pregnant with my first child I knew I wanted to breastfeed. My mother had not had success breastfeeding and my mother-in-law had not breastfed her children either. No one at my obstetrician's office brought up the subject of breastfeeding. So, I purchased and read the book, The Womanly Art of Breastfeeding. I thought, now I know how to do this. When my daughter was born, they laid her on a table beside me, and my husband held her, but I didn't hold her until I was back in the regular room and they brought her to me. I told the nurse I wanted to breastfeed her, so I put her to my breast and she latched on and nursed. No one showed me correct positioning or how to help her break her suction when I switched her to the other breast. So, I developed very sore, cracked and bleeding nipples within the first few days when we were

at home. But, I was determined to breastfeed and just steeled myself for the pain each time she latched on.

My mother thought she was hungry every time she cried and because of my pain, constantly suggested I give her some formula along with breastfeeding. My husband was supportive of me and I knew that breast milk was the best nutrition for her, so I suffered on. I did give in to my mother and let her give a few bottles of boiled water. My mother went home after staying with us for one week. By now my milk had come in, so now I had to deal with engorgement, but I felt encouraged because if my milk came in, I must be doing something right. The sore nipples were getting better, because they were now calloused, and as I relaxed more that helped too. When I went back to work part time after 6 weeks of maternity leave, I tried to pump, and continued to nurse her when I was home. When I pumped with a manual pump my nipples became sore again and eventually I gave up. She was weaned by about 3 months.

If only I had been eligible for WIC and had assistance from someone like all of you, I am sure my experience would have been more pleasant. The only reason I continued was out of a conviction that breastfeeding was the best thing for my baby and the little knowledge I had from my nutrition courses and the one breastfeeding book I had read. I did have a better experience with my second child and breastfed him longer. “

Please take 2 minutes to complete the handout including contributing causes to her breastfeeding challenges, what she was feeling, affirming statements that would have helped her, information that would have been helpful, and support options. Please discuss this handout and your answers with co-workers at another time such as an in-service as we will not discuss it at this time.

### Take-Away Points

Breastfeeding is not about problems, though if a woman is experiencing a concern it is easy to feel overwhelmed.

Reminding mothers that WIC is a place to come to for help with those common questions and concerns will help mothers to realize that they are not alone, and that there are solutions that can help!

9. Sore nipples are the most common breastfeeding complaint of new mothers in the early postpartum period. Although mild discomfort is common, pain that continues or becomes severe, is *not* normal and should be assessed. Sore nipples are a sign that something is not working properly. Mothers with sore nipples need quick relief options – When mothers are in pain, oxytocin does not release well. This can keep the milk from flowing. Mothers may believe they are running out of milk also a common concern and the reason most cited for stopping breastfeeding.

Common causes of sore nipples:

- Baby is not positioned or latched well – try a new position, remember to tell the mom how to release suction and relatch
- Baby does not have enough breast in the mouth – tell mom about assymetrical latch, that more of the underneath portion of the breast should be in the mouth, be sure to release suction and relatch
- Baby’s mouth is not open wide enough – show mom how to pull down on lower jaw gently with her finger
- Baby has had other nipples (like bottles or pacifiers) – could try a nipple shield
- Mothers are going long periods of time between feedings – nursing frequently is very important, a very hungry baby makes more vacuum pressure which can cause sore nipples
- Mother’s nursing pads are wet
- Mother is using a breast pump improperly or is using the wrong sized flange – moms do lots of damage with pumps, the nipple should move in the flange with no white ring at the base of nipple
- Mother has Raynaud’s Syndrome (this causes painful blanching of the nipple) – place heat on nipple right after nursing
- Mother and baby have a fungal infection –this needs to be treated with antifungal so refer to the doctor
- Baby’s oral structure could be “tongue tie,” high/bubble palate, short tongue all things which do not allow baby to latch properly – baby’s tongue should extend over the lower lip – stick out your tongue and baby will mimic so you can check it
- Baby has a facial anomaly (such as Pierre Robin) – positioning can help, open wide etc

10. Solutions for sore nipples include:

As getting ready to breastfeed:

- Start feedings on the side that is least sore.
- Try different breastfeeding positions to put pressure in different places.

Before breastfeeding:

- Apply a bag of frozen peas with a wet washcloth over the breast for a few seconds to take the edge off the pain.
- Massage the breast to begin and MER or milk ejection. This helps the baby not suck so vigorously at the beginning of the feed.

During the feeding:

- Do not limit how long the baby breastfeeds.

After the feeding is over:

- Apply a small amount of breast milk to the nipples and air dry.
- Apply lanolin if the skin is cracked or damaged and air dry.
- Avoid using creams that must be removed before the baby nurses. Lanolin does not have to be removed.
- If the mother says her baby has white patches on the tongue or cheeks that do not wipe off, suggest she phone her physician for treatment of possible thrush.

Yield to the WIC Designated Breastfeeding Expert if the common ways to deal with moderately sore nipples do not improve things within 24 hours, or if the mother reports severely damaged nipples and pain.

Refer to your handout “Solutions to Share with Mothers”

11. Another common concern is engorgement. Between days two and five, most mothers experience changes in their breasts as milk flow and circulation increases. This extra blood and fluids provide additional nutrients needed to make milk. The mother’s breasts often become noticeably fuller. This is normal fullness. If mothers miss or delay feedings during the early days their breasts can become swollen and painful due to excess fluids and milk that are not removed. This causes the milk-making cells to become overfull, causing painful swelling. This is called “engorgement.” Mothers who are engorged may say their breasts are “as hard as a rock” or may report that their baby cannot latch. This occurs because the breast is so full that the nipple flattens and baby cannot grasp it easily.

Common contributors to engorgement:

- Scheduled, delayed, or missed feedings.
- Typical reasons for missing or delaying feedings include: introducing supplements, babies who are too sleepy to wake to feed (especially at night), mothers who are busy and overlook feedings or pacify the baby in other ways to hold off feedings e.g. lots of visitors – a gatekeeper can ask the visitors to leave if they are preventing the mom from feeding the baby frequently.
- IV fluids received by the mother in the hospital can cause extra swelling between the milk making cells.
- Breast is not drained well (ineffective latch or shortened feeding).

**Demonstration - Effect of Engorgement - try this at home!!!!!!**

**Materials Needed:** One 12-inch balloon

**Instructions**

A balloon can be used to demonstrate how swelling can make it difficult for a baby to latch to a mother.

Blow up a balloon just a little. Show how a partially filled balloon allows you to easily grab the other end. Continue adding air until the other end flattens out with the fullness. Release a little of the air and show that when the fullness is relieved, you can grab the other end again.

**Take-Away Points**

Engorgement can usually be prevented.

If it does occur, an infant who was otherwise nursing well may suddenly refuse to latch or becomes fussy at the breast.

WIC staff can reassure mothers that engorgement can be relieved.

12. If engorgement is not relieved quickly, it can lead to greater concerns such as:

The baby gets less milk since ducts are constricted or “pinched.”

The Milk Ejection Reflex (MER) or “let-down”) is diminished so milk does not flow through the breast well. This milk back-up makes engorgement worse.

Milk ducts can become plugged, stopping milk flow and creating lumps.

A breast infection, mastitis, can develop.

Ultimately, milk production slows down and breast tissue begins to involute

Premature weaning may result.

**Demonstration - Demonstration – Pinching off the Flow Again Try This At Home and use this tip with your clients.**

**Materials Needed:** Drinking straw

**Time Needed:** 1 minute or less

**Instructions**

Demonstrate the impact of engorgement on the flow of milk by showing how with a simple drinking straw.

Pinch the straw and explain that when you pinch it, the liquid cannot flow well.

**Take-Away Points**

In the same way, when breast tissue is swollen, the pressure against the milk ducts can block the flow of milk.

13. See Handout 2 “Solutions to Share With Mothers.” for solutions for engorgement. When a mother’s breasts are engorged, she needs to breastfeed and empty the breasts of milk often, every 1 ½ to 3 hours, to avoid more serious breast problems and to protect the her milk production.

Before feeding the baby, advise the mother to massage her breasts with warm (not hot) compresses. A paper diaper filled with warm water works. Avoid heat on an engorged

breast, as heat for a prolonged time can actually worsen swelling. “Warm before and cool afterwards” is the current recommendation.

If the baby has trouble latching (caused by flattening of the nipple as a result of swelling) teach the mother to use “reverse pressure softening” to soften the areola and push the fluid back enough to where the baby can attach.

- Show her how to place her fingers outside the areola and gently press inward, holding it for about 90 seconds.
- The diagram on the slide shows the placement of the fingers - they are parallel to each other around the nipple and the mom should move her fingers around the breast trying at least 4 different position.
- Mothers can use both hands or one hand.
- Once the fluid has been pushed back, she can latch the baby quickly.

Reverse pressure softening also makes it easier to pump.

The milk can also be removed using hand expression techniques or with a breast pump ( a manual pump works well for this although some moms may need to use an electric pump for a few days until their infant can get better at nursing). Removing some milk helps soften the breast.

Between feedings, ice packs can help reduce swelling.

Cotterman J. (2004). Reverse pressure softening: a simple tool to prepare areola for easier latching during engorgement. *Journal of Human Lactation*. 20:227.

14. Milk can be removed manually for quick softening of the areola to give the baby something to grasp. Hand expressing in the shower is especially comforting since the warm water helps the mother relax, helping milk flow more easily.

It is easier to get the milk flowing before expressing milk. Strategies to get the milk flowing:

- Apply warm (not hot) compresses to the breast
- Gently massage the breast to help release the milk

Follow this technique for hand expression:

- Every breast is different, and every mother will need to find the right place on her breast to hand express. A good place to begin is on the edge of the areola, where the dark meets the lighter part of skin.
- With thumb on top and pointer finger underneath, push back towards the chest wall with the hand, and then gently squeeze the thumb and finger together, and roll the fingers forward towards the nipple.
- Avoid squeezing the nipple. This is not where the milk is, and squeezing it can damage the mother’s sensitive nipple tissue.

- If the mother is hand expressing in the first 3-4 days, she might see a small amount of colostrum begin to drip. As milk production increases, she might notice the milk spray out.

**Activity - Activity: Practice Hand Expression – DoThis At Home – Each clinic must either check out from the SA or purchase the DVD “Breastfeeding Techniques that Work: Hand Expression Volume 6” available from Geddes Productions, view, and practice hand expression. Use the DVD with your clients! Obtain from Amazon or at <http://www.geddesproduction.com/kittie-frantz.php> or You can view a hand expression video at <http://newborns.stanford.edu/Breastfeeding/HandExpression.html> Now practice hand expression using water balloons. This really works!**

**Purpose:** To help training attendees learn the skill of manual expression of breast milk so they can teach the technique to WIC mothers.

**Materials Needed:**

12-inch balloons, one for each training attendee that has been filled with water to “breast” size.

DVD: “Breastfeeding Techniques that Work: Hand Expression” (available from Geddes Productions)

**Instructions:**

Ask if any training attendees have latex allergies; consider providing latex-free balloons to those training attendees.

View the DVD: “Breastfeeding Techniques that Work: Hand Expression”

Now go outside

Give each trainee a water filled balloon poking a hole in the nipple end of the balloon with a sharp needle as the balloon is given to the trainee. (you can poke the holes ahead of time if the balloons are carefully placed in a container with hole end up)

Have each trainee use the hand expression techniques to express “milk” from the water balloon.

**Points for Discussion**

Who has personally hand expressed breast milk before?

What technique worked best for you?

**Take-Away Points** - Many mothers have never handled their breasts in this way, and find it empowering to learn this important and useful skill. It is important for you to practice this skill so that you feel more comfortable helping a mom.

15. Next concern – flat and inverted nipples. What is a flat nipple? The nipple is flat to areola and cannot be compressed outward and does not protrude or become erect when stimulated or cold. Engorgement tends to flatten out nipples but they are not true flat

nipples as defined above. If the flat nipples are due to engorgement-use engorgement relief techniques we've already discussed. Often pregnant moms with flat nipples are told to wear breast shells to draw out the nipple. Studies show this has no benefit and may act as a "disincentive to successful breastfeeding" because it calls into question a woman's ability to breastfeed.

What is an inverted nipple – see the next slide for picture

16. Inverted nipples retract or become concave rather than protrude when the areola is compressed between the thumb and index finger. There are different ideas about what causes an inverted nipple:
  1. Could be that tiny bands of connective tissue called adhesions attach the nipple to the inner breast tissue and pull it in
  2. Or very short lactiferous sinuses draw the nipple inward
  3. Or the nipples invert because there is less dense connective tissue beneath the nipple than is found in women with everted nipples.

Most often only one nipple is inverted and there are few cases of true inverted nipples.

17. Flat and inverted nipples can make latching on more difficult so what are some solutions. A breastpump often helps pull out the nipple. Moms with flat nipples often discover that after nursing for awhile they no longer have flat nipples although they may return to the pre-pregnancy state after the baby weans. Some peer counselors have tried the LatchAssist for flat nipples – this is helpful to some mothers and not to others – they are available at stores like Target.

What about inverted nipples? Remember that babies breastfeed, not "nipple-feed" so good latch on techniques and positioning are important. Make sure there is a wide open mouth and a good mouthful of breast. The football hold and cross-cradle hold give the mom more control to make good latch on easier. Moms should be encouraged to breastfeed their babies as early and as often as possible after delivery while the breast is still soft so that the infant has plenty of practice opening wide before the mom's breasts become fuller.

Other things to try include -

- using a breastpump to soften the areola and draw the nipple out if possible.
- stimulating the nipples before feedings. Moms can roll the nipple between thumb and index finger for a minute or two and then quickly apply a moist cold cloth or ice cube wrapped in cloth to make nipple more erect
- moms can wear breastshells for ½ hour before feeding – maybe works, maybe not – not evidence based
- moms can express a few drops of milk onto nipple to entice baby
- moms can shape the nipple – As a mother holds her breast in a C-hold have her pull back slightly on breast tissue toward chest wall to help the nipple protrude

- moms can use a nipple shield – the appearance of breastmilk in the tip of the shield after nursing and a softened breast are indications that the baby is receiving milk. Use this as a last resort as the next problem is getting the baby to accept the breast without a shield.

18. Another common concern that affects breastfeeding success is obesity in the mother. The greater a mom's BMI the more apt she is to not breastfeed or to terminate early. But it is very important to help these moms be successful – infants exclusively breastfed for only 1 month are 2x as likely to have high weight gain at 2 years than one exclusively breastfed for 6 months. Several factors affect high weight gain by non-breastfed infants–
- 1) how we feed a formula fed baby – formula pours out of the bottle and the baby has no control just has to swallow.
  - 2) a breastfed infant stops eating when they are full where as someone feeding an infant a bottle wants to use it all and does not know if the baby is full and
  - 3) A 2009 study shows that the high amount of protein in formulas as compared to the amount of protein in breastmilk may cause excessive wt gain.

Factors affecting breastfeeding in obese women are:

- 1) Obese mother's prolactin levels don't rise as fast as a normal weight woman so her milk comes in more slowly – not until day 7. (normally comes in day 3 – 5)
- 2) Obese women have more c-sections, more labor pain meds, more pitocin –which often doesn't work which again can cause mom's milk to come in slowly
- 3) Obese women often have longer labors – this also slows down when the milk comes in.

Tell moms to nurse often, supplement if they must if the baby not gaining but use a supplemental nursing system, finger feed, or a cup not a bottle and **Nurse, Nurse, Nurse.**

19. Ideas to assist an obese woman breastfeed which will work for large breasted women too are:
- Mom can lay the infant on a table and her breast on the table and slide the baby around on a blanket for positioning – mom can “hold” the baby not the breast this way
  - Moms can try “laid back” breastfeeding – view “Biological Nurturing™ Laid-Back Breastfeeding” by Dr. Suzanne Colson [www.biologicalnurturing.com](http://www.biologicalnurturing.com) for more information.
  - Moms can use the side lying position see <http://www.womenshealth.gov/breastfeeding/learning-to-breastfeed/#e> for more information about positions
  - Moms should use skin to skin – does she really need a bra?

- Moms can roll up a small towel or baby blanket and place under the breast against the chest wall to support the breast. This also helps with perspiration. Moms with large breasts can get yeast infections under the breast – using an antiperspirant (not deodorant) under the breast can prevent these
- Mom can make a “sandwich” of the nipple and breast tissue just behind the nipple to assist the infant in getting a bite of the breast and latching on
- Moms can cut a hole for the nipple and areola in a regular bra for good support and easy access to the nipple and breast tissue. The hole helps just a manageable portion of the breast be accessible.
- If the mom is pumping, make sure the flange is large enough

20. A C-section is a major surgery so it takes time for moms to recover – some moms may be alert enough in the delivery room to bring the baby to the breast and others not. Moms should begin breastfeeding as soon as possible. Anesthetics and pain medications can affect both the mom and baby. Babies are sleepier and are less apt to self attach to the breast after delivery. Moms should be assisted in using different positions such as a cradle position with the baby more vertical to the mom so to avoid the incision, the clutch or foot ball hold, or the side lying position. They can also use pillows, boppies, etc to make breastfeeding comfortable. Breastfeeding early and often offers health advantages to moms who have had a C-section as it does to all moms. The baby’s sucking stimulates the mother’s uterus to contract more quickly and speeds healing. Breastfeeding assists bonding which is especially important if there was separation after birth or a traumatic birth and breastfeeding can help a mom who is feeling that she failed by needing a c-section feel better about the mother/baby relationship.

21. Another common concern is plugged ducts. Sometimes milk can collect in the ducts and form a thick plug that can be very tender to the touch. To prevent a plugged milk duct, encourage the mother to do the following:

- Position the baby effectively.
- Vary the positions used to breastfeed throughout the day.
- Avoid any delayed or missed feedings.
- Avoid allowing breast overfullness or engorgement to go untreated.
- Avoid wearing bras or bustiers that are too tight.

Plugged ducts can also occur as a result of an object pressing against the very thin, sensitive milk ducts, which lie close to the surface of the skin. Examples are:

- A purse or diaper bag strap that presses across the mother’s breast
- Wearing a bra that is too tight
- Mom rolling the bra up over her breast while breastfeeding

Mothers with a plugged duct may be dealing with two major stresses: painful breasts, and possible fears about what the lumpy area might be. Mothers may be afraid that the lumpy area is a malignancy. Quick strategies that relieve the plugged duct will help her relax. Reassuring mothers that plugged ducts are not unusual, especially in the early days, can help them feel confident continuing to breastfeed.

If the mother discovers a hardened area of the breast that does not shrink after breastfeeding or when the milk is removed, or if it changes in shape and size, refer her to her physician for immediate assessment.

22. Quick action to treat a plugged duct will help prevent future breast problems such as mastitis and more serious infections. Comfort measures for a plugged duct include:

- Place a warm compress on the plugged area before each breastfeeding.
- Gently massage the plugged area and stroke toward the nipple to help dislodge and loosen the plug.
- Feed the baby on the breast with the plug first.
- Continue gently massaging the plugged area while the baby is feeding.
- Breastfeed more often, when possible, to keep the breast well drained.
- Hand express or pump after feeding the baby to remove the plug and to relieve fullness.

If the mother reports fever, flu-like symptoms, or has a reddened area on her breast, she may have developed mastitis, a breast infection. Refer her to her physician for appropriate management of the infection. Reassure the mother she can continue to breastfeed with a plugged duct and with mastitis. The worst thing to do with either of these conditions is to suddenly stop breastfeeding, which only increases swelling from extra milk and compounds the problems.

23. Mastitis is a breast infection that can occur when engorgement or a plugged duct are not properly treated, or when bacteria enters through a cracked nipple.<sup>1</sup>

Mothers may report flu-like symptoms such as:

- Fever > 100.4 degrees
- Chills
- Body aches
- Painful breast(s) that may be red and hot to the touch

The mother may also say her baby has suddenly lost interest in nursing on that breast. This may be due to the higher sodium levels in milk when mastitis is present, which some infants find distasteful.

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

24. Refer the mother who reports flu-like symptoms immediately to her primary care physician for quick treatment. WIC staff should encourage the mother to rest, drink plenty of fluids to thirst, wash hands often, and continue breastfeeding or using a breast pump to keep the affected breast well drained. Encourage mothers to use a warm compress on the affected breast before feeding, and offer that breast to the baby first since babies suck more vigorously on the first breast and can drain it more quickly and effectively. Prevention is always best. Educate mothers about:
- The importance of early, frequent, unrestricted access to the breast (Does this sound familiar? It should – we can help a mom prevent a world of problems by encouraging her to feed her baby right away after birth and frequently thereafter.)
  - Positioning and latching the baby properly to remove milk well
  - Removing some of the excess milk that might remain with a breast pump if the mother’s breast still feels overly full
  - Getting plenty of rest and help with household tasks in the early weeks
  - Proper nutrition and fluids
  - Promptly treating any engorgement or plugged ducts that might occur
- Breast inflammation and infections can usually be prevented when mothers avoid overdoing their activity in the early days, when they get help for treatment of sore nipples, and when they avoid sudden missed feedings or weaning.

25. When mothers get a slow start with breastfeeding, or have already begun formula supplementation, they may report concerns with low milk production. WIC staff should first assess that mothers truly *do* have low milk production. Sometimes mothers incorrectly assume they are not making milk. For example:
- Mothers might say they were unable to express much milk with a breast pump. This could be due to the fact using a pump takes practice, and getting the milk to “let down” can help the milk flow better. Moms need to learn to use their pump and relax when using it.
  - Mothers might misinterpret baby’s behaviors to mean they are not making enough milk. For instance, babies have strong needs to be held for security and closeness, not always to feed. Also, when babies are taken off the breast too soon they may want to continue feeding to get the calorie-rich milk toward the end of the feeding. Mothers might misinterpret this to mean they are not producing enough to satisfy their baby.
  - Mothers believe babies wake because they are hungry – that they didn’t get enough before they went to sleep and the majority believe that at 10 days they should sleep all night (remind them sleeping through the night is 5 hours.) Talk about baby behavior and hunger cues and that babies have a small stomach so they need to eat often especially the first few weeks.

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- Babies are often fussy in the evening and want to nurse a lot – moms think this means they don't have enough milk. Instead often fussiness is the baby's reaction to all the family arriving home with more noise and distractions and the baby wants his mom to hold him for calming.
- Use the Mother Baby Log (order using your WIC publications order form) to discuss signs of enough breastmilk and offer to weigh the baby often to show good weight gain.

26. It is perceived low milk production – not true low milk production if -

- The baby is stooling well (3 or more stools per day in the first 3 - 4 weeks), is gaining weight (4 - 7 ounces per week), and breastfeeds at least 8 - 12 times every 24 hours.
- The mother's breasts feel firm before and softer after breastfeeding. Before breastfeeding they feel like your forehead and after breastfeeding they feel like your cheek.
- The mother is not supplementing or offering solid foods.
- The mother may be receiving negative messages from others about making enough milk, or she may report her baby is fussy. She may also report that she pumped and got only a small amount.

It is true low milk production if

- The baby is not stooling well or gaining weight, and is not feeding 8 - 12 times every 24 hours.
- The mother limits the baby's time at the breast.
- The mother's breasts do not feel fuller before the feedings.
- The baby has begun supplements of formula or solid foods.
- The mother may have begun birth control (especially combination birth control pills).
- The mother and baby are separated and mom is not expressing milk during the separation period.

27. Because numerous factors can cause low milk production, WIC staff are important partners to help mothers explore possible causes.

Common factors that can relate to low milk production are:

- Replacing breastfeedings with formula
- Introducing solid foods too early
- Taking birth control pills with estrogen
- Taking some antihistamines – they dry up our nose and our breastmilk
- Limiting the baby's time at the breast

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- Surgery on the breast
- Smoking
- Illness in the baby or mother
- Mom returning to work or school and not expressing milk while away from her baby
- Another pregnancy

Medical conditions in either the mother or baby can also cause low milk production. If the more common reasons do not seem to be the cause, yield the mother to the WIC Designated Breastfeeding Expert for help in exploring other possible causes.

28. Remember to use the 3-step counseling method for all the concerns we have discussed. Whether a mother has perceived or a true milk production issue, the result is often the same: supplementation and premature weaning.

If WIC staff assesses that the mother's concern is a perceived milk production problem, they can reassure mothers that things are going well, and remind them about typical newborn behaviors such as:

- Normal infant fussy periods, which typically occur during the evenings
- Cluster feedings, which means babies want to feed continually during a short period of time, typically during evening fussy periods
- Growth spurts, when babies are growing and want to feed more often
- Strong sucking needs of some infants.

Encourage the mother to bring her baby to the WIC clinic for weight checks to make sure the baby is growing well

Affirm the mother. Examples of affirmations are:

- “What a great mother you are to be concerned about this. I can tell you really care about your baby.”
- “It’s completely normal to worry about making enough milk since we can’t see how much milk is going in.”
- “I can see that you are worried about your baby.”

29. If WIC staff assess that a mother truly does have low milk production, there are many solutions to help increase it.

- Check the baby's position and latch at the breast.
- Increase the number of feedings (or remove milk with a breast pump), including at night, when prolactin levels are highest. Offer the baby unlimited access to the breast, especially with skin-to-skin contact when possible to increase oxytocin levels in the mom which helps with milk production and release. Encourage the mother to rest and relax to help milk to flow.
- Use breast compression to help the baby get more of the fatty parts of the milk.

- If the mother is using a breast pump, suggest she increase the suction level on the pump to her comfort level (*never* to cause pain), especially as she notices a letdown occurring. The highest volume of milk is released after the first letdown; the higher vacuum levels release more milk and may help with production. Have mom “power pump” – nursing or pumping every 2 hours for 24 to 48 hours – this means through the nights too. This technique has been shown to quickly increase milk supply. The mom can leave her pump hooked up and milk in the bottles for several hours and not have to clean everything everytime she pumps to encourage her to pump as often as she needs to. Breastmilk does not have to be refrigerated immediately as the amount of bacteria in breastmilk decreases at room temperature. It can be held for 10 hours at room temperature.
- Encourage mom to breastfeed on one side and pump on the other, and to keep the baby at the breast as much as possible.
- If a supplement is indicated, suggest she give it at the breast through a lactation aid that delivers the milk through a tube taped to the breast.
- Use moist heat and massage the breast before feeding or pumping.
- If the mother is separated from her baby, discuss ways to express milk when they are apart

Yield the mother to the baby’s physician if you suspect the baby needs medical follow-up.

30. Moms often think they don’t have enough breastmilk when their babies have growth or appetite spurts. Babies typically have periods of time of rapid growth where they want to breastfeed more frequently for a day or more. This is commonly called a growth or appetite spurt. Although babies usually choose their own times to go through a growth spurt, they often occur around:

- 2 -3 weeks
- 6 weeks
- 3 months
- 6 months

Because babies are growing and may be uncomfortable and restless during this period, the extra nursing helps calm them and may even help with pain relief for the baby.

Mothers may interpret this extra nursing as a sign they are not making enough milk, especially if the breast fullness they might have felt earlier has subsided.

WIC staff should provide mothers with anticipatory guidance so they recognize these appetite/growth spurts when they occur, and to be aware that periods of growth are a normal part of the baby’s development.

They can also reassure mothers that infant formula supplementation is not necessary and will interfere with her milk production that will keep up with her baby’s needs.

Mothers can offer the breast frequently to the baby to comfort and nourish him.

Yield to the WIC Designated Breastfeeding Expert if a mother remains concerned about an appetite spurt that lasts longer than a few days. Yield the mother to her baby's physician if you are concerned about the baby's growth.

31. Neonatal jaundice is another common concern. It is defined as a yellowish color of the sclerae and skin as a result of depositing of bilirubin, a yellow molecule, in body tissues. Bilirubin is a breakdown product of red blood cell lysis (destruction.) Bilirubin levels rise in babies after birth for a few days, peaking on day 2 or 3 for normal term babies. Levels can resolve later for preterm infants and some racial groups such as Asians around days 4 or 5.

Breastmilk jaundice - Occurs after the 5<sup>th</sup> day of life in association with the appearance of more mature milk. It results from an increase in the intestinal absorption of bilirubin – there is thought to be an as yet unidentified substance in breastmilk that increases intestinal reabsorption. This is a normal physiologic phenomenon and since bilirubin functions as an antioxidant is thought to be beneficial since newborns are deficient in naturally occurring antioxidants.

Two thirds of all breastfed babies have an elevation in bilirubin and half of those have visible jaundice during the second to fourth weeks of life.

The levels of bilirubin in breastmilk jaundice rarely become dangerously high but careful evaluation for other causes of jaundice is necessary.

Here is a quote from Breastfeeding and Human Lactation Fourth Edition. “It would be a mistake to assume, without careful consideration, that because a neonate is breastfed and is jaundiced, breastfeeding is the sole, or main, cause of the jaundice. It would also be a mistake to believe that if the jaundice is associated with breastfeeding, it can never be harmful.”

32. Discontinuation of breastfeeding for 24 to 48 hours in infants with breastmilk jaundice results in a prompt decline in serum bilirubin. Hence physicians frequently put breastfed infants with high bilirubin on formula for a short time. High bilirubin can be dangerous and cause brain damage so doctors don't want to mess with it. It is imperative to have the mom pump as often as she was putting the infant to the breast and to provide her with a multi-user electric breastpump or help her obtain an electric pump. Be sure to tell her how to freeze her milk for the future.

One other type of jaundice is starvation jaundice. This condition occurs with inadequate milk and caloric intake and low stool output. The solution is not to stop breastfeeding but

fix the problem so that adequate breastmilk is taken in by the infant. Expressed milk or artificial milk supplementation may be required for a time.

Early, frequent nursing (8-12 feedings the first several days of life – 12 or more is better) with lots of subsequent urination and stooling is essential!! There are basically three ways of eliminating bilirubin from the baby's body: the baby can excrete it out through urine or the stool - both of which require a functioning liver – sometimes a baby's liver is immature and not fully functioning - or bilirubin can be "burned off" through our skin in a process called phototherapy.

Management of hyperbilirubinemia depends on the cause, the bilirubin level, and the condition of the infant. Phototherapy helps reduce bilirubin levels because the blue spectrum wavelengths are absorbed by the bilirubin molecule causing it to become water soluble and not having to pass through the liver before elimination in the urine or stool. Phototherapy is initiated earlier for infants less than 38 weeks at gestation or with other medical problems. Infants being treated with phototherapy should continue to be breastfed because good caloric intake improves the effectiveness of the phototherapy.

33. Moms can be concerned about medications they are taking and their effect on breastmilk. Mothers can continue to breastfeed with many different medications.

For information about specific medications refer to LactNet <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>

**OR**

Medication and Mother's Milk by Thomas W. Hale, Ph.D. for more information (use the latest edition possible – an updated version generally comes out every even year.) A copy of Medication and Mother's Milk 2010 Edition was sent to each WIC clinic July 2010.

34. These areas are often beyond the scope for WIC staff to handle.

Cleft Palate

Sick Baby

Developmental Delays

Metabolic Disorders

Yield to the medical provider. Learn about the medical team's plan so you can support the mother in the best possible way and assist her to meet her goal. If a breast pump is needed, provide the pump along with client education and support in pump use.

35. Mothers who experience difficulties with breastfeeding can feel overwhelmed and frustrated, especially if they are in pain or are worried about their baby. In the midst of a problem, infant formula can seem like an easy, quick solution. Active listening principles will help mothers explore their feelings. WIC staff can ask mothers open-ended questions, including her goals for breastfeeding and options she may already have tried to improve her situation. Affirm the mother's concerns, reminding her that many mothers have dealt with some of her same worries and challenges.

36. Successful breastfeeding and prevention of problems is the goal. Provide anticipatory guidance such as the following:

- Breastfeeding in the First Hour
- 24 Hour Rooming In
- Nurse Often – Every 2 -3 Hours
- No Bottles – No Formula
- Call If It Hurts - give them a number to call. Put your breastfeeding peer counselor number or the clinic's phone number on everything you give them so they have it.

If possible see moms in their last few weeks of pregnancy and provide anticipatory guidance, encourage them to develop a birth plan, and provide "The Mother's and Baby's First Weeks Log," "A Special Gift for Your New Baby," and/or the crib card all available on the WIC Publications Order Form.

37. Try this activity.

Count from 1 to 10 – if you are completing this module with someone else count together in unison.

Now count from 1 to 10 **alphabetically**.

Here's the answer: *Eight, Five, Four, None, One, Seven, Six, Ten, Three, Two*

What makes counting alphabetically more difficult?

The thinking that allowed us to follow the first set of instructions so easily cannot be used when attempting to respond to the second set of instructions. A new way of thinking is required.

When mothers are facing challenges, it can be easy for both mothers and staff to assume that formula is the best solution.

A new way of thinking is to consider formula not as a solution to "fix" a breastfeeding problem, but compounding an existing problem.

If a mother has decided to breastfeeding, offering her support and access to lactation experts who can help her work through challenges can make the difference.

38. Be prepared with what to do when a mother requests infant formula.

Read and review Kansas WIC Policy FCI: 02.01.01 Infant Food Packages - Breastfeeding Infants. All staff should use good customer service techniques, be aware of their tone of voice, and use the 3-Step Counseling Technique. Use the support options provided by your agency for mothers experiencing breastfeeding problems such as the peer counselor or the breastfeeding expert.

WIC staff should always properly assess the mother and baby before automatically issuing infant formula.

When a mother requests infant formula, reassure her that:

- While formula is one option, there are other options, as well
- WIC wants to help her achieve her intention to breastfeed
- There *are* solutions for breastfeeding problems that will help her quickly become more comfortable so breastfeeding can continue
- WIC provides many ways to support her

Discuss the fact that formula supplementation:

- Is not always necessary for healthy, full-term infants.
- Can interfere with her milk production if milk is not drained from the breast.
- Can make a breastfeeding problem worse by leading to additional problems such as engorgement, plugged ducts, etc..
- Can cause her baby to prefer a bottle nipple and suck differently, which can make breastfeeding problems more difficult to manage.
- Increases the baby's risk of infections and disease.

If the mother chooses to begin formula, or some formula is determined to be necessary after a careful assessment:

- Issue only the smallest amount needed for the number of feedings she plans to replace with formula.
- Let her know that she can resume exclusive breastfeeding and WIC can help.
- Yield her to the WIC Designated Breastfeeding Expert.

Encourage mothers to attend a breastfeeding mother's support group at WIC, La Leche League, or other places in the community to share experiences with other mothers.

39. During this module we have addressed common challenges that mothers face with breastfeeding, and helpful strategies to help make breastfeeding more comfortable for both mothers and babies. Most common challenges can be prevented, and can be managed if they do occur.

## Breastfeeding Challenges Webinar

40. If you have questions, please contact Martha Hagen at [mhagen@kdheks.gov](mailto:mhagen@kdheks.gov) or 785-291-3161
41. Be sure to print off the certificate of completion (also can be found on the WIC website) after completion of this module, complete and put it in your training file.
42. This completes the Breastfeeding Challenges Training Webinar – thanks for attending.