Dynamics of Counseling
Class 3 Outline

I. Review of Class 2

II. Barriers To Breastfeeding

III. Cultural Considerations

IV. More About Counseling

V. Telephone Counseling

VI. Dynamics of Group Counseling

VII. Counseling Procedures

VIII. Including Father and Family
Class 2 Review

1. What can a mother do to prepare for breastfeeding? What shouldn't she do?

2. How can a mother tell if her nipples are flat or inverted? What can she do if they are?

3. How often should a breastfed baby nurse? How long on each side?

4. Explain to a mother how to put her baby to the breast.

5. What are some signs of a good latch-on?

6. What are some of the breastfeeding positions a mother could use?
   1.
   2.
   3.

7. How can you tell if the baby is getting enough to eat?

8. What can cause sore nipples?
   1.
   2.
   3.
Class 2 Review - Cont.

9. What would you tell a mother to do to help sore nipples?

10. What could a mother do who is embarrassed by leaking?

11. Explain what a mother can do to relieve engorgement.

12. If a mother has a painful breast lump, what should she do?

13. Should a mother wean her baby if she gets a breast infection? What should she do?

14. What are some signs a mother can look for to indicate that her baby is ready for solids?

15. What would you talk about to a mother who wants to wean her baby?
Counseling with LOVE

If we are careful to Listen and Observe mothers we can find out what fears they have that might prevent them from breastfeeding. Once we know what the mom is worrying about, we can Validate her concern. We can let her know that we can see the logic behind her thinking. Once she knows we respect her concerns, trust is built and she is ready to listen to us. We can Educate and Empower her to overcome her personal barriers.

There are three steps to this method. The letters are to help you remember the steps.

1. L Listen and O Observe

2. V Validate

3. E Empower / Educate

Barriers to Breastfeeding:

- Lack of confidence
- Embarrassment to breastfeed in public
- Loss of freedom
- Concerns about dietary and health practices
- Influence of family and friends.

Guiding Conversations with the LOVE Counseling Method

Counselors should listen to what mothers say and respond by validating their concerns.

Once the counselor tells the mom she recognizes the mother's concern as a real and valid issue, she puts the mother at ease.

Even though misinformation may be the basis for her concern, it is important that the counselor let the mother know that she understands the logic behind the misconception.
1. Listen

- Listen to what the mother says as well as the feelings behind her words.
- You may need to ask questions to clarify what she says. Use questions that cannot be answered with a yes or no.
- Listen for hidden factors: What’s the real issue or challenge?
- Listen for the positives. What is good about what she is saying?

Active Listening

- Paraphrase what the mother said, and reflect the message back. This clarifies, shows acceptance, and encourages a response.

  You’re wondering.....
  You feel worried about.....
  You’ve heard.....
  You’re wanting.....

- Clarifying:

  I’m not sure what you mean.
  Do I have it right?
  I don’t understand.

Observe

- What does her body language tell you?
- How is she relating to those around her?
- How does she interact with the baby?
- Does she look like she is in pain?

Identifying the Real Issues

When a mother begins the conversation, the first question she asks may not be what is worrying her most. Listen for clues during the conversation while you are answering her questions. Listen for topics she repeatedly brings up in the conversation. Listen for her feelings. Look for related issues.

For example:
When a mom asks about weaning, she may really be having problems with breastfeeding and not realize there are other solutions besides weaning. Always, try to find out why she wants to wean.

A mom may ask questions about her baby’s sleep patterns or frequency of feeding because someone else in her family is expecting different behavior from the baby and is hinting that something is wrong. She may appreciate suggestions on how to handle negative comments from other people.
2. Validate

<All feelings are acceptable.
<It’s OK that she feels the way that she does.
<Acknowledge that her feelings have been expressed by other women too.

You could say:

Many women feel the same way
That’s a common concern
I’m glad you brought that up.
I’ve also felt that way...

3. Empower/
Educate

<Address her question or the comment she has made.
Provide information so she can make an informed decision or select a course of action.
<List options.
Provide resources for further information
Make referrals to health professionals as appropriate.
Help her find her own solutions.

Soften the comments by saying.....
Many women have found...
We have information that may help you make a decision...
Everybody used to do it that way, but we have new information...
Here at WIC we can offer...

When giving information ask yourself....
Does this mother need information?
How much?
Is this the best time?

Remember.....

Keep it simple and uncomplicated.
Do not overwhelm with facts and suggestions.
Give information in small pieces...show and tell.
Look for ways to praise the mother.
You’re doing a good job.
You handled that well.
You did the right thing.
You’re going through a rough period. The first ten days are the hardest. It will get easier as you and your baby get more experienced.
Summarize the issues. Especially after a long talk.
If problem solving, write down suggestions mother agrees to try.

Remember: The mother is an expert on her baby.

You have two ears and one tongue,
which is a gentle hint that you should listen more than you talk.
Using the LOVE Method

**QUESTION:** I'm afraid I don't have enough milk for my baby. What should I do?

Often counselors will hear moms say they are afraid they don’t have enough milk, when the issue they are really concerned about may be something else quite different. Since this is such a common concern, counselors must be alert and do some detective work to find out if this is really the problem or if the mom has underlying issues making her think this.

**Listen and Observe:**

- Find out if there is, in fact, a problem with milk supply. **ASK:**
  - how old is the baby?
  - what did baby weigh at birth? Now?
  - does baby have 6-8 really wet diapers per day?
  - 2-5 bowel movements per day?
  - is baby gaining weight? (1 pound each month)
  - how often is baby nursing? (every 1 1/2-3 hours, or 8-12 times in 24 hours)
  - is baby alert, active and growing?

**Validate and Educate:**

*Note: Counselors often need to validate more than once as new mothers mention new or additional concerns. Let her know that many moms worry about how much their baby is getting. See the Validating a Mother’s Concerns handouts for examples of statements to validate a variety of common concerns. At first it may be hard to stop and do this before you provide information, but as you become more experienced at this it will come naturally to you.*

- If baby is getting enough, find out why mother is concerned. She may need reassurance that it is common:
  - to worry about not knowing how much milk baby gets
  - for baby to seem hungry soon after being fed
  - for baby to suddenly increase - or decrease - the frequency and/or length of nursings
  - to stop feeling a let-down sensation
  - for breasts to seem suddenly softer
  - for baby to be fussy when dad comes home
  - for babies to cry for a lot of reasons other than hunger
• **If baby does not seem to be getting enough, ask about:**
  < supplements — formula, water, juice, solids
  < proper positioning and latch-on
  < nipple confusion - pacifiers, nipple shields
  < scheduled feedings - watching the clock instead of the baby
  < placid, sleepy baby
  < nursing on both sides
  < length of nursings
  < mother under stress or upset
  < mother overdoing it/not getting enough rest
  < medication in mother

• **Encourage mother to:**
  < be sure baby is positioned correctly
  < nurse baby more often, including at night
  < nurse longer on each side, at least ten minutes or longer, to get fat content
  < discourage the use of a pacifier - put baby to breast instead
  < take things easy for a couple of days
  < eat well, drink plenty of liquids

• **REMEMBER: A growth spurt can explain fussiness, sudden frequency of nursing, and feeling a decrease in milk supply.**
Validating a Mother’s Concerns

The examples listed under each of the following barriers will help counselors validate mothers' concerns. Once the concern is validated, trust is built and the mother is ready to receive new information and have misconceptions corrected.

**Lack of Confidence**

- **Listen and Observe**
  - Mothers might say: "My breasts are too small."

- **Validate**
  - To acknowledge a mother's concerns, the counselor might say: "Doesn't it seem logical that big breasts would produce more milk than little breasts?"

- **Educate and Empower**
  - Once a mother's concerns are acknowledged she is ready to receive information: "Milk production is not related to breast size. Size is determined by fatty tissue. Milk production is possible as long as you have milk glands. If your body can produce such a perfect, beautiful baby, it can produce lots of perfect breastmilk."

**Embarrassment**

- **Listen and Observe**
  - Mothers might say: "My husband doesn't want his friends to watch."

- **Validate**
  - Counselor acknowledges: "In our culture breasts are seen as sexual objects and some women worry that breastfeeding in public will arouse men or make their husbands jealous."

- **Educate and Empower**
  - Many mothers may appreciate a demonstration of modest breastfeeding: "With a little practice, you can nurse your baby very discretely. Practice with sweaters or T-shirts that can be pulled up from the bottom, rather than clothes that must be unbuttoned from the top down. Many mothers use a receiving blanket, cloth diaper, or shawl draped over their shoulders to help them nurse discretely."
Loss of freedom

<Listen and Observe> Mothers might say: "I still want to be able to go out and have a good time, go back to school, or get a job."

<Validate> Acknowledge: "It does seem like you would need to be with your baby all the time if you chose to breastfeed. You are afraid you cannot leave the baby with anyone else if you breastfeed."

<Educate and Empower> Inform: "Many mothers do combine breast and bottle-feeding. Start out breastfeeding for the first few weeks at home, then switch to a bottle when you need to be away. You can still breastfeed when you are together."

Concerns about dietary and health practices

<Listen and Observe> Mothers might say: "I don't want to have to watch what I eat."

<Validate> Acknowledge: "It seems logical that you should have to eat healthy foods to make good breastmilk."

<Educate and Empower> Inform: "Women in other countries often have very poor diets, yet they breastfeed their babies for 2, 3 or more years. THERE ARE NO FOODS THAT YOU NEED TO AVOID IN ORDER TO BREASTFEED. Think of women in Mexico or India. They eat very spicy foods and still breastfeed. Don't listen to what everyone says about chocolate or cabbage or pizza. It is important for all of us to eat healthy foods all through our lives. If you eat right, you'll look and feel better, but what you eat doesn't have much to do with your ability to breastfeed.

Influence of family and friends

<Listen and Observe> Mothers might say: "My mother couldn't breastfeed."

<Validate> Acknowledge: "You are concerned that problems with breastfeeding might run in the family."

<Educate and Empower> Inform: "Usually, breastfeeding problems are not hereditary, but since bottle-feeding was the norm for many years, relatives and friends are more likely to advise women to bottle-feed than breastfeed. You will need to ask a friend who has breastfed when you have questions."
More Examples of Barriers to Breastfeeding

1. Lack of Confidence

**Mothers might say:**

"My breasts are too small."
"My breasts are too large."
"My milk looks too thin."
"The nurse said to offer formula after feeding."
"It seems so complicated. I don't think I can do it right."
"My diet isn't good enough."
"I smoke."
"I drink."
"I'm taking medicine."
"Every time my baby cries, someone tells me to give him a bottle."
"I've heard that breastfeeding hurts."

**Mothers may have these concerns:**

- Many women do not understand how the breasts make milk.

- Some women use formula because they are afraid they cannot make enough milk. Using a bottle means the baby spend less time at the breast, so the breast makes less milk. Suddenly, the woman's fears come true.

- Lack of confidence makes women vulnerable to myths and old-wives tales about others' negative experiences. We have to be careful not to make it sound hard or imply that the mother can "do it wrong".

- A few women believe that breastfeeding requires skills that are complicated and difficult to learn.

- Most promotional materials from formula companies use wealthy women to illustrate breastfeeding and stress the importance of being healthy and relaxed when lactating. These messages reinforce most women's fears that their lives may be too complicated, and their diets too inadequate to breastfeed.

- During the first few months of breastfeeding, many women or their relatives misinterpret a baby's cries as a sign that they don't have enough milk.

**To help the counselors acknowledge a mother's concerns, consider:**

- Aren't we all afraid of something we've never done before? Weren't we all afraid the first time we were pregnant and gave birth?
Barrier to Breastfeeding (cont.)

• A can of formula has all the ingredients and nutritional values listed right on the can. There are no such reassuring labels on breasts.

• A bottle of formula shows exactly how many ounces a baby is getting. Unfortunately, breasts are not marked in ounces and we cannot see how much the baby is getting.

• Doesn't it only seem logical that big breasts would produce more milk than little breasts?

Mothers may appreciate hearing the following information:

• Women have been breastfeeding for centuries. The human race wouldn't have survived if women weren't capable of producing the perfect food for their babies.

• If your body can produce such a perfect, beautiful baby, it can produce lots of perfect breastmilk.

• There is a terrific sense of accomplishment in succeeding in doing something you thought you might not be able to do.

• Milk production is not related to breast size. Size is determined by fatty tissue. Milk production is possible as long as you have milk glands.

• Pain - The mother may also have been told that breastfeeding is painful, but pain is not a part of breastfeeding unless something is wrong. The counselors are there to help her learn the right techniques to make it a good experience. Reassure mothers who experience some discomfort when getting started that the adjustments will be short-lived and the long-term benefits far outweigh any initial discomfort.

2. Embarrassment

Mothers might say:

"My husband doesn't want his friends to watch."
"My mother says I look like a cow when I nurse."
"What if I'm in the grocery store or mall?"
"What if I start leaking all over the place?"
Barriers to Breastfeeding (cont.)

Mothers may have these concerns:

- Breasts are seen as sexual objects and women worry that breastfeeding in public will:
  - arouse men
  - make their husbands jealous
  - make other women jealous
  - look "gross" or "disgusting"

- Most women resent having to go into a restroom and having to hide in their cars or bedrooms in order to feel comfortable nursing their child.

- Women differ in how uncomfortable they feel about breastfeeding in front of others:
  - Some women would feel uncomfortable even in front of relatives and friends unless they were sure that their breasts were not exposed.
  - Others would feel apprehensive even if seen breastfeeding discreetly.
  - Many women who would feel self-conscious in public setting would be comfortable with breastfeeding in private.
  - A small proportion of women could not consider breastfeeding. For them, breasts are strictly for sex, and the idea of putting their baby's mouth on the breast is disgusting.

- Many women would feel embarrassed if their breasts leaked, leaving a milk stain that others could see.

Many mothers may appreciate a demonstration of modest breastfeeding:

Many mothers may not have seen a baby being breastfed modestly, this may be the issue that helps them decide to try breastfeeding.

- Use cloth diapers, receiving blankets, loose clothing, etc. Practice with sweaters or T-Shirts that can be pulled up from the bottom, rather than clothes that must be unbuttoned from the top down.

- Counselors with young babies usually don't mind giving a demonstration.
Barriers to Breastfeeding (cont.)

3. Loss of Freedom

Mothers might say:

"I still want to be able to go out and have a good time."
"I want to be able to go back to school."
"I need to get a job."
"I don't want to mix nursing and bottlefeeding, so I'll just bottle-feed."

Mothers may have these concerns:

- Breastfeeding is seen as incompatible with an active social life. Younger mothers are especially concerned that breastfeeding will prevent them from having time for themselves or their friends.

- Some women are fearful of the bonding they are told accompanies breastfeeding because it will further decrease their freedom. They mistakenly believe:
  
  • The breastfed child will cry if its mother is not nearby.
  • Breastfeeding makes it hard to leave the child with a sitter.
  • The breastfed child will be spoiled.

- Many women do not understand how to mix breastfeeding and formula supplements.

- Some women view pumping as messy, painful or a "hassle". (Pumping and storing milk will be discussed in Class 4. For now, just acknowledge a mother's fears that breastfeeding will cause the baby to be too dependent on her.)

- A first-time mother often hears, "This will change your life forever" or "Nothing will ever be the same".

- Those who do not have children may see mothers as burdened with babies who cry when mother is away or who hang onto mother and do not want to go to a pushy relative.

- TV and movies glorify the independent woman; the one with the career, family and active social life. There is little that shows a woman at home with her children, creating a warm family life.

- Many pictures of breastfeeding women show them at home in expensive nightgowns. Many WIC mothers must work to support their children. They will see this as incompatible with breastfeeding.
Barriers to Breastfeeding (cont.)

Mothers may appreciate hearing the following information:

- Remind mothers that while they were pregnant, the baby was in a warm, secure environment, his body was constantly being massaged by the uterus, his mom's heart beat was always heard. After birth, the baby still needs lots of touch and cuddling. Studies show that babies deprived of a loving touch do not grow well, even with plenty of food.

- The baby whose needs are met and is loved comes to trust his world and believes he is a lovable person. As he gets older he will feel secure enough to be independent. We believe that the baby who is allowed to be "attached to his mother" will feel good enough about himself to be independent of her at his own pace.

- Reconsider how "convenient" bottle-feeding really is. Warming bottles in the middle of the night, taking enough bottles when you go out, keeping bottles from spoiling in hot weather, mixing, washing, losing parts, running out.

- Breastfed babies tend to be healthier. People are more willing to watch your healthy baby than a sickly one. Healthy babies are easier to take care of and more fun.

- Mother can breast and bottle-feed the baby. Start out breastfeeding for the first few weeks at home, then switch to a bottle when mother needs to be away. Mother can still breastfeed when they are together.

- It's nice to be needed, to have a special job that no one else can do for the baby. The breastfed baby will have absolutely no doubt about who his mother is.

- Remember that a baby is little for only a few short months. Compared to the rest of his life (75-80 years) breastfeeding doesn't last long. The truth is, before very long, your baby will be all grown up and independent and you will miss that very brief period when he needed you so much.

4. Concerns about Dietary and Health Practices

Mothers might say:

"I drink."
"I smoke."
"I'm taking medicine."
"I don't want to have to watch what I eat."
"They say you can't eat: onions...garlic...jalapenos...whatever."
"My life is too complicated." (stressful)
Barriers to Breastfeeding (cont.)

Mothers may have these concerns:

• Many women feel that breastfeeding will require them to change many dietary or health practices. They are unwilling or unsure of their ability to:
  
  <give up smoking
  <give up drinking alcohol
  <drink enough milk
  <eat no junk food, spicy foods
  <get enough sleep
  <be relaxed

Mothers may appreciate hearing the following information:

• A long time ago, there were no nutritionists telling people what to eat, and everybody breastfed just fine.

• It is not good to smoke whether you breastfeed or bottle-feed. Second-hand smoke causes many health problems in babies and children.

• Women sometimes worry that breastfeeding will ruin their figure - breasts may sag. Actually, pregnancy causes the extra weight gain in breasts. A mother can wear a bra that offers good support and can nurse the baby up close to the breast. Unfortunately, as we age, many parts of us begin to sag - not just the breasts.

• Women who tend to be tense and "hyper" can breastfeed just fine. In fact, the hormones your body makes help you relax and feel calm and peaceful.

• If breastfeeding were as difficult and had as many restrictions as some people think, nobody would do it!

• If you need medication, your doctor can usually find a type of prescription drug or recommend a medicine that you can take that will not interfere with breastfeeding.

• If a mother has a question about the medication she is taking, ask your breastfeeding coordinator to look it up in Dr. Hale’s book Medications in Mother’s Milk which should be located in each WIC clinic. Your breastfeeding coordinator may also call Mom’s Place Lactation Center 1-800-514-MOMS for more information or give the Mom’s Place number to the mom. Mothers are also welcome to call Mom’s Place with their questions.

• Many women are concerned about taking birth control pills while breastfeeding. If they think they cannot take the pill while breastfeeding, they would rather be sure of not getting pregnant than breastfeed. Doctors are now prescribing the mini-pill for breastfeeding mothers. Babies do not seem to be harmed. However, since the mini-pill
Barriers to Breastfeeding (cont.)

is relatively new, long-term effects are not known. Since peer counselors cannot give medical advice, advise mothers to speak to their doctor about this and other forms of birth control. Barrier methods of birth control (diaphragm, condoms) are safe for breastfeeding.

5. Influence of Family and Friends

Mothers might say:

"I've never seen anyone breastfeed."
"My mother couldn't breastfeed."
"My boyfriend doesn't want me to breastfeed."

Mothers may have these concerns:

• Many women, especially young women who are pregnant for the first time, rely on their own mothers for advice and support with child care, including infant feeding.

• In many families, the mother's husband or boyfriend has a strong influence on the mother's choice. His opinions are especially important when he lives in the same household or has regular contact with the mother.

• Because bottle-feeding was the norm for many years, relatives and friends are more likely to advise women to bottle-feed than breastfeed.

Some ideas for counselors:

• Encourage mothers to talk to other mothers who are breastfeeding or have breastfed their babies. This includes La Leche League meetings, women's church groups or perhaps other mothers from the WIC clinic. This is why the peer counselor is so important! Mothers need the reassurance of knowing someone who has succeeded at breastfeeding.

• Many fathers are really proud of their baby's mother for providing "his" baby with the best. The counselor has a powerful ally if she can win over the father.

• Invite grandmothers and fathers to clinic for classes or counseling on breastfeeding. Expose them to other fathers and grandmothers who have positive points of view.

• Remind the mother that she probably hasn't always done everything her mother told her to do. This might be another of those decisions she needs to make for herself.

• Back when most of us were born, hardly anyone breastfed their babies and nobody was around to help. Things are different now. Sometimes our mothers think that if we decide to breastfeed, we are telling them we think they didn't do a good job of raising us. It is
Barriers to Breastfeeding (cont.)

important to acknowledge that we know those mothers who bottle-fed did what they thought was best for their babies. Twenty to thirty years ago doctors thought bottle feeding was best, but now they know breastfeeding is best.

• There are lots of things to do with babies besides feeding. The baby's father or grandmother could be the one who bathes the baby or plays with the baby when he gets fussy. Sometimes breastfed babies are more playful with their dads than their moms because they associate mom with eating. When dad has them, they know something different, something fun is coming.
Cultural Considerations

How do you talk to a mother from another culture?

Like a mother!

• With all of our differences, sometimes the only thing we have in common with each other is being a mother.

• All mothers want what is best for their children. All of us want something better for our children than we had ourselves, even though we can't be perfect.

• Give attention to the things that are the same between us all.

Think about it ...

• Our comments and opinions about others may more accurately reveal our values than reflect anything about the people we are describing.

• What do you believe to be core U.S. American values?

• When people talk about other cultures, they tend to describe the differences and not the similarities. Differences are generally seen as threatening and described in negative terms.

• What do the histories and experiences of people with disabilities and people from culturally linguistically diverse backgrounds (in the U.S.) have in common?

• One should make up one’s own mind about another culture and not rely on the reports and experiences of others.

Human Diversity

Think of the many ways in which we can celebrate the diversity among us. Give examples of differences and similarities for each of the following:

C Racial and ethnic diversity
C Gender and sexual orientation
C Religious diversity
C Socioeconomic perspectives (age, youth, elderly, wealth, poverty)
C Physical differences (height, weight, physical disablilities)
C Learning differences (hyperactivity, dyslexia, brain injury)
C Intellectual differences (gifted, retardation, gifted underachievers)
C Challenges related to health (asthma, diabetes, HIV, drug abuse, cancer)
C Communication diversity (languages, body language)
C Behavior and personality (depression, obsessive-compulsive disorder, attention deficit disorder, autism, phobic disorders)
C Sensory differences (blindness, deafness)
C Family perspectives (nuclear, extended, step, circle of friends)
A Final Self-Check

Now that you have had a chance to think about human diversity, here is a test of your attitudes and your ability to respect and assist those who are considered different. Imagine this situation:

You are being wheeled into a hospital emergency room. You have sustained a life-threatening injury. Your life depends upon the ability of the lone doctor on duty. Which ONE of the following labels do you want that doctor to have?

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Christian</th>
<th>Jewish</th>
<th>Homosexual</th>
<th>Heterosexual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slim</td>
<td>Tall</td>
<td>Heavy</td>
<td>Short</td>
<td>Wealthy</td>
<td>Disabled</td>
</tr>
<tr>
<td>Caucasian</td>
<td>Hindu</td>
<td>Black</td>
<td>Hispanic</td>
<td>Old</td>
<td>Young</td>
</tr>
<tr>
<td>Foreign</td>
<td>Poor</td>
<td>Muslim</td>
<td>Expert</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you value your life, more than likely your answer was “Expert.” When old habits of thinking and fears based on prejudice and ignorance creep in, it is a handy reminder to ask yourself, “If I were in that hospital emergency room and this person were the only doctor on duty, would I want this person to save my life?” Every time you say “yes,” you save your own humanity and make the world a much better place.

Cultural Beliefs

Examples of cultural beliefs that might cause a mother not to breastfeed:

- A death in the family or anger makes the milk go bad.
- The first milk (colostrum) is poison. The baby needs herb tea until the milk comes in.
- The mother should eat only rice and bland foods or the baby will get sick.

There probably is some basis for these cultural beliefs. Our challenge is to think of ways we can help mothers continue to breastfeed without making the mother confront or abandon her beliefs. We may need to suggest a compromise to blend cultural beliefs and modern breastfeeding knowledge.

For Example:

- A death in the family is upsetting. From what we learned about how the breast works, we know major stress can inhibit the letdown reflex. This could be how this belief got started.

While acknowledging that there may be some basis for the belief, the counselor can say, “Today we know a mother can still breastfeed and the hormones stimulated by breastfeeding send calming messages to the brain that may help her through stressful times”. If it makes the mother or other family members feel better, the mother can express a little milk and pour it down the sink. This way she gets rid of the "bad" milk and the baby gets good, new milk.

Communication:

In this section of the Cultural Beliefs Handout some general impressions of the ways people from different cultures sometimes relate to others are outlined. Counselors should know that these are general observations and will vary greatly among individuals.

You may have noticed "The Comfort Zone." What do we do when someone crosses the invisible line? When speaking with a mother, how will the counselor know if she has crossed the mother's "comfort zone"?

1. Personal Space

- Personal space refers to the distance between you and another person. We generally want to keep more distance between people we don't know and less distance with friends and relatives. When someone stands closer to us than we would like, this is considered an invasion of our "comfort zone." We usually take a step back or turn ourselves away until we feel comfortable again.
Cultural Beliefs (cont.)

• Most Americans prefer to be about an arm's length distance away from another person.

• Hispanics usually prefer closer proximity than Anglos, in contrast to Asians, who tend to prefer greater distance.

• Let the client choose her most comfortable distance. Your closeness may make her so uncomfortable that she can't listen. On the other hand, if you are too far away, she may feel that you don't care about her.

2. Eye Contact

• Many Anglos are brought up to look people straight in the eye. However, older people from some cultures may have been taught not to make eye contact. Counselors may see the lack of eye contact as a sign that the mother is not listening.

• Length of eye contact also has a "comfort zone." Looking at a mother too long without looking away can make the mother uncomfortable and may be seen as a sign of aggression.

• Avoiding eye contact, or breaking eye contact too often may be seen by the mother as lack of interest in her.

• Staring, or not breaking eye contact often enough, is considered impolite by Native Americans and Asians.

• A women making eye contact with a man for too long can be considered a come-on. Counselors must be careful of this when speaking to clients' husbands and boyfriends.

3. Silence

• Most Americans are uncomfortable and awkward with periods of silence. Mothers who see silence as a normal part of conversation may not understand your efforts to fill the emptiness with "small talk."

• Native Americans consider a minute and a half to be a normal amount of time to wait to respond. Arabs may spend 30 minutes sitting together in silence.

• Some cultures consider it entirely appropriate to speak before the other person has finished talking. They are not being "rude" on purpose.

• The counselor can learn to be tolerant of natural pauses or interruptions in speaking to mothers.
Cultural Beliefs (cont.)

- Learning to be comfortable with silences will be a very useful skill for telephone counseling. It is much harder on the phone to allow a space in the conversation while the mother is thinking.

4. Emotional Expression

- Expression of emotion between people of different cultures varies from very expressive, as with Hispanics, to total non-expressiveness, as with Asians.

- We all tend to be more expressive around people we know than strangers. Also, the more comfortable we feel with someone, the more expressive we will be.

- We have a tendency to see people who are more expressive as immature and those who are less expressive as unfeeling.

- Some people may smile or laugh to mask other emotions.

5. Body Language

- The way we stand or sit, hand gestures and motion of the body are all signs of body language. When speaking to someone, we get an idea of the person's attitudes not only from what they say, but from their body language.

- Anglo-Americans use a firm handshake as a sign of goodwill, while other cultures prefer only a light touch. Native Americans may see a vigorous handshake as a sign of aggression.

- Touching or being touched by a stranger may be considered inappropriate or an intimacy signal by some Asians, but may be entirely appropriate to some Hispanics.

- Standing with hands on hips may imply anger to some. Pointing or beckoning with a finger may appear disrespectful, particularly to Asians who use that gesture to call their dogs.

- Conservative use of body language is helpful until you know the mother better and she has had time to give you an indication that she is comfortable with you.

6. Formality/Intimacy

- Most Americans tend to be informal in their verbal communication, but some other cultures prefer to keep relationships more formal. We tend to call each other by our first names without asking permission to do so. This would be considered a sign of disrespect
Cultural Beliefs (cont.)

by many and may also be too familiar for a participant's comfort. Counselors should ask a mother how she would prefer to be addressed.

- When in doubt, choose formality over intimacy.

7. Language Barriers

- Counselors will find themselves working with a mother or family whose native language is not the same as her own.

- The mother will have difficulty expressing thought and concerns completely, and will require more of the counselor’s time and patience.

- Speak slowly and clearly. Try to find words the mother understands. Ask the mother questions that will help her repeat back to you the information you want her to know.

- Do not speak louder. The mother is not hard of hearing. A loud voice may be interpreted as hostility or disrespect and will only aggravate the situation.

- Fluency in a foreign language is not the same as intelligence.

- A mother who speaks a particular language may not read that language. If you give her written information, go over the it verbally to be sure she understands. She may need written information in her first language.

- If you and the mother do not speak the same language, communication may be difficult or impossible. Try to explain using dolls, pictures, and the language of the heart - a smile.

- WIC is required to provide an interpreter to deliver necessary services to WIC clients. Peer counselors can request an interpreter to help them counsel WIC clients. Speak with your WIC supervisor if you need to request an interpreter.
Ten Commandments for Good Listening

<Stop talking> You cannot listen if you are talking.

<Put the talker at ease> Help her feel that she is free to talk.

>Show her that you want to listen> Look, sound, and act interested. Listen to understand rather than to oppose.

<Remove distractions> Don't doodle, tap, or shuffle papers.

<Empathize with her> Try to put yourself in her place so that you can see her point of view.

<Be patient> Allow plenty of time. Do not interrupt her.

<Hold your temper> An angry person gets the wrong meaning from words.

<Go easy on argument and criticism> This puts her on the defensive. She may "clam up" or get angry. Either way, she is not listening anymore. Do not argue; even if you "win," you lose.

<Ask questions> This encourages her and shows you are listening.

<Stop talking> This is first and last, because all other commandments depend on it.

Remember: You have two ears but only one tongue, which is a gentle hint that you should listen more than you talk.

Creating Comfortable Conversations

Remember your goals:

Help the mother feel like a great mother to her baby

Give the mother the information and support she needs

Enable the mother to solve problems

Before you start remember to:

í Check your attitude.
  ì Show that you genuinely want to be there.
  ì People can sense if you really care.

í Respect the woman.
  ì She is doing the best that she knows how with the information and resources available to her.
  ì Be non-judgmental.
  ì Be patient.
  ì Do not argue or criticize.

í Be friendly.
  ì Use her name often.
  ì Use baby’s name often.
  ì Refer to the “baby’s father” unless you know he is her “husband.”

í Give comfortable eye contact.

í Be positive and understanding.

í Be open and honest.

í Be discrete about taking notes. Make them brief.
Avoiding Pitfalls in Counseling

Dr. Ruth Lawrence, a well-respected pediatrician and breastfeeding advocate, says:

"Don't make it seem hard." Most breastfeeding problems can be avoided or solved by putting the baby to the breast early and often. Pregnant women don't need to hear all the problems they may encounter. Be careful about making a mother feel she must eat right, must hold the baby a certain way, etc. Don't make breastfeeding seem so hard that she feels she will probably "do it wrong."

Never tell a mother she is doing it wrong.

Please don’t...

<Don't say "problems."
Say, "Call me if you have any questions or concerns. Problems is such a negative word. You don't want it to be the last word a mom hears when she talks to you.

<Try not to make value judgments.
Mother will make decisions for her life, not you. Leave her comfortable to reject your suggestions. I know you’ll choose what’s best for your baby.

<Avoid overwhelming mother with facts or suggestions. A few suggestions at a time should do. If she doesn't need information to solve her problem, don't overload her with academic items.

<Don't be too solution-oriented. Listen for feelings and concerns. Allow time for the mother to define her situation and work out her solutions.

<Accept your own limitations. Admit you do not have all the answers. Admit you have limited influence on mother's behavior.

<Don't get overly involved in mother's private life. For serious personal or emotional problems refer her to a social worker, minister, or professional counselor for emotional support. Don't let her become too dependent on you. You are a breastfeeding counselor.

<Don't stress your own experiences. This diminishes the mother's experience.

<Don't interrupt. Let mother finish her ideas. Don't change the subject until you're sure she's finished with it.
<Don't stall or skirt the issue. Get to the point. Be open and honest.

<Don't let too much time to pass between contacts. The mother may need you but may not call.

<Avoid contacting the mother at inappropriate times, such as meal time or nap time, or early morning. Find out a good time for her.

<Don't make calls too brief. Give mother enough time to think out her answers and formulate her questions.

<Don't make calls too long. Mother will avoid them if they drag on.

<Remember to follow-up to see if the situation has improved.

<Be sure to notify the mother if you will not be available. Arrange for backup from another counselor if you will be away. Give mother the new counselor's name and phone number.

REFERENCE:

Telephone Counseling

Remember:

< you can't see mother or baby
< be supportive, positive
< always ask the baby's age
< get as many details as possible
< when in doubt, have mother go to the WIC clinic or her doctor

Tips For Better Telephone Counseling:

<Identify yourself  < Be sure to give your name at the start of the call.

<Can she talk now?  < If you called the mother, ask if you've called at a convenient
time.

< If the mother calls at an inconvenient time, tell her clearly and
politely. Take her name and phone number. Tell her when
you will call back, then be sure you do.

<Speak clearly  < Over the phone, high–pitched voices come across as squeaky,
so try to pitch your voice as low as you comfortably can.
Work at projecting warmth. Interest and sincerity will come
across your tone of voice.

< Silences over the phone seem longer than when you are
face–to–face. Even while the mother is speaking, be sure to
make a sound every now and then to show you are still there.

<Body language  < You'll listen better if you sit in an alert position. Pretend she
can see you.

<Interruptions  < If you must take another call while talking to a mother,
explain carefully and reassure her that you are still listening
when you get back with her.

< If you are making calls from home, have a small box of toys
your toddler or older child can play with only when you are on
the phone.

<Take notes  < This may help. The Breastfeeding Counseling sheet will help
you ask the important questions and remind you of the
mother's situation if you call her again in a few days.

<Verify instructions  < Before ending the phone call, repeat any instructions you
gave. It also helps to ask the mother to repeat instructions back to you so you know she heard you correctly.

**Follow up**

Call the mother in a few days to see how things are going. Mothers often call when there's a problem, but forget to let us know if our suggestions worked.

**Make necessary referrals**

Some mothers call often and become overly–dependent. If she seems to need more than information or simple reassurance, try to set up a face–to–face meeting. **999 Be alert to situations in which a referral to the Breastfeeding Coordinator, Lactation Consultant or Social Worker may be necessary.**
Conversation Starters

Always introduce yourself: "My name is ________________. I am a WIC mother and your Breastfeeding Counselor." Knowing that you are a WIC mother will help the moms you counsel feel that you are "one of them," not just another staff person. Moms will be inspired by your example. You want them to think, "If she's a WIC mom and she can breastfeed, I can too."

Use Open-ended Questions

Encourage mothers to talk.
Avoid questions where the mother can answer with merely "yes" or no.”
Start questions with words like: who, what, when, where, why, how, how much, how often.
Aim for conversation, not just questions and answers.
Ask lots of questions that will encourage discussion.

During Pregnancy:

< What have you heard about feeding your baby?
< Who do you know that has breastfed?
< What are some of the reasons you think women choose to breastfeed?
< What do you think are some ways breastfeeding is good for your baby and for you?
< What have you heard about the ways breastfeeding can help you and your baby?
< Have you considered breastfeeding your baby?
< How do you think breastfeeding would fit into your plans?
< What would concern you most about breastfeeding?
< Have you heard anything about breastfeeding that you've been wondering or worrying about?
< You seem a little uncertain about breastfeeding? Can you tell me why?
< How does the baby's father want you to feed the baby?
< Will there be someone to help you the first few weeks after the baby is born?
< Do you plan to work or go to school after the baby is born? How soon? Several mothers who go to this clinic are working and successfully breastfeeding.
Women used to learn about breastfeeding by watching their mothers or a relative. Many women don't have that chance today. Do you know anyone who has breastfed? Have you ever talked with them about their experience?

For Postpartum Breastfeeding Mothers:

What do you enjoy most about breastfeeding?

Can you think of some pleasant surprise about breastfeeding?

Tell me how things are going at home.

It sounds like you and your baby are doing well. What kinds of changes can you expect in the next few weeks?

Tell me what happens when your baby cries.

How does your baby let you know he/she is hungry? How often is he/she interested in eating?

How often does (baby’s name) want to eat?

Could your baby be in a growth spurt?

How are you feeling? Getting enough rest? Help at home? Eating well?

How do your breasts feel when you are nursing?

How does the rest of the family feel about your breastfeeding?

Have you had any problems nursing with others around?

Has anyone encouraged you to give your baby formula or baby food? How have you handled that?

What are some of the ways your baby is letting you know he/she is getting enough to eat?

Do you have any concerns about how breastfeeding is going?
Conversation Hushers

Sometimes in a group, one mother will get carried away with her own personal story. She may give a negative impression of breastfeeding, or simply run off on another topic. As the class leader, you need to get the conversation back to a positive attitude without embarrassing the mother. Here are some suggestions:

< I am very glad that worked for you. Other mothers have found that ____________ worked better for them.

< I know this is very important to you, but I am not allowed to talk about something that is not in my approved lesson plan. I am so sorry, but I know you understand.

< Your points are very interesting, but we need to cover some more material. Please call me tomorrow (or see me after class) and we'll talk some more then.

< Your experience is highly unusual, and we need to spend our time discussing the common situations that most mothers face. Let's get together to talk after the class.

< I am not sure if you understand that I am not qualified to speak on this matter. Unfortunately, it is something that I know nothing about.

< I'm glad that worked for you, but I certainly can't recommend it for all mothers. My sources don't recommend this practice.

< Let me look this up in The Womanly Art of Breastfeeding to see what La Leche League says. (It's all right to spend a minute looking something up to be sure of your facts.)

< That's too bad. What could you have done differently if you had the information we have talked about today? Or, what would you advise another mom in that situation to do to avoid that problem?

REMEMBER: If you must interrupt a mother, be sure you have a question ready for another mother to quickly change the subject. It is important to visit with the woman after class so that she doesn't feel bad, or take it personally. Do not let her leave without an encouraging word from you.
Ideas to Share With Families

Research indicates that the father and the grandmothers of the baby are extremely influential in the mother’s breastfeeding success. Peer counselors need to try to involve family members in their education and support efforts whenever possible.

- Fathers and other family members will be the mother's best supporters of breastfeeding if they have helped the mother make the decision to nurse. Invite fathers and grandmothers to attend the WIC classes with the pregnant mom. Request their help in seeing that the mother has read the breastfeeding material you assign.

- If a critical family member will not attend classes, suggest that the mother try to share parts of the information you give her that you have circled or highlighted. She may conveniently leave brochures open in the bathroom, in front of the TV, or anywhere - maybe on a chair where he or she would have to pick it up in order to sit down.

- Many women have chosen to bottle-feed because the father wanted to help, until he discovered there was nothing really interesting about watching a baby feed from a bottle. The father gave the baby one or two bottles, and the mother regretted not breastfeeding.

- Some women and many men worry that breastfeeding will reduce their desire for each other. It helps if they can talk to each other about sex. If a mother suddenly finds after the baby is born that she wants nothing to do with sex, she should talk to her doctor or nurse. It may have nothing to do with breastfeeding, but could be from a difficult birth or just a fast change in her image of herself. Some women experience some dryness while breastfeeding. This can be taken care of with a little lubricant and a sense of humor.

- Babies usually have a fussy time in the early evening. This is also when the father gets home and his first sight of home is a crying baby and frantic mother. Fortunately, babies quickly respond to the broader chest and deep voice of daddy, and he can become the baby's favorite person during the fussy period. Since the father sometimes feels left out of the close mother/baby breastfeeding relationship, this is a good way to involve the father in something very special. See the "neck nestle" WAB p. 193.

- A new baby changes a couple into a family. This adjustment can be difficult for one or both parents. If the father shows signs of being jealous, he could need some reassurance that he is still loved and needed in the family. Most changes are easier to take with a sense of humor.

- Children who were bottle-fed can be told that the mother tries to do her best for each of her children. Since she has learned more about breastfeeding, she would like to nurse this new baby. Breastfeeding will give her time with the older children that she
used to spend fixing bottles and nursing gives her one hand free to help the older children.

Two-year-olds can be very creative in getting the mother's attention. Mother can give the toddler something to do with her while she's nursing, with just a little advanced notice: a book, coloring, sing a song or play a game.

Children need lots of love and reassurance. They can be given small jobs to help with the house and baby.
Peer Counselor Group Class Log

Peer Counselor: __________________________  Date: _______________
Class Code: _______  Function of PC: Teach/Assist in teaching

Class Attendees

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>WIC ID Number</th>
<th>Status – PG or BF</th>
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### Breastfeeding Counseling

**Mother**  
Age ______  WIC ID#  
Phone  
Address  
City, State, Zip  
Mother’s Doctor  
Referred by  
Language English/Spanish/other

**Baby**  
Date of Birth  
Birth Weight  
Current Weight  
Birth Hospital  
Baby’s Doctor  
Language English/Spanish/other

<table>
<thead>
<tr>
<th>Reason for call/visit</th>
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<table>
<thead>
<tr>
<th><strong>BABY</strong></th>
<th><strong>MOTHER</strong></th>
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<tbody>
<tr>
<td>How often does baby nurse?</td>
<td>Previous bf experience?</td>
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<tr>
<td>How long does feeding last?</td>
<td>Are nipples or breast sore?</td>
</tr>
<tr>
<td>Who ends feeding?</td>
<td>When is it felt?</td>
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<td>Where is it felt?</td>
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<td>Left/right</td>
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<tr>
<td>Does baby suck pacifier/thumb/fist?</td>
<td>Positioning: correct/needs assist</td>
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<tr>
<td>Does baby get water/juice/formula?</td>
<td>Milk supply: understands/counsel</td>
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<tr>
<td>How much each day?</td>
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<tr>
<td>Latch on: good/needs help</td>
<td>Use of pump/equipment?</td>
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<tr>
<td>How many wet diapers/day?</td>
<td>Do breasts leak?</td>
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<td>Stools?</td>
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<tr>
<td>Health problems/meds?</td>
<td>Health problems/meds?</td>
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**Counselor Response:**

**Pamphlets given:**  
**Referral to:**

**Peer Counselor:** ___________________________  **Date:** ___________
Prenatal Breastfeeding Counseling

Mother’s Name: ____________________________ Phone: ____________________

WIC ID #: ____________________________ Language: ________________

Due Date: ______________ Referred by: ____________________________

Next Appt: ______________ Baby#: ______________ BF before: ______________

Specific Requests:
- 
- 
- 

Discussed breastfeeding with mom before YES/NO
In class or at certification? ____________________________

Does she know anyone who is currently breastfeeding? YES/NO Who? ______________

Does she want to breastfeed? YES/NO Could she have flat/inverted nipples? YES/NO

Does she have support of family/friends? ____________________________

Will mom return to work/school? YES/NO When? ________________

Where will she deliver her baby?

Checklist/discussed:
- _____ latch-on/positioning
- _____ engorgement
- _____ establishing adequate milk supply
- _____ nursing time (how often, how long)
- _____ growth spurts
- _____ crib card given

Counselor’s Response:
- 
- 

Pamphlets given:
- 
- 

Counselor: ____________________________ Date: ________________
<table>
<thead>
<tr>
<th>Date</th>
<th>Identified problems</th>
<th>Assessment/Plan/Equipment</th>
<th>Time</th>
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