

BF-000-50, CCNE: Breastfeeding Top Ten Discussion

Client-centered nutrition education uses methods like group discussions and hands-on activities to engage participants in learning. This outline starts with a **Snapshot of the Session**, and then includes two parts:

Part 1: Planning the Nutrition Education Session - The first section prompts the nutrition educator to think about the learning objectives, materials, and preparation necessary to carry out the session.

Part 2: Session Outline - The second section outlines the key parts of the session. The nutrition educator uses this outline to lead the session.

Snapshot of Group Session:

CCNE Lesson title: CCNE: Breastfeeding Top Ten Discussion

Developed by: State Agency Staff and Mary Elzner, WIC Dietetic Intern (LA 5)

Date Developed: 7/2013

Approved by: State Agency

NE Code: BF-000-50

Class Description: This class uses facilitated discussion to encourage participants to learn about and share common breastfeeding concerns and to get answers to common questions. Participants will select at least three out of the ten topics to discuss from a bulletin board or poster. Each topic includes suggestions for discussion questions, visual aids, and corresponding activities.

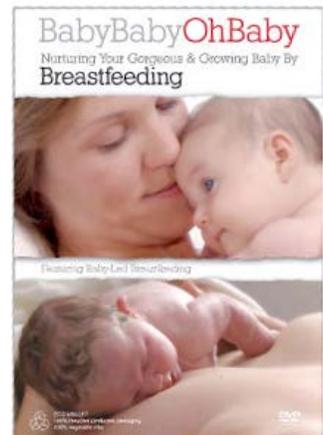
Target Audience: Pregnant women

Type of Learning Activities: Discussion, optional hands-on activities

Part 1: Planning the Nutrition Education Session

Lesson: CCNE– Breastfeeding Top Ten Discussion

Item	Notes for Planning the Session
<p>Learning Objective(s) – What</p>	<p>By the end of the session, participants will:</p> <ul style="list-style-type: none"> • Give and receive support on common concerns relating to breastfeeding. • Identify one key message from each of the main breastfeeding topics discussed. • Describe local resources available for breastfeeding help and information.
<p>Key Content Points – What</p>	<ol style="list-style-type: none"> 1. Every breastfeeding experience is different; including each baby from the same mother. 2. Through sharing, women can discover tips and resources to help them to have a positive breastfeeding experience. 3. Breastfeeding counselors or lactation consultants are available in the WIC clinic to assist with any latch or production problems.
<p>Materials – List what you will</p>	<ul style="list-style-type: none"> • Top ten breastfeeding topics (attached) • Dry erase board or flip chart and markers • Teaching Aids: Doll, breast model or balloon, <i>Breastfeeding Educational Activity Kit</i> (mailed to all WIC clinics in Summer 2010) • <i>Baby, Baby, Oh Baby: Nurturing Your Gorgeous Baby & Growing Baby by Breastfeeding DVD</i> (mailed to all local agencies in 2013; extra copies can be ordered through Stark Productions)



	<p>Handouts available for participants, if desired. Suggested materials include:</p> <ul style="list-style-type: none"> • <i>Breastfeeding Guide: How to get off to a great start</i> (Stock #13-220, 13-220A) • <i>Making the Right amount of Milk</i> (Stock #13-06-12038; 13-06-12038A) • <i>Just for Grandparents</i> (Stock #13-06-11288, 13-06-11288A) <i>Just for Dads</i> (Stock #13-53, 13-53A) • <i>To Baby with Love/The Comfortable Latch DVD</i> (Stock #DV0057) • <i>The Hospital Experience: What to expect and how to make it memorable</i> (Stock #13-06-13120, 13-06-13120A) • <i>Breastfeeding and Returning to Work</i> (Stock #13-06-11496, 13-06-11496A) • US Department of Labor Fact Sheet #73: <i>Break Time for Nursing Mothers under the FLSA</i> found at: http://www.dol.gov/whd/regs/compliance/whdfs73.htm, • <i>Visit BreastmilkCounts.com cards</i> (Stock #13-06-13697) • Local Agency Client Referral Handout <p>Other optional materials:</p> <ul style="list-style-type: none"> • <i>Breastfeeding: Infant Feeding Cues – A Feeding Guide</i> (mailed to all local agencies in 2010; additional copies can be ordered from Mark-it Television) • Handout of your local hospitals that indicates which are Baby-Friendly designated, which are Texas Ten Step designated, and which are neither. • <i>In Your Arms: Your Baby's Favorite Place</i> handout from BF-000-40, CCNE: <i>The Importance of Skin-to-Skin Contact After Birth</i> <p>• *Note: printed materials may change over time, but feel free to utilize the most current resources available.</p>
<p>Resources – Review current</p>	<p><i>Supplemental Information Guide, Breastfeeding Educational Activity Kit, Breastfeeding Promotion and Support Module</i>, Texas WIC brochures, www.breastmilkcounts.com</p>

Class Flow & Set Up –

Arrange classroom with chairs in a circle or semi-circle, if possible, to allow for group discussion

Cut out the Top Ten breastfeeding topics and affix to a poster or bulletin board. Hang or place in an area where all participants can view it easily.

Have handouts available before class begins.

During the class, facilitate a short discussion on each topic selected by participants, using open-ended questions. Several general questions can be used to spark conversation with any of the topics; additional specific questions are listed for each topic. For each question, hints on answers are also included in the **Supplemental Information Guide** to help the facilitator either provide background information or redirect misinformation.

The questions and answers are intended as a guide, not a script. Remember it is important to allow participants to discuss what is meaningful to them.

Each topic has either a visual aid or an activity (some of them optional) that can help enhance the participant's learning experience. It's up to you to decide whether or not to include the optional activities as time permits.

Part 2: Planning the Nutrition Education Session

Lesson: CCNE– Breastfeeding Top Ten Discussion

Item	Notes for Conducting the Session
Introduction: <i>Create a</i>	<p>“Welcome, thank you for being here today. My name is _____. Today’s class is about common breastfeeding questions and concerns.</p> <p>This is a discussion-style class. Feel free to ask questions and share ideas. Please keep comments positive, as we are here to learn and share from each other.”</p>
Icebreaker: <i>Anchor the topic</i>	<p>“Please share your name, how many weeks/months pregnant you are and if this is your first pregnancy. If this is not your first pregnancy, tell us how many kids you have and how many of them you breastfed.”</p> <p>or</p> <p>“What is one thing you have heard about breastfeeding or one concern that you have about breastfeeding?”</p>
Activities: <i>For each learning activity, list instructions and include three to five open-ended discussion questions. Keep in mind that activities should enable participants to meet the learning objectives.</i>	<p>“Women often have questions about breastfeeding. This board shows some of the most common concerns that women share.”</p> <p><i>Direct attention to the bulletin board or poster display with the Top Ten breastfeeding concerns. Read topics aloud.</i></p> <p>“Take a moment to look at the different topics. You will get to decide which topics we discuss today! Please pick any three topics that interest you. If time allows we will be able to discuss more.”</p> <p><i>Class selects at least three topics. It may be helpful to give participants sticky notes to “vote” for the top three choices. Facilitator writes down the 3 topics on a dry erase board or flip chart for reference throughout the class.</i></p> <p>“Great, thank you for picking the topics. Let’s get started with _____.”</p> <p><i>Facilitator goes through each topic, using the open ended and direct questions to spark conversation.</i></p>

Item	Notes for Conducting the Session
	<p><u>General Questions (for use with any topic):</u></p> <p>“What specifically are you interested in learning about [<i>insert topic</i>]?” <i>May help to narrow down broad topics and focus on participants’ specific area of concern</i></p> <p>“What questions do you have about [<i>insert topic</i>]”</p> <p>“What have you either heard or experienced about [<i>insert topic</i>]”</p> <p><u>Specific Questions (for each topic):</u></p> <p>1) BREASTFEEDING WITHOUT PAIN - LATCH AND POSITIONING</p> <p>“Do you think how the baby is positioned and attached to your breast has anything to do with whether or not you experience pain?”</p> <p>“What steps do you take to begin breastfeeding?”</p> <p>“How do you know if you have a good latch? What should breastfeeding feel like?”</p> <p>“If it hurts, what do you do?”</p> <p>2) MAKING ENOUGH MILK</p> <p>“How does the body make milk?”</p> <p>“Can you think of some other things that are important to making plenty of milk?”</p> <p>3) HOW TO GET FAMILY SUPPORT</p> <p>“What are some things family members have told you about breastfeeding?”</p> <p>“Do you think whether or not a family member is supportive of breastfeeding has anything to do with how successful a mom is at breastfeeding?”</p> <p>“What can family members do to help support a breastfeeding mother?”</p> <p>“How can dads bond with the baby?”</p>

Item	
	<p>4) WHAT TO EXPECT IN THE HOSPITAL</p> <p>“Do you think the hospital where you deliver your baby has anything to do with your breastfeeding experience?”</p> <p>“Do you think you can ask for certain things in the hospital, like keeping your baby in the same room with you, or do you think you have to do what the hospital tells you?”</p> <p>5) THE GOLDEN HOUR (FIRST HOUR AFTER DELIVERY)</p> <p>“Describe what you think or have heard happens in the first few moments/hours after birth.”</p> <p>“What can you do to help your baby adjust to the new environment after birth?”</p> <p>“What is skin-to-skin contact?”</p> <p>“How soon should your baby breastfeed after being born?”</p> <p>6) BABY CUES AND BEHAVIOR</p> <p>“How do you know when a baby is hungry?”</p> <p>“How do you know when a baby is full?”</p> <p>“What does it mean when a baby cries? Does crying mean a baby is hungry?”</p> <p>7) HOW TO TELL IF BABY IS GETTING ENOUGH</p> <p>“How can you tell if your baby is getting enough to eat?”</p> <p>“How often should your baby pee and poop?”</p> <p>8) HAND EXPRESSION AND PUMPING</p> <p>“Do you think all breastfeeding moms need a breast pump?”</p> <p>“Do you think all moms should know how to hand express their breastmilk?”</p> <p>“How do you hand express breast milk?”</p>

Item	Notes for Conducting the Session
	<p>9) BREASTFEEDING AND RETURNING TO WORK</p> <p>“Do any of you know anyone who has returned to work and kept breastfeeding?”</p> <p>“Are employers required to give you breaks to let you express your milk at work?”</p> <p>“Do you know where else you can go to get more information about breastfeeding and returning to work?”</p> <p>10) WHEN TO CALL FOR HELP</p> <p>“When should you call WIC?”</p> <p>“When should you call the doctor?”</p>
<p>Review and Evaluations: <i>Invite participants to summarize the key points and share how they will use what they learned in the future. List a question/activity to prompt this. List any community or other resources for clients.</i></p>	<p>What is the most useful thing you have gained from this class?</p> <p>What did you learn today that you will try with your new baby? Name one resource that you now have to get breastfeeding help and information.</p> <p>Client New Lesson Evaluation Surveys:</p> <p>Please collect surveys only during the evaluation period.</p> <p>Evaluation period: November 2013 – April 2014</p> <p>During the evaluation period, please collect at least 30 new lesson evaluations from clients.</p>
<p>Personal Review of Session (afterward): <i>Take a few moments to evaluate the class. What will you change?</i></p>	<p>What went well?</p> <p>What did not go as well?</p> <p>What will you do the same way the next time you give this class?</p> <p>After teaching this lesson a few times, please complete the <i>Staff Online Lesson Evaluation Survey</i> at http://www.surveymonkey.com/s/CSBZ28K.</p> <p>The staff evaluation survey for this lesson will be available for six months after the release of the lesson.</p>

Item	Notes for Conducting the Session
<p>Supplemental Information – <i>Describe any attachments and include any other needed information.</i></p>	<p>The following items are attached to this lesson:</p> <ul style="list-style-type: none"> • Top ten breastfeeding topics: can be cut out and attached to desired surface (bulletin board or poster) for the lesson • Supplemental information guide: provides suggested answers to questions, optional activities and additional information that may be useful for teaching this lesson.

BF-000-50, CCNE: Breastfeeding Top Ten Discussion

Supplemental Information Guide

Remember, this is a supplemental guide intended to provide the facilitator with background information and to help redirect misinformation. This guide is not intended to be a script.

BREASTFEEDING WITHOUT PAIN - LATCH AND POSITIONING

Resources: *Breastfeeding Guide: How to get off to a great start* (Stock #13-220, 13-220A)

Optional Teaching Aids: Doll, breast model or balloon

Questions:

Do you think how the baby is positioned and attached to your breast has anything to do with whether or not you experience pain?

Yes, if a baby is positioned wrong or attaches to the breast wrong, it can cause pain. You should not feel pain when a baby is attached correctly.

What steps do you take to begin breastfeeding?

*Using your doll, demonstrate different positions. Explain that most women use the laid back position the first time they feed their baby and then demonstrate other positions moms may use once they are in their own room. Point out where this section is in the **Breastfeeding Guide**.*

*Then demonstrate latch using a breast model, a balloon or the pictures in the **Breastfeeding Guide** and the latch description in the **Breastfeeding Guide**.*

Point out pictures in the *Breastfeeding Guide* while describing latch:

- 1) You should feel a gentle tugging of your nipple.
- 2) Both of your baby's lips should look flipped out, not pulled in.
- 3) More of the bottom of your areola (the dark area around nipple) should be in your baby's mouth than the top.
- 4) Your baby's chin should be buried in your breast with his or her nose tipped away slightly or lightly touching.
- 5) Your baby's mouth should be wide open.

After the first two days, you may also:

- hear your baby swallow; or
- see milk leaking from your baby's mouth or your other breast.

Your nipple should look the same coming out of your baby's mouth as it did going in. If your nipple looks pinched when it first comes out of your baby's mouth, your baby is not attaching well. About half of all babies don't attach well on the first day. Ask for help right away and be patient. It may take a few days for you and your baby to learn how to breastfeed.

If it hurts, what do you do?

- Slide a clean finger into the corner of your baby's mouth to break the suction and then try attaching your baby again. If you still feel pain, ask for help.

MAKING ENOUGH MILK

Resources: *Breastfeeding Guide: How to get off to a great start* (Stock #13-220, 13-220A); *Making the Right Amount of Milk* (Stock #13-06-12038, 13-06-12038A)

Optional Teaching Aids: *Breastfeeding Educational Activity Kit – Fruitful Mommies*, *Stick to Breastmilk* and *Recipe for Breastmilk* activities

Questions:

How does the body make milk?

*Optional Activity: Use the **Fruitful Mommies** talking points to explain how the milk making cells work inside of the breast, then use the **Stick to Breastmilk** talking points to explain how giving a baby formula in the first few weeks makes it harder for a woman to make enough milk, then use the **Recipe for Breastmilk** talking points to explain the supply and demand process of making enough milk.*

If you don't have time to use the activities, say something like this:

It is important to breastfeed only (no formula, water or anything else) in the first few weeks because the first several weeks of breastfeeding "sets" your milk supply. It's as if your baby is calling in his order for just the right amount of milk he will need to grow. Setting a large milk supply in the beginning makes it easier to maintain your supply and to breastfeed for as long as you want to.

Can you think of some other things that are important to making plenty of milk?

Since milk needs to be removed from your breasts for you to make more milk, good positioning and latch is obviously important for making plenty of milk. *You may choose to demonstrate positioning and latch here if that topic was not chosen.* Feeding your baby at his or her earliest signs of hunger is also important. Early hunger cues include eye movements under eyelids, sucking motions while sleeping, restless body movements while sleeping, and bringing hands toward face and mouth. *Point out where this section is in the **Breastfeeding Guide**.*

HOW TO GET FAMILY SUPPORT

Resources: *Just for Grandparents* (Stock #13-06-11288, 13-06-11288A); *Just for Dads* (Stock #13-53, 13-53A); *To Baby with Love/The Comfortable Latch DVD* (Stock #DV0057) or the *Prenatal Breastfeeding Education Bag*

Questions:

What are some things family members have told you about breastfeeding?

Let participants call out some of the things they've heard or been told by family members.

Do you think whether or not a family member is supportive of breastfeeding has anything to do with how successful a mom is at breastfeeding?

Absolutely it does. Fathers, other family members and even friends and health-care providers can play an important part in your breastfeeding success. If you want to breastfeed, it's important for you to tell your spouse or partner, your parents, his parents, your friends and health-care providers that breastfeeding is important to you and you need them to be supportive.

What can family members do to help support a breastfeeding mother?

You will be busy feeding and caring for a new baby so your family and friends will need to take care of you. They can cook meals, clean the house, do laundry, bring you snacks and drinks and bring you pillows to help you prop your feet up to make sure you're comfortable while nursing. They can change the baby's diapers between feedings and bathe the baby. They can tell you "you're doing a great job" or "keep up the great work."

How can dads bond with the baby?

A lot of dads think the only way they can bond with their babies is by feeding them – and that's just not true. Babies are already somewhat bonded with their dads before they're born. A newborn baby can recognize both his mother's and his father's voice at birth, if his father lived with his mother during the pregnancy. By six weeks old an infant can tell the difference between mom's and dad's voices. Babies quickly learn that mom is all about care-giving while dad's time is less structured and full of play - like bouncing, bathing and diaper changing. A quiet baby may pay more attention to mom's voice but an upset baby will calm more easily when handled by dad. Dads are typically more physical with their children and they love it. Physical play helps babies brains develop.

Other ways dads can bond with their babies include skin-to-skin contact, massage, baby wearing, reading, singing, and talking to the baby and being silly with the baby.

Pass out the **Just for Grandparents**, **Just for Dads**, and **To Baby with Love/The Comfortable Latch** DVDs or remind them they received the materials at their first prenatal WIC visit and encourage them to share them and watch the DVD with their family.

WHAT TO EXPECT IN THE HOSPITAL

Resources: *The Hospital Experience: What to expect and how to make it memorable* (Stock #13-06-13120, 13-06-13120A)

Optional Teaching Aids: Handout of your local hospitals that indicates which are Baby-Friendly designated, which are Texas Ten Step designated and which are neither. Use the facility locator here <http://texastenstep.org/> to find Texas Ten Step and Baby-Friendly facilities; *Visit BreastmilkCounts.com* card (13-06-13697)

Questions:

Do you think the hospital where you deliver your baby has anything to do with your breastfeeding experience?

Yes. Where you deliver your baby can make a huge difference in how successful you are at breastfeeding. There is a certain title that hospitals can apply for called Baby-Friendly. Moms who deliver their babies at Baby-Friendly hospitals have the most success with breastfeeding. There is a lot of pressure on hospitals to become Baby-Friendly because breastfeeding makes moms and babies healthier. Texas Ten Step hospitals are hospitals that are working on becoming Baby-Friendly. *Pass out the optional hospital handout and discuss or pass out **Visit BreastmilkCounts.com** cards and let participants know they can search for a Texas Ten Step or Baby-Friendly hospital on the website.*

Do you think you can ask for certain things in the hospital, like keeping your baby in the same room with you, or do you think you have to do what the hospital tells you?

You can ask for certain practices in the hospital and the infant feeding plan at the back of the hospital experience brochure helps you do that. *Point out the "Infant Feeding Plan" in the **Hospital Experience** brochure.* You can complete the plan to give to staff when you arrive to deliver your baby. Some of the things you can expect if you complete this plan:

- Your baby should be dried and then placed on your chest right after birth for at least an hour, or until your baby has had his or her first breastfeeding. This should happen if you had a vaginal delivery or a caesarian section. The medical team will check and measure your baby while you are holding him.
- Your baby should stay in the same room with you at all times except for up to an hour a day for emergency or surgical procedures.
- Your baby should not receive a pacifier, bottle or formula except for medical reasons.

THE GOLDEN HOUR-FIRST HOUR AFTER DELIVERY

Resources: *Breastfeeding Guide: How to get off to a great start* (Stock #13-220, 13-220A); *Baby, Baby, Oh Baby: Nurturing Your Gorgeous Baby & Growing Baby by Breastfeeding* DVD, *In Your Arms: Your Baby's Favorite Place* handout (Optional handout can be found in lesson BF-000-40, CCNE *The Importance of Skin-to-Skin Contact After Birth*)

Questions:

Describe what you think or have heard happens in the first few moments/hours after birth.

Allow participants to respond.

What can you do to help your baby adjust to the new environment after birth?

Keeping your baby close to you, on your chest and in your arms, is the safest and best place for your new baby to be. Your breasts and breastmilk smell very much like the smell of your placenta so your baby will be comforted by those smells.

What is skin-to-skin contact?

*Pass out the **In Your Arms: You Baby's Favorite Place** handout, if desired.*

Skin-to-skin means your baby will be placed belly-down, naked and not wrapped, directly on your chest, right after birth. Your baby will be dried by a health care provider and then settled on your chest. You and your baby will be covered with a blanket. Routine newborn evaluations will be performed with your baby on your chest whenever possible.

How soon should your baby breastfeed after being born?

It takes most babies about an hour to self-attach and breastfeed, if their moms have no medication during delivery. It may take up to two hours for a baby to self-attach and feed if the mom has medications during delivery. Babies should stay in uninterrupted skin-to-skin contact with their moms until the first breastfeeding has ended. If your baby does not attach on his own, hospital staff will help you get the baby attached. Let's watch a short video segment of a baby self-attaching in the first hour after delivery. Play chapter 2 of the ***Baby, Baby, Oh Baby: Nurturing Your Gorgeous Baby & Growing Baby by Breastfeeding*** DVD (from 2:40 to 5:03 minutes)

BABY CUES AND BEHAVIOR

Resources: *Breastfeeding Guide: How to get off to a great start* (Stock #13-220, 13-220A)

Optional Teaching Aids: *Breastfeeding: Infant Cues – A Feeding Guide* DVD (by Mark-It Television)

Questions:

How do you know when a baby is hungry?

Eye movements under eyelids, sucking motions while sleeping, restless body movements while sleeping, bringing hand towards mouth.

*Refer participants to the appropriate section of the **Breastfeeding Guide**.*

*(Optional – show “Hunger Cue” section of the **Infant Cues** video)*

How do you know when a baby is full?

He or she lets go of breast and nipple, falls asleep and stops sucking, relaxes hands and body.

*Refer participants to the appropriate section of the **Breastfeeding Guide**.*

*(Optional – show “Coming off” and “Signs of Satiety” sections of the **Infant Cues** video)*

What does it mean when a baby cries? Does crying mean a baby is hungry?

Crying only means a baby is hungry if the crying is followed by missed early hunger cues. All babies cry – and for many reasons. Crying usually means a baby needs something to be different. He or she may need to be held, burped, their diaper changed, or left alone. A baby may cry when the lights are too bright or the room is too loud. He or she may be tired, too hot, too cold or uncomfortable. Crying babies should be picked up and soothed by repeating a sound or a motion over and over again such as speaking or singing softly or gently rocking, swaying or bouncing your baby.

HOW TO TELL IF BABY IS GETTING ENOUGH

Resources: *Breastfeeding Guide: How to get off to a great start* (Stock #13-220, 13-220A)

Questions:

How can you tell if your baby is getting enough to eat?

*Allow participants time to answer then direct participants to page 9 of the **Breastfeeding Guide** and review the content aloud. Stress that weight gain is the best way to tell if a baby is getting enough and that babies will lose weight the first couple of days but should regain birth weight by 10-14 days of life. Then teach participants how to use the “First Week Daily Breastfeeding Log” on page 11 and remind them to tear it out and take it to their baby’s first doctor’s appointment.*

How often should your baby eat? How often should your baby pee and poop?

Direct participants to the “First Week Daily Breastfeeding Log” for the answers and allow them time to answer. Remind them that breastfed babies should be fed at the first signs of hunger but newborns who don’t show hunger cues as often as the recommended number of breastfeedings on the “First Week Daily Breastfeeding Log” may need to be awoken to feed until they start showing hunger cues on their own.

HAND EXPRESSION AND PUMPING

Resources: *Breastfeeding Guide: How to get off to a great start* (Stock #13-220, 13-220A)

Optional Teaching Aids: *Breastfeeding Educational Activity Kit – “Hands-on Hand Expression activity”*; Milk Storage Magnets

Questions:

Do you think all breastfeeding moms need a breast pump?

Allow brief pause for answers then follow with...

Not all breastfeeding moms need a breast pump. A breast pump is usually needed when a mom is separated from her baby such as in cases of prematurity or if she has a sick or weak baby who can’t breastfeed well. In these cases, a mom will need to pump to feed her milk to her baby. Call WIC right away if you have a sick or premature baby. We can loan you a pump so you can provide your milk to your baby.

Another example of when a mom might need a pump is for returning to work or school or if she will be regularly separated from her baby for another reason. If you know that you will be returning to work or school after you have your baby and want to continue breastfeeding, let us know. We can help you with a pump that will allow you to continue providing your milk to your baby.

Direct breastfeeding is always best when moms and babies are together. Babies who breastfeed well do a better job of emptying the breast and maintaining their mother's milk supply than a pump. And babies are more fun to feed! Pumping is like feeding twins - first you feed the pump then you feed the baby – and it can be exhausting. Don't start using a breast pump unless you absolutely have to.

Do you think all moms should know how to hand express their breastmilk?

Allow brief pause for answers then follow with, "All moms should know how to hand express." Then follow with, "When might a mom need to hand express her milk?"

Pause for answers then include any of the unmentioned scenarios below:

- In case you need to express your colostrum. Hand expressing is much more effective than pumping in the first few days because the colostrum likes to stick to the pump parts.
- To have an occasional bottle of breastmilk on hand.
- To get more milk. Many moms get more milk by hand expressing than they do with a pump. And pumping combined with hand expression is the best way to build your milk supply
- In case you forgot any of your breast pump parts at home.
- To soften your breasts. If your breasts become too full you may need hand express to soften your breast so your baby can latch on.

How do you hand express breast milk?

*Refer participants to page 4 of the **Breastfeeding Guide** then use the "Hands-on Hand Expression" activity to demonstrate how to hand express.*

Pass out milk storage magnets if available and time allows.

BREASTFEEDING AND RETURNING TO WORK

Resources: *Breastfeeding and Returning to Work* (Stock #13-06-11496, 13-06-11496A), US Department of Labor Fact Sheet #73: *Break Time for Nursing Mothers under the FLSA*, found at <http://www.dol.gov/whd/regs/compliance/whdfs73.htm>, <http://breastmilkcounts.com/working-moms.php>; Visit BreastmilkCounts.com cards (13-06-13697)

Questions:

Do any of you know anyone who has returned to work and kept breastfeeding?

*Allow participants time to answer while passing out **Breastfeeding and Returning to Work** and the **Department of Labor Fact Sheet**.*

Are employers required to give you breaks to let you express your milk at work?

*Refer participants to page 5 of **Breastfeeding and Returning to Work** and read:*

“As part of Health Reform, the U.S. government passed The Reasonable Break Time for Nursing Mothers amendment to the Fair Labor Standards Act in 2010. It is a law that offers protection for many working moms so that they can continue to breastfeed even after they return to work. Employers must provide a clean, private place, other than a bathroom to express breast milk and reasonable break time for you to express breast milk each time you have the need to express milk at work.

If you are classified as a non-exempt employee, you are covered under this law. Non-exempt employees are usually paid hourly and qualify for overtime. If you are not sure if you are a non-exempt employee, ask your human resources department or your supervisor. Even if you are not classified as a non-exempt employee, most employers are happy to give you time and space to express your milk at work.”

Do you know where else you can go to get more information about breastfeeding and returning to work?

You can talk to fellow employees, friends and family who have children to see if they breastfed after returning to work and how they did it.

Pass out the Visit BreastmilkCounts.com cards.

There is also a lot of information on breastfeeding and returning to work on breastmilkcounts.com, including a printable employee guide to taking leave and returning to work.

WHEN TO CALL FOR HELP

Resources: *Breastfeeding Guide: How to get off to a great start* (Stock #13-220, 13-220A); Local Agency Breastfeeding *Client Referral Handout*

We at WIC want to help you have a happy, successful breastfeeding experience so we want you to contact us right away if you are having any difficulties. What do you think might be a reason you would call us for help?

*Allow participants time to answer while passing out **Breastfeeding Guides** and referral handouts. Refer participants to the “How do I know if breastfeeding is going well” questionnaire on page 12 of the **Breastfeeding Guide**.*

We recommend you complete this questionnaire when your baby is four days old. If you check any answers in the right-hand column, call WIC. You and your baby should be seen by a WIC breastfeeding counselor so that any potential problems with breastfeeding can be corrected right away. Call WIC any time you have a question about breastfeeding or your WIC benefits.

If you are a peer counselor, explain that you are a WIC mom, just like them and have received training to provide basic breastfeeding support to other WIC moms. If you are not a peer counselor, explain your breastfeeding training background and/or the different levels of breastfeeding support offered by your local agency like peer counselors, trained breastfeeding educators and International Board Certified Lactation Consultants (IBCLCs).

When should you call the doctor?

*Refer participants to page 13 of **The Breastfeeding Guide** and read when families should call the doctor. Tell participants, “Weight gain is the best way to tell if a baby is getting enough to eat and growing well. If you are unsure if your baby is gaining weight, drop by the WIC clinic and we’ll be happy to check your baby’s weight.”*