

Breastfeeding Module - I Getting Started

*Promote, Protect and Support Breastfeeding
Guidelines for Healthy Full Term Infants*



jh04



*Utah Department of Health
Division of Community and
Family
Health Services
WIC Program
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Forward

Breastfeeding is the normal method of feeding and is recommended by the World Health Organization, American Academy of Pediatrics, WIC, and many other health organizations. These guidelines will provide *you* with information that will help *you* to counsel our WIC families in order to Promote, Protect and Support Breastfeeding!

These guidelines are intended for use by health professionals who have a basic understanding of breastfeeding and who will provide support to WIC mothers and their generally healthy, full term babies. (High-risk mothers and babies should be referred to their primary care physician and board certified lactation consultant or certified lactation educator.)

Be prepared to have feelings of satisfaction and accomplishment when mothers express gratitude for the help and assistance you provide to them and their baby.

Acknowledgments

Iowa Lactation Task Force, Iowa WIC Program
Breastfeeding Promotion and Support Guidelines for Health Full Tern Infants
August 2001

Colorado Department of Public Health and Environment
Nutrition Services/WIC Program
Breastfeeding Module and Resource Manual
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Chapter 1

Helping Women

- 3 Step Counseling
- Why Breastfeed?
- Common Concerns
- Cultural Awareness
- Empowering Women
- Counseling Practice



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Helping Women

You are in a unique position to help women during a very special time in their lives. During this time, women will have many questions. To be effective in answering their questions, there are basic counseling skills that you can learn and practice.

The 3 Step Counseling strategy will walk you through a process that can be practiced with our WIC moms. It will allow the mother to lead the learning process with your facilitation. Practice this skill with your own friends and family and have fun with it!

3 Step Counseling (Adapted from Best Start Social Marketing)

Step 1: Elicit Information

Starting the conversation

Use *open-ended questions* to allow for a wide range of possible answers. It will help you elicit her true concerns about breastfeeding.

- “How do you feel about breastfeeding?”
- “What have you heard about breastfeeding?”
- “What can you tell me about breastfeeding?”

Probing questions

You may then need to probe for more information or get clarification on what she said.

- “What else can you tell me that worries you about returning to school and breastfeeding?”
- “When you say breastfeeding is embarrassing, what are you most concerned about?”
- “It sounds like your boyfriend is not comfortable with your decision to breastfeed. What do you think are his main concerns?”
- What other concerns do you have?”

Body Language

During your conversation, remember to adjust your body language so that you are inviting her to feel comfortable. Leaning towards her, giving her eye contact in most cultures is very accepted. Crossed arms and desks are barriers.

Step 2: Affirm Her Feelings

Her Feelings

Affirming or recognizing her feelings is essential to this process. She will then know that you heard her concerns and that you understand her feelings. It will build her self-confidence and she will feel important because you listened to her. She will also feel more comfortable to share in the counseling process.

- “That must be really difficult for you.”
- “That is a common concern that I hear women express.”
- “Many women have told me that same thing.”
- “My friend told me that, too.”



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* * * Homework * * *

Practice

Health professionals often skip this step! We are too rushed to educate! We should spend our time listening to her, rather than being listened to. Guaranteed, this step is the most difficult one to master!

Assignment:: Practice Step 1 & 2 with co-workers, friends and family today during your daily conversations.

Step 3: educate

educate

There is a reason this third step “educate” is in small font. We are often in a hurry to educate when we have not taken enough time to do the first two steps. We must train ourselves to always do the first two steps: elicit information and affirm her feelings. Then it is appropriate to provide education.

Her Focus

Carefully provide her with education and information that is appropriate to what you uncovered in Step 1 & 2. Not all women have the same concerns about breastfeeding. You don’t want to waste her time or your own talking about breastfeeding concerns that she has not expressed as her own. Focus on her concerns.

Time

Use your limited time to educate by addressing *her* specific concerns.

Tips:

- Offer information specific to her concerns (uncovered in step 1)
- Give her the “need to know”, skip the “nice to know”
- Give information in small bites, a few good points will go a long way
- Too many ideas may sound complicated

Application

Now that you know a little more about counseling, take time to practice 3 Step Counseling in your daily conversation with friends and family. Practice it until it becomes familiar for you to use.

Why Breastfeed?

Consequences of *Not* Breastfeeding

Breastfeeding is the normal physiologic mode of infant feeding. Artificial feeding (formula) poses risks to both mothers and babies.

Some women may have already heard about some of the benefits of breastfeeding. Research and focus groups show that women are more likely to choose breastfeeding if they understand the risks associated with not breastfeeding. This is a more powerful tool for you to use to empower women to make healthy choices for her and her baby.

By using your 3 Step Counseling techniques, you have identified your client’s concerns and interests and can now focus on the consequences of not breastfeeding that are important to her.

Her Choice

We want to remember that many women have not had the opportunity to talk about breastfeeding, learn about it, or understand the benefits that will impact her life. A vital role that you play is to enable each woman to make an “informed choice” about breastfeeding.

You can share advantages and concerns about breastfeeding, as well as disadvantages of not breastfeeding or using formula, and then support her infant feeding decision. The decision to breastfeed is a personal choice. We must always respect her choice, her decision and her body.

What is she interested in knowing?



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Consequences to Her Baby... of *Not* Breastfeeding

Since the baby's immune system and gastrointestinal system are still maturing up to 2 years of age, human milk provides distinct advantages that formula fed infants do not experience.

By *not* breastfeeding, her baby will have:

- Less resistance to infectious diseases (baby will get more illnesses such as: ear infections, gastrointestinal problems, diarrhea, respiratory tract infections, pneumonia, urinary infections, diabetes, lymphoma, Crohn's disease, and increased risk for obesity in later life)
- Less developed immune system (decreased response to immunizations such as polio, tetanus, diphtheria, Haemophilus influenzae)
- A less nutritious product when compared to breast milk (nutrients in breast milk match infant requirements for optimal growth and development. Breast milk is easily digested, nutrients are utilized efficiently, and is not stressful on immature infant kidneys compared to formula)
- Poorer dental development (more cavities, less straight teeth)
- Increased risk for allergies
- No benefits of antibodies (Secretory IgA) to help develop immune system
- Less benefits of the long-chain polyunsaturated fatty acids that are important for brain development that yield higher IQs and higher cognitive development and greater visual acuity
- Increase risk for SIDS
- Increased risk of overfeeding and obesity
- Increased spitting-up (poorer absorption)
- More constipation or less frequent or irregular bowel movements

By *not* breastfeeding, mother will:

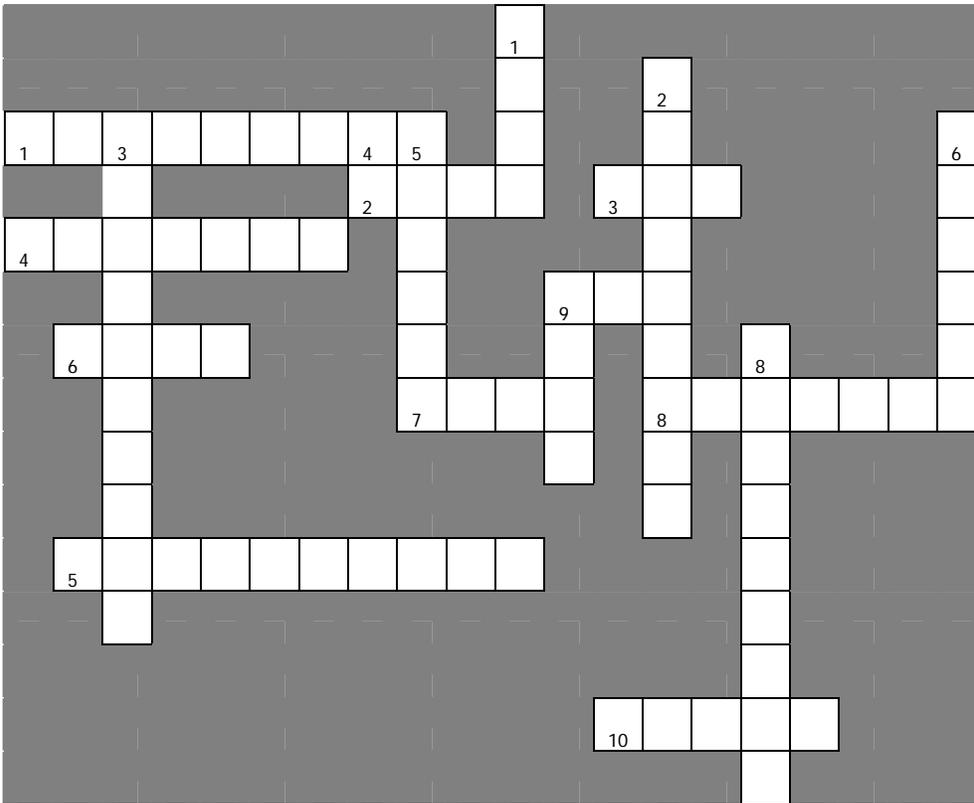
- Not have postpartum weight loss due to the calories expended for breast milk production
- Not have her uterus return to pre-pregnancy size as fast (suckling during breastfeeding promotes uterine contractions that helps this)
- Have more bleeding (lactation increases levels of a hormone, oxytocin that helps with this)
- Have increased risk of cancers (certain types such as breast, ovarian, uterine) compared to those who breastfed
- Have increased risk for osteoporosis (more fragile bones and hip fractures later in life) compared to those who breastfed
- Miss out on the special bond between her and her baby from breastfeeding
- Not receive the benefits of relaxation and emotional health (due to hormonal releases and time sitting down cuddling/nursing)
- Not experience the benefits of increased self-esteem due to breastfeeding
- Not be established as the mother of the baby due to breastfeeding, something special only she can do for her baby (especially with young mothers)
- Spend more money (due to higher health care costs, need for formula or feeding supplies)
- Not be recognized as a role model to others and peers for breastfeeding
- Incur more inconveniences due to preparation of formula, preparing bottles, etc.

By *not* breastfeeding, society will have:

- Increased days of absenteeism from work (breastfed infants and children are healthier)
- Increased medical costs
- Increased tax dollars spent on food and medical expenses by the WIC and Medicaid programs
- Less healthy families
- More environment waste and impact (formula negatively impacts the environment in the production, manufacturing, packaging, transporting and packaging disposal)

Make a copy of this page and have fun completing this crossword puzzle!

Crossword Puzzle: Advantages to Breastfeeding



ACROSS

- 1 Women who breastfeed have ___ risk for ovarian and breast cancer.
- 2 Breastfeeding women have decreased ___ of developing osteoporosis.
- 3 Breastfed babies have better tooth and ___ development.
- 4 The physical closeness of breastfeeding helps promote better ___ between babies and their moms.
- 5 Breastfed babies get sick less often because a mother's ___ are in her breast milk.
- 6 Breastfeeding is the ___ start for a baby.
- 7 Breastfeeding saves ___.
- 8 Breastfed babies are less likely to suffer from ___.
- 9 Breastfeeding helps mom utilize her ___ stores she accumulated during pregnancy.
- 10 Breastfeeding saves ___.

DOWN

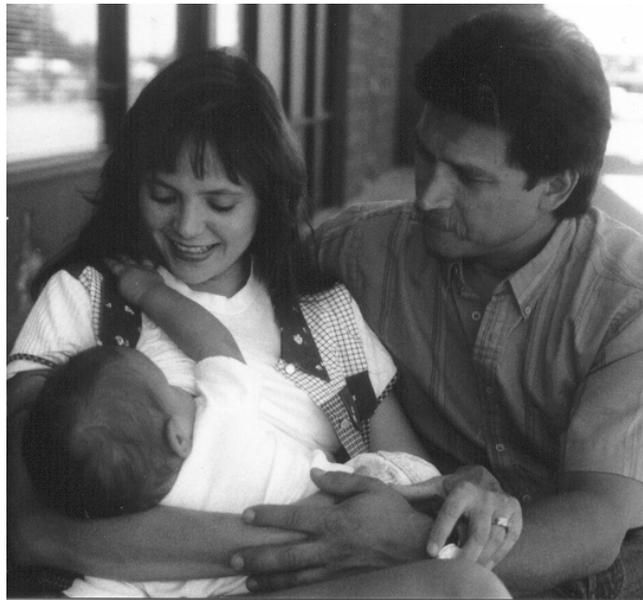
- 1 Breastfed babies are less likely to get ___.
- 2 Breastfed babies are ___ than formula-fed babies.
- 3 Breastfeeding is more ___, as milk is ready-to-feed.
- 4 Popular television drama starring Noah Wyle.
- 5 Breast milk is easier for baby to ___.
- 6 When a woman breastfeeds, the hormones help her ___ shrink back to normal size more quickly.
- 8 Breastfeeding babies have fewer ___.
- 9 Moms who are breastfeeding are less likely to over ___.

See Appendix for answers to Crossword Puzzle

Common Concerns

Women hear a variety of stories from friends and family, many of which may be helpful. The occasional story that is passed down the “grape vine”, exaggerated through the grape vine, may be the *one* story they won’t forget. It could be a cultural belief or a practice passed down through their family. It could be a myth or even just plain misinformation. In any case, these concerns can be very *real* to your client.

These concerns can contribute to poor decision-making. Addressing a woman’s concerns or misinformation by providing accurate and helpful information helps a woman make an informed choice and increases the likelihood that she breastfeeds.



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Don't forget to use your 3 Step Counseling techniques! Elicit, affirm, *and then* educate with the following response.

Mom May Say:	Your Response:
"I can't breastfeed because I don't eat very healthy."	You don't have to follow a special diet; eat as well as you did while you were pregnant and your baby will grow fine on your milk.
"I can't breastfeed because I have to go back to work soon after the baby is born."	There are many options for doing both. WIC has free pumps that you can use for feeding breast milk bottles. Arranging your schedule can also help.
"I won't be able to breastfeed because my mother couldn't breastfeed."	Breastfeeding is different for everyone. When your mom was having babies, we did not know about breastfeeding like we do today. We understand it more and have better support for moms too.
"My sister breastfed and she said it hurt."	It is not uncommon to have some discomfort during the first week, but it should not be painful. Improper positioning usually causes pain. I can teach you proper positioning so it isn't painful.
"I am afraid breastfeeding will tie me down too much."	During the first few weeks you will probably want extra time to rest and recover, adjust to your new baby, and get nursing off to a good start. But after that, nursing moms can take their babies with them and don't have to carry bottle and formula.
"I want my baby's dad to be able to feed our baby, too."	After your baby is 3-4 weeks old and breastfeeding is going well, you can pump your milk and have dad feed from the bottle. Don't forget dad can also bathe, cuddle, hold "skin to skin" and much more than just feeding.
"I heard you leak all over – how embarrassing!"	Not everyone leaks. But if you do, you can wear breast pads inside your bra. Often times simply putting pressure on your breasts with the palm of your hand will stop the leaking.
"I don't want anyone to see me breastfeed...well, it's really my boyfriend that's concerned about it."	Many moms tell me that with practice with the right blouse and a little blanket, no one could even tell they were breastfeeding, no one even noticed! I can tell you lots of places where you can nurse in private, such as at the malls.

Here are additional concerns:

Lack of supportive family or friends... It is OK to make your own decision about breastfeeding. Seek out people who will support your decision. Involve her mother, spouse and family at WIC classes and appointments.

Busy lifestyles... Breastfeeding can be incorporated in any lifestyle. Breastfed babies are portable. Many moms say they don't like to spend time preparing, toting and cleaning bottles.

Breastfeeding will produce a spoiled, clingy child... Breastfeeding builds trust and security that will lead to more confident and independent children.

Not knowing how to breastfeed... Breastfeeding is very natural to many women. Learning about breastfeeding ahead of time will help it go smoothly.

Breastfeeding will make my partner jealous... Sharing the baby with your partner and having him near during feedings helps everyone.

Small breasts can't produce enough milk... Women with any size breasts can breastfeed and make the right amount of milk.

Baby is allergic to my breast milk... Breast milk is made just right for babies. It is very uncommon for a baby to have problems with breast milk. It is very common for babies to have problems with formula.

Having multiple babies... A mother of multiples can still breastfeed; the body can produce milk according to the need. Having extra help around your house will help free up time while you breastfeed.

Having flat nipples... Babies nurse behind the nipple, not on the end of the nipple. Learning proper positioning before you deliver and getting assistance the first few days will be helpful. Using a pump before feeding to pull nipple out can also help.

Not having enough milk... This is a common concern. Before you have your baby, it will be helpful to learn how to breastfeed and how to determine if your baby is getting enough breast milk from you.

Sagging breasts after breastfeeding... Whether a woman breastfeeds or not, there may be changes in the firmness of the breast after having a baby. It is child bearing, not breastfeeding, along with age and heredity that determines the breast's ultimate appearance.

Breastfeeding didn't work out before... Understanding the reasons for previous problems can improve success with subsequent pregnancies.

Cultural Awareness

What is culture, and how does it affect the job we do? Culture can be viewed as a set of beliefs, assumptions and values shared by a group that structures behavior of group members from birth until death. People from a given culture will tend to have experiences that are culturally patterned and similar in nature, although not identical. It is important to respect and accept your clients' cultural beliefs as valid



World Alliance For Breastfeeding Action
(WABA)

Understand that every culture has a value system that dictates behavior, directly or indirectly. It sets norms and teaches that those norms are right. Counseling clients from diverse backgrounds requires understanding your own values as well as the values of other groups. Take time to learn about the different cultures in your community.

Most people sincerely intend to be helpful in counseling, however, if the information you provide is not compatible with her culture you may lose reputability or trust from your client.

Women are most influenced by their families, particularly their mothers. Including her mother, spouse and/or girlfriend may be helpful in finding solutions and providing support that is culturally acceptable.

There are many differences between cultures. Being aware of your interactions will show that you are culturally aware.

Good interaction includes:

- Respecting her personal space. Allow her to choose the distance she feels most comfortable to sit during counseling. Generally speaking, Hispanics tend to feel more comfortable at a closer distance than do American Indians or Asian Americans.
- Touching appropriately. Some cultures touch less such as Asian Americans. American Indians may consider an assertive handshake a sign of aggression. Some Hispanic cultures may expect touching as part of admiring their baby.
- Body Language. Waving one's hand or pointing fingers may convey varying messages. Observe your clients for clues as to the appropriateness of such body movements. Notice the kind of eye contact your client is making with family members. Direct eye contact may be considered impolite while lowered eyes or side-glances may be seen as respectful, especially if the speaker is older or in a position of authority.



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There are many other things you can do to make the environment more comfortable and to bridge cultural differences. Some suggestions are:

- Express interest in people. Be warm, open-minded, and genuine. Ask about their culture or customs. Ask how they view their traditional culture with the community they live.
- Attend to the needs of children. Showing that you have an interest in their child will show that you have a true interest in them. More effective counseling can then follow.
- Provide materials appropriate to your audience. Try to provide materials in your client's own language, and pictorial representation of their culture. If English materials are used, this second language should be provided at a 5th or 6th grade reading level.
- Do not discount a cultural practice. For example:
 - ❖ Hispanics may provide a weak "tea" for their babies. (If the tea is determined as safe, then counseling a women to give up this cultural practice may not be as effective as focusing on frequent and effective breastfeeding which can then replace the tea.)
 - ❖ Some cultural groups eat special foods during pregnancy or lactation or they may follow "Hot-Cold" food theories for different diseases and health. (Allow her to follow her cultural diet since foods will not interfere with breastfeeding.)
 - ❖ Your clients may follow a specific process in seeking health care. Cultural healers may often be used instead of conventional medical care. (Most cultural healers are very supportive of breastfeeding and can help reinforce your breastfeeding message.)

Cultural practices arose from behaviors that were passed down from generation to generation. There may have been a sound basis for the practice, and then due to continued practice, it became an integral part of their culture.

Encourage positive traditional choices. Cultural practices that are neutral can be supported. Identify practices that are healthy, and carefully suggest them.

Although breastfeeding is the usual method of infant feeding in many countries around the world, some women may not choose to breastfeed, or may not exclusively breastfeed once they are in the U.S. They may perceive infant formula feeding to be the norm and breastfeeding to be less modern and prestigious. They may think their peers perceive breastfeeding as not culturally acceptable in the U.S. even though it would be in their native country.

It may be helpful to explain that with education, our society is now choosing to breastfeed. Our nation's breastfeeding rates are the highest they have ever been. This country is now learning what their culture has already known for generations. Encourage this woman to bring her mother, spouse and family for support at her WIC appointments.

It may be difficult to determine how well your message is understood by your client. Use an interpreter that is trained in lactation, for example a Peer Counselor, may help to counsel in their primary language.

Limit your information to the most relevant and understandable format. Use culturally appropriate methods to get your ideas across. Teach one concept at a time to prevent your client from becoming overwhelmed.

Empowering Women



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Empower: *“to give the means, ability, or opportunity to do.”*

A woman's life changes when she has a new baby. Women today may not have the support of extended families or a partner to help them through this transition. Women may also have family or financial stresses. Many worry that they will not have enough milk for their baby. Many do not understand the mechanics of breastfeeding, or how their body works. All of these factors can be overwhelming to her.

Research has shown that a significant predictor of breastfeeding duration is maternal confidence. Confident women are also more likely to choose breastfeeding as well as react more positively to perceived difficulties.

Some mothers view breastfeeding as the one thing they can control during this time in their life. Breastfeeding can be a very powerful and rewarding experience which provides them with a true sense of accomplishment.

Many times women stop breastfeeding because they think it will help solve their problem or their baby's problem. Or, they may feel their stress is caused by breastfeeding when the stress is actually a result of motherhood.

Providing support and assistance, especially during the first few weeks of lactation is crucial. It is important that when you provide this support, you also allow her to be independent and self-reliant. Your goal should be one of empowering her to problem solve and utilize her resources (such as WIC). You want her to feel confident about her decision to breastfeed as well as to continue to breastfeed. You are in a unique position to help her, to empower her!

Here are some other tips to help make your counseling successful:

- Don't forget your 3 Step Counseling
- Encourage the mother to be involved in decision-making or problem solving. She will be more likely to follow-through on it.
- Be patient and allow her time to define her situation and work out her own answers. It will help build her self-esteem.
- Lead her to her own answers and solutions. Offer ideas and allow her to select them. Learning will occur better for her this way.
- Be friendly and warm. Create a climate of acceptance so that interaction is possible.
- Be positive and provide reassurance that she can accomplish the task. Give her praise for her accomplishments and efforts.

- Be an active listener. Pay attention to her feelings, concerns and her body language. Don't interrupt; let her finish expressing her ideas.
- Be nonjudgmental. The style of breastfeeding and the answers will not be the same for every woman.
- Know your community resources including support groups, hospital services, La Leche League representatives, breast pump depots, and lactation consultants.
- Use your own personal experiences with limitations. They can be appropriate if given concisely and briefly, but should not be the focus of the conversation. Breastfeeding counseling can be just as effective from a counselor who has never breastfed.
- Provide follow-up support

Counseling Practice

It is important to practice counseling. As with anything, learning occurs with practice. The same applies with breastfeeding counseling. The more you practice your breastfeeding counseling skills, the better you will be.

Jump in, ask your clients questions and you will find mothers will love to talk about their babies. Moms will welcome any suggestions you have, even if you think they are just basic ones. And moms are also very understanding and non-judgmental as you are learning to improve your skills. Even the most experienced breastfeeding mothers may offer to share their experiences, successes and challenges.

* Role Play * STOP * Role Play *

If you have not had much experience in counseling women about breastfeeding, then this exercise is for you! The following two scenarios you can now Role Play and practice with two co-workers. Have one co-worker role-play as Maria and one as Julie by reading the scripts below and playing the parts. (Just hand them this module and have them read their script from the next page.)

Make sure you:

- Elicit their concerns. Identify why they have decided not to breastfeed.
- Affirm their feelings and convey you understand their concerns.
- Provide appropriate education. Discuss breastfeeding benefits based on their interests or needs. Pick out educational materials to use from your clinic.
- Get feedback from your co-worker as to how you did. Did you meet Maria's and Julie's needs?

Co-Worker as “Maria” Scenario 1

Co-worker: Please read the scenario below to know your acting part as Maria so you can help this breastfeeding counselor practice her counseling skills.

Maria is at WIC for her first certification appointment. She is Hispanic, 23 years old, and has been living in the U.S. for five years. She is thirty weeks pregnant and has just told you she does not want to breastfeed. She says her mother breastfed her children but now thinks since they are in the U.S. that formula is better. Her husband also agrees and doesn't like the idea that other people can see her breastfeed.

After you are done, Co-Worker, please provide feedback to your breastfeeding counselor by telling her:

1. What she did well in her counseling; what worked for Maria
2. What she could have added in her counseling that Maria would have liked to have heard

Thanks for helping, co-worker!

Co-Worker as “Julie” Scenario 2

Co-worker: Please read the scenario below to know your acting part as Julie so you can help this breastfeeding counselor practice her counseling skills.

Co-Worker as “Julie”

Julie is 18 years old, born in Utah, and is 28 weeks pregnant. She is not sure she wants to breastfeed. This is her first pregnancy. Her mother did not breastfeed, nor did any of her friends. She says that it will tie her down and that she doesn't like the idea that she will “leak” all the time. She will have graduated from high school by the time she delivers.

After you are done, Co-Worker, please provide feedback to your breastfeeding counselor by telling her one thing:

3. What she did well in her counseling that worked for Julie
4. What she could have added in her counseling that Julie would have liked to have heard

Thanks for helping, co-worker!

Chapter 2

Getting Started

- Early Education / Support
- Hospital & WIC
- The Breast
- Position & Latch
- Feeding
- Assessment



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Getting Started

Whether or not a woman decides to breastfeed is based on her knowledge about breastfeeding, her attitudes toward it, and whether she has support. Numerous studies indicate that WIC participants lack knowledge and support and have negative attitudes about breastfeeding, because of the many barriers they face. You are in a unique position to help mothers experience success with breastfeeding.

Early Education / Support

Since every woman will come to WIC with her own experiences, attitude and understanding of breastfeeding, your role is to help her build from that foundation in a positive direction by providing education and support early in her pregnancy.

Informed Decision

By *not* providing her with infant feeding choices, ones that can have significant health benefits to her and her infants/children, is a disservice. All women have the right to make an informed decision about how they will feed and care for their baby.

The scientific research documents many health benefits of breastfeeding. An analogy can be made between comparing:

- the benefits of breastfeeding to a baby's health
~ compared with ~
- the benefits of any other treatment or prescription to a baby's health.

A nutritionist can offer a mom valuable health information that can effect her baby. For example, if obesity and diabetes is in their family history, she is entitled to know that breastfeeding is “preventive medicine” in reducing her child’s risk of both.

We would never think to not tell her about other treatments of diet, exercise or insulin. Similarly, we should never think to not tell her about breastfeeding.

And this is even better than a treatment or prescription, because it is *preventive* medicine.

All women should not be deprived of their choice to make an informed decision. This process of providing education and support should occur early in a women’s pregnancy when she comes to WIC. This is why all of our pregnant WIC participants receive a breastfeeding class during pregnancy. All contacts during pregnancy should also include breastfeeding information and support messages.

Early, consistent and frequent breastfeeding messages are important for all women to hear.

Prenatal Rapport

It is also important for women to feel like they have established a rapport with you and that they have a warm and friendly connection with the WIC clinic as a whole.

Friends / Family Support

Since family and friends play a significant role in whether a woman chooses to breastfeed, doesn’t it make sense to invite them to your WIC breastfeeding classes, and counseling appointments?

Family and friends can be part of the class activities and discussion. Have them actively participate when you facilitate discussion within the group.

At individual counseling, if friends or family are with your client in the lobby, invite them as well.

- Does your clinic practice this approach or do you see other family members waiting alone in the lobby?
- After your class or counseling session, do you invite them to bring their friends and family to their next WIC appointment?

Hospital & WIC

It is important for you to know the hospitals in your community. What breastfeeding support do they have in the form of:

- lactation staff (i.e. IBCLC)
- breastfeeding classes
- supportive prenatal education
- postnatal assistance
- follow up care after delivery and upon discharge
- hospital protocols
- breastfeeding pumps and equipment provided.

Your clinic should have this information available to you.

It is also important to establish a good rapport with your hospital staff so that there is a smooth exchange between client services and referrals. Realistically, this can be done via ongoing phone contacts.

Your clinic's Breastfeeding Coordinator may be involved with exchanging in-services between WIC and hospital lactation staff.



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There are hospitals around the world that practice the “Baby Friendly Hospital Initiative” and follow recommendations that promote successful breastfeeding. You can encourage women to follow lactation friendly practices during their hospital stay. Refer them to their primary care physician or midwife to discuss their options.

Here are a few recommendations:

Recommendation	Rationale
<ul style="list-style-type: none"> ○ Develop a Birth Plan 	<p>Breastfeeding should be a part of the plan. Hospital staff should be informed and supportive of decision.</p>
<ul style="list-style-type: none"> ○ Have baby to breast within one hour after delivery ○ Nurse every 1 ½ to 3 hours in the hospital 	<p>Frequent early feeding establishes milk supply. Baby benefits from the first “colostrum” milk. Baby’s tummy is small and needs to eat often. Practice makes perfect.</p>
<ul style="list-style-type: none"> ○ Get early lactation assistance (baby at breast) 	<p>Take advantage of knowledgeable lactation staff to assist you.</p>
<ul style="list-style-type: none"> ○ “Room In” (do not use nursery, even at night) 	<p>Mom can observe subtle signs and cues of hunger to feed baby in a timely manner. This facilitates frequent nursing and establishes good milk supply.</p>
<ul style="list-style-type: none"> ○ Do not allow bottles (unless medically indicated) or pacifiers 	<p>Supplemental feedings in the early days of breastfeeding can interfere with building milk supply, they are generally unnecessary, and may interfere with baby’s learning latch at breast.</p>
<ul style="list-style-type: none"> ○ Use a breast pump 	<p>Mom may need to learn to use a breast pump if her baby gets off to a slow start. Pumping will help her establish a good milk supply early.</p>

The Breast

Normal Changes During Pregnancy

The hormones of pregnancy cause several changes in the breast tissue. The primary effects of the major hormones are:

- Estrogen stimulates the ductule system to grow
- Progesterone increases the size of the alveoli and lobes
- Prolactin contributes to the growth of the breast tissue during pregnancy

During pregnancy, the breasts grow larger, the skin appears thinner, and the veins become more prominent. The areola and nipple may increase in size and may become more erect and darker in pigmentation. The Montgomery glands enlarge and become more visible, (small oil producing glands that provide lubrication to the skin, discouraging bacterial growth). Colostrum will also start to be produced towards the end of pregnancy.

Ask women if they have noticed any changes during their pregnancy. All women should have a breast exam as part of their routine prenatal care. If a woman has not yet received a breast exam or not experienced any breast changes, she should be referred to her primary care physician or midwife.

Breast Care

There is no necessary preparation or care needed during pregnancy. A comfortable, supportive, cotton bra is advised. For pierced nipples or nipple rings, any unusual drainage or inflammation should be discussed with their primary care physician or midwife. (Note: nipple rings should be removed prior to breastfeeding.)

Surgery History

The presence of incisions or scar tissue indicates the need for further evaluation. Some possible factors that interfere with milk production include:

- Breast biopsies, breast augmentation, breast reduction, lymphectomy
- Major trauma to a breast such as a burn or car accident
- Cancer and radiation treatment for breast cancer

Breastfeeding may still be successful in these cases, or she may have challenges. Each case needs to be individually assessed and followed by their primary care physician, midwife and lactation support.

Nipples

There is great variation in women's nipples. Some protrude outward, some are flat, some are dimpled or folded, and occasionally some can be inverted (retract rather than protrude). A nipple that extends outward may be more helpful for

baby to latch and grasp on to the breast. But then, other babies do just fine on flat nipples.

Shells

Shells can be worn inside the bra to gently put pressure against the perimeter of the areola, to help protrude a flat or inverted nipple out. They can be worn during the last trimester, starting with a few hours a day and gradually increasing the time, based on the mother's comfort. If a woman starts to have uterine irritability (cramping or contractions) she should stop using the shells and contact her primary care physician or midwife. Research indicates shells may or may not work, and anecdotally, mothers report the same.

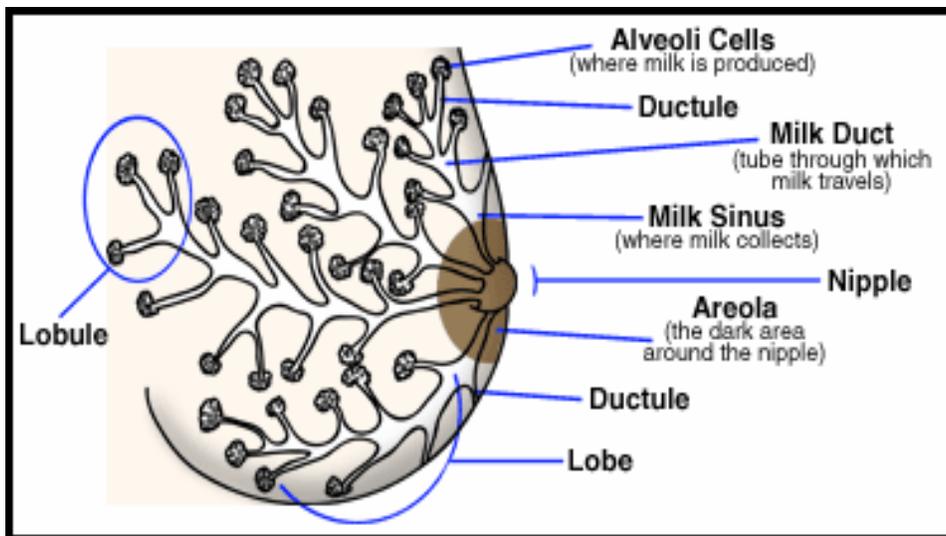


Breast Shell with Pads

Anatomy

The breast has a complex and efficient system for producing and transferring breast milk. The alveoli are the grape-like cluster of glandular tissue. Milk is made and secreted in the alveoli. Myoepithelial cells surround the alveoli. These cells cause the alveoli to contract, expelling milk into the ductules and down into the ducts.

The ductules are the branch-like tubules extending from the cluster of alveoli. Each ductule empties into larger ducts, the lactiferous ducts. These ducts widen under the nipple and areola to become lactiferous sinuses, where the milk collects.



4woman.gov/breastfeeding

Hormones

The pituitary gland excretes two main hormones into the bloodstream: *Prolactin* and *Oxytocin*.

Prolactin is a milk-producing hormone. The level of Prolactin increases with nipple stimulation. The alveolar cells make milk in response to the release of this hormone when the baby suckles and nurses at the breast.

Oxytocin helps with “milk ejection” or “let down”. It stimulates the myoepithelial cells to contract, pushing the milk to the baby as the baby suckles and nurses at the breast.

Breast Milk

Colostrum is the first milk present at birth. It is yellowish and creamy in appearance; some call it “yellow gold”. It is concentrated nutrition, rich in antibodies, and produced in very small amounts (15 cc) appropriate for the baby’s newborn stomach (the size of a walnut).

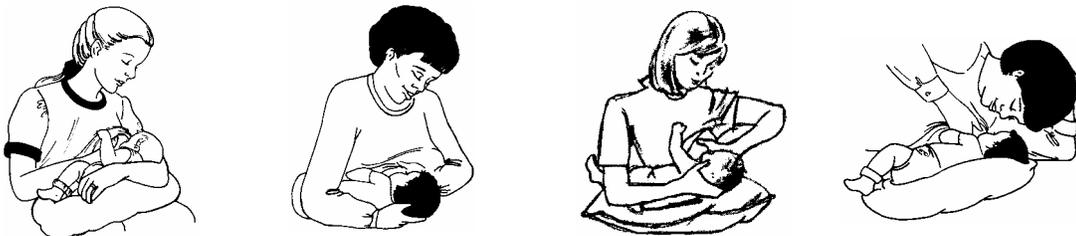
Mature milk is produced approximately after 2-3 days. It is thinner than colostrum and may appear to be slightly bluish in color.

Milk Changes During a Feeding

The first milk let down is the *Foremilk* and is what the baby first receives during a feeding. It is thinner in appearance and is high in lactose and low in fat.

The *Hindmilk* is produced later during a feeding. It contains more fat and calories than foremilk and contributes to baby’s feeling of satiety between feedings as well as to its weight gain.

Position & Latch



Position

Good positioning of baby at breast is critical for good milk *transfer!*

Although breastfeeding techniques vary all over the world and each mother baby dyad has its own individual style, the concepts are the same.

Both mother and baby should be comfortable and baby needs to have a good mouthful of breast to transfer the milk.

The following steps provide guidance to help a mother properly latch her baby to her breast. Keep in mind, each mother and baby team have their own style and all do not need to look the same. However, the key is for the baby to transfer the milk from “breast to tummy” and this is done more efficiently when certain positions are achieved.

1. Mother should be in a comfortable position, not having to lean over baby. Use pillows, rolled towels, or blankets to support herself and baby.
2. Hold baby facing the breast...”tummy to tummy” with tummy, hips, shoulders and face all turned on its side facing mom’s tummy and breast.
3. Mother should support her breast throughout the feeding with her hand held in the shape of a “C” or “U” (four fingers under the breast and the thumb on top of the breast) with her fingers behind the areola. If the baby latches well and does not slip out of place, mom may not need to support throughout the entire feeding, however, initially it is recommended.
4. Wait for baby’s mouth to open wide (like a yawn) with tongue down and forward to receive the breast. Tickle the baby’s lip with the breast nipple may encourage the “rooting” reflex and mouth to open wide.
5. Bring the baby to breast while directing the nipple to the back of the baby’s mouth so that the areolar tissue is also in the mouth. Both top and bottom lips should be pursed out. (Note: depending on the size of the areola, the baby may or may not have all of it in its mouth.)





* * Stop. Watch Video. * *



This is a good time to view one of your clinic's videos on position and latch.

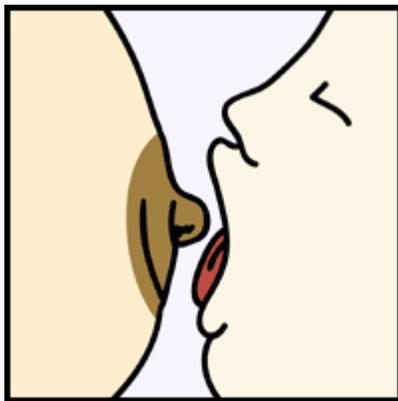
The following are recommended videos:

- Kittie Frantz, Techniques That Work, First Attachment, Vol. 1
- Kittie Frantz, Techniques That Work, First Attachment in Bed, Vol.2
- Kittie Frantz, Techniques That Work, First Attachment after a Cesarean, Vol.3

* * * * *

Good Latch

Teach mom to look at her baby at her breast and determine if there is a good latch.



- Baby is tummy to tummy to mom
- Most of areola should be in baby's mouth.
- Nipple should be centered in baby's mouth, not too high or too low at breast.
- Lips are turned out, not rolled under.

- Baby's chin and nose are close to breast. (If nose appears to be blocked, just have baby tucked closer at the hips, chin will touch breast and nose will be cleared.)
- Baby can be latched to breast in many ways by bringing the baby straight on to the breast or in more of an "asymmetrical" latch by a swiping motion of chin to nose on to the breast.
- Baby's tongue should be cupped under the breast and over the gum line.
- Baby's cheeks should not dimple with each suckle. Instead the jaw should rock back and forth and ears may wiggle.
- Smacking or clicking sounds mean that the latch is not good.

Retry Latch

If the latch is not going well, it is important to help mom to try again. Getting a good latch at the start is very important for baby to transfer milk and for not making mom's nipples sore!

Some moms say they would just rather not keep taking baby off and retrying. They say they'd rather "bear it" out, thinking the baby will find its way. By showing moms how easy it is to take the baby off, without discomfort, and telling her the importance of practicing this latch, will be one of the most important and helpful steps you will teach her.

Have the mom remove the baby by gently breaking the suction by inserting her finger in baby's mouth, pressing gently on lower gum line and lifting baby off.



Mom should try again when she sees:

- Baby is latched on incorrectly
- She is feeling discomfort
- Baby has cheek dimples or is making smacking or clicking sounds
- Baby's suckling pattern slows or stops and only holds breast in mouth (and does not respond to tactile stimulation).

Holds

Mom can hold baby in a variety of positions and can use more than one position every day. Using a doll to practice is an excellent teaching technique for moms to get comfortable with how they will hold their baby. This can be done in class or at individual counseling. *Is your clinic using dolls for demonstration?*

Many moms are a little shy to attempt practicing these holds. With an alert eye, you may see their awkwardness of their pregnant bellies getting in way of the doll. This is often a great “ice breaker” and creates laughter and a lighter environment for participating and learning.

Encourage moms to be sitting comfortably when they breastfeed (or when they practice). Using pillows or stools can help them get comfortable. Leaning forward or holding the entire weight of baby with arms can be uncomfortable.

Cradle Hold

This is a common position. The baby should be placed “tummy to tummy” with the baby’s head resting in the crook of mom’s arm. The forearm supports the baby’s back (the wrist should not bear weight) and mom’s hand holds the baby’s buttocks or thigh. The baby’s lower arm can either be tucked or placed around mom’s waist. (Note: Initially, mom should use her left hand to support her breast with a “C” or “U” hold with thumb on top and fingers supporting breast. With an older baby, she may not need to throughout the feeding.)



Cradle Hold

Cross Cradle Hold

This position is useful for having good control of the baby's head as well as her breast. It is helpful during the first few days or when baby and mom are learning how to achieve a good latch. The baby should be placed "tummy to tummy." One hand supports the breast in a "C" or "U" hold with thumb on top and fingers supporting breast. The other hand should only support the base of the baby's head or behind the neck (babies do not like the entire hand over the back of their head.) Forearm can support baby without extra stress on wrist.



Cross Cradle Hold

Side Clutch (Football Hold)

Baby is held to the mom's side, tucked under her arm, facing up, with hand supporting the baby's neck or base of head. Pillows can help support the baby. This position is popular with large breasts, when baby does not lay comfortably on mom's tummy, after a C-section, or with a small baby. This position offers good head control and is therefore useful when babies have latch problems.



Side Clutch

Side-Lying Hold

Mom is totally on her side with pillows supporting her head, behind her back, and under the knee of her upper leg. Baby faces her also with a pillow, rolled towel, or folded blanket supporting baby's back. Some moms like to lie down and rest in bed while nursing. Other moms find this a bit tricky to get their breast in the baby's mouth while lying down and need a little more practice or they find it more useful when the baby is older.



Side-Lying Hold

Slide-Over

This is another position for mom and baby to try if they have problems such as a preferring one breast over the other. It is similar to the side clutch but baby is at more of an angle to the breast.



Slide-Over

Remember, in all positions, throughout the feeding, baby is held by one hand while mom holds her breast with the other hand. After breastfeeding is well established, these positions may not need to be performed as accurately, however, early on, these techniques are very helpful.

Multiples

A woman can successfully breastfeed twins or triplets. These moms will especially need your support!



She can use the same feeding positions but adapt them for holding/breastfeeding one baby at each breast simultaneously. Adapting includes babies touching or overlapping each other, as well as using many pillows or folded blankets for support platforms.

Many women start out breastfeeding both babies together. If mom gets overwhelmed, or has difficulty, recommend she try each baby separately. Feeding both babies simultaneously does save time for busy moms in the long run but mom can be creative and flexible to fit her needs.

Alternating breasts throughout the day among infants, keeps about the same amount of stimulation on each breast. Moms with multiples of three or more may want to rotate babies so that all have time at the breast.

Women with multiples of three or more babies may have more complications (shorter gestation periods, smaller birth weight babies) that may make getting all babies successfully to breast a challenge. She may have physiological limitations as well. Electric breast pumping and bottle-feeding breast milk may be options.

Feedings

Frequency

During the first 2 - 3 weeks of life, babies need to feed every 1 ½ - 3 hours during a 24-hour period. That equals 8 – 12 times in 24 hours. Newborns often “cluster” feed during certain times of the day, particularly in the late evening hours. They will have several closely spaced feedings (perhaps only 1 - 2 hours apart) and then take a long nap before feeding again.

Duration

Newborns breastfeed approximately 10 – 20 minutes on each breast at every feeding. Some babies will nurse longer on one breast and then if moved to the other, would nurse for a shorter time. Some babies feed a short time and need coaxing to continue. Some babies nurse happily for 20 minutes or more. All babies are different.



Milk Transfer

When babies first get to breast, they nurse in a short and fast pattern (suck, suck, suck, suck, breathe). This is to stimulate mom's milk to flow or "let down". This is called *non-nutritive* feeding since the short sucking is not actively transferring milk, but mainly getting it started.

After this stimulation, mom may see the milk dripping from her nipples. About half of all moms will feel pins and needles or tingling of the "let down". When the milk is flowing, the baby will then actively transfer milk from breast to her tummy.

Mothers do not need to be glued to the clock and time each and every minute that passes. However, mothers need to understand that milk must be transferred from her breast to her baby through active nursing, sucking and swallowing rhythm. Often, this will be seen as "suck, suck, swallow, then breathe" rhythm.

Babies will slow this rhythmic pattern as they become full or finished with their feeding. Baby can then be lifted off breast. The breast should also be softening during and after a feed. Burping is also a good idea to allow air to escape that may otherwise replace breast milk in the stomach.

Assessment

Sometimes it is easy to determine if a baby is transferring milk. There is the classic “suck, suck swallow, gulp, breath” pattern and milk is visible at the corners of baby’s mouth. Baby has a good latch and nurses actively for a good 10 - 15 minutes on each breast.

But it is not always easy to determine and may require a little investigative work. For example, you may hear a mom say:

“She nurses for 30 minutes on each side.”

You *will* want to follow up by asking for clarification:



“How much of that time would you say she is *actively* nursing, ...that is sucking and swallowing?”

To help assess if things are going well, and baby is getting enough milk, you will need to get baseline information by asking the mother several questions. (Open-ended questions are often not used here.)

But, what do you do first?
Elicit her concerns, and *affirm* her feelings!

To get this important baseline information you will want to ask:

- What was your baby’s birth weight?
 - Was your baby born early? (gestational age)
 - What is your baby’s current age?
 - Did you or your baby have any medical complications?
 - Was delivery OK? Were there any birth problems?
 - Are you or your baby on any medications?
- And lastly,
- How is your baby feeding?

All but the last question will take only a moment or two. Asking: “How is your baby feeding?” will take a little longer.

There are many ways to ask for this information.

You can ask her: "Generally, how often is your baby nursing?"

You may often get a response such as "About every 3 hours."

A more accurate way to ask for this information is by a 24 Hour Recall. A 24 Hour Recall is a written or verbal tool that collects accurate information to better assess what the baby ate for an entire 24 hours. It will include all intakes and feeding methods (i.e. water/breast milk/formula bottles, cup use, at breast) and usually includes sleep periods. Usually, by starting in the morning, the mom can recall what took place for the past 24 hours.

If the mom is still having problems, you may suggest that she continue this recall assessment tool by keeping a written log at home for a few days. This will also help if she contacts you in the future for continued support.

The best way for you to assess the current breastfeeding patterns will be to have the mother share specific information with you to better assess if her baby is getting enough breast milk by using the checklist below.

If all 6 indicators below are checked as being met, then both you and mom should have a good indication that breastfeeding is going well.

Teach Mom to Use this Check List. (see next page)

The “Check List”

Indicator	Comments
<ul style="list-style-type: none"> ✓ Baby nurses ≥ 8 times in 24 hours 	<p>Babies nurse 8 – 12 times in a 24 hour period. It is optimal to stimulate both breasts during each feeding.</p>
<ul style="list-style-type: none"> ✓ Baby nurses every 1 ½ - 3 hours in a 24 hours 	<p>It may be necessary to wake a baby for a feeding. (Once breastfeeding is well established, and there is adequate weight gain, this guideline may be relaxed allowing one 4-5 hour period lapse with older baby.)</p>
<ul style="list-style-type: none"> ✓ Newborns should actively nurse (transfer milk) for about 10 – 20 minutes on each side. 	<p>Using both breasts at each feed is helpful at first. (Some moms nurse for a longer time on one side than the other, then switch at next feeding to nurse longer on the other side.)</p>
<ul style="list-style-type: none"> ✓ Baby has ≥ 6 wet diapers in 24 hours 	<p>Babies have 6 – 8 wet diapers in a 24 hour period. Urine should be pale in color, not concentrated and dark. (Some disposable diapers are difficult to determine if wet.)</p>
<ul style="list-style-type: none"> ✓ Baby has 2 – 3 soft stool each 24 hours, during the first 2 months. ✓ By 3 months of age, baby may have less stools of only one every 3 - 4 days. 	<p>Normal breastfed baby’s stool looks seedy, like yellow mustard colored cottage cheese. Dark meconium stool should be passed by day 4 or 5.</p>
<ul style="list-style-type: none"> ✓ Baby has adequate weight gain of 4 – 7 ounces each week. ✓ Baby returns to their birth weight by 2 weeks of age. 	<p>Weight checks are the BEST objective tool for determining if the baby is getting enough! Encourage moms to have baby’s weight checked at WIC during the first few weeks.</p>

“Supply and Command”

One final, but key, concept all moms should know is...

...how to build a good milk supply!

In business we hear the term “Supply and Demand;” with babies we use the term “Supply and *Command*.” When babies nurse frequently or “command” milk, the body will produce or “supply” it.

Breasts do not have a place to *store* milk. The breast is a secretory gland that *produces* milk when stimulated.

Frequent stimulation and “emptying” of the breasts will give a signal to the body to make more milk. This is a normal process for the body to produce more milk to meet the baby’s growth needs.

A mom may report: “My baby is nursing all the time.” This may be due to a “growth spurt.” A baby will have an increased appetite during growth periods and will nurse more frequently for a few days.

This typically occurs at:

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

Anticipatory Guidance

Women will reach their breastfeeding goals more effectively when they have knowledge about breastfeeding and are prepared for the experience. They will be able to anticipate or identify challenges and work towards a solution.

It is important to give moms anticipatory guidance on growth spurts so that they know this is a normal process and to expect it!

This is a good example of how you can provide anticipatory guidance or a preventive approach to counseling so that they can meet their challenges with confidence.

You will empower her to identify changes *for herself* and for her to start the problem solving process *for herself*.

Utilize Her Resources

Tell her when she recognizes changes or has questions, she should utilize her resources – i.e. Call WIC! Together you both can work towards a solution.

This will empower her to make appropriate informed decisions and allow her more control over her breastfeeding experience.

By having confidence in herself, she will find her way to a successful breastfeeding experience!

Conclusion

*You have learned additional skills to help moms and their families and you will be a valuable resource to them.

*Have confidence in yourself that you can make a difference in their lives.

*Be prepared to have feelings of satisfaction and accomplishment when mothers express gratitude for the help and assistance you have provided to them and their baby.

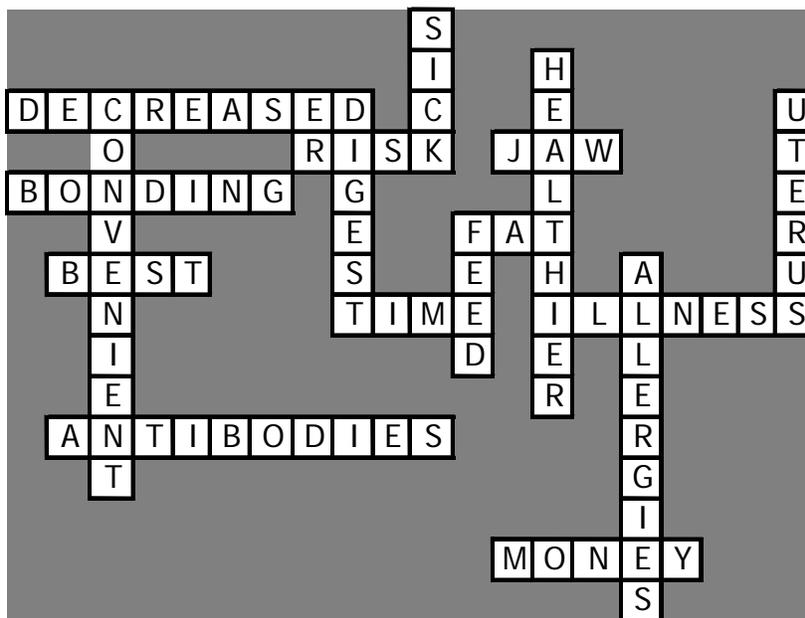
*Good luck in your breastfeeding counseling and enjoy!

For further learning about how to help women after they deliver their baby, see *Breastfeeding Module II, Continuum of Support*.



Appendix

Appendix 1
Crossword Solution



References / Resources



Modules / Publications

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4. Bright Future Lactation Resource Center: <http://www.bflrc.com>
5. La Leche League International: <http://www.lalecheleague.org/>

6. Physician's Breastfeeding Support Kit: <https://secure.aafp.org/cgi-bin/catalog.pl?uid=cat100949>
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8. International Lactation Consultants Association (ILCA): <http://www.ilca.org/>
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http://www.phila.gov/health/units/decywh/Special_Prog/Breastfeeding/apinkJune20021.PDF
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Other

1. HealthONE Alliance Lactation Program
4500 E. 9th Ave, Suite 320 S
Denver, CO 80220
303-320-7081
Fax: 303-320-7118
Email: lgregory@health1.org
2. Medela, Inc
P.O. Box 660
McHenry, IL 60051-0660
800-435-8316 or 815-363-1166
Fax: 815-363-1246
Email: customer.service@medela.com
3. Hollister Incorporated Ameda Egnell
2000 Hollister Drive
Libertyville, Illinois 60048-3781
Orders: 800-323-4060
Email: <http://www.ameda.com>