

## **Module 6**

### **Talking With Mothers About Breastfeeding... When Early Problems Occur**

#### **Overview**

This sixth module addresses common breastfeeding concerns that may develop in the early days. It also stresses the importance of getting mothers the help they need from a WIC designated breastfeeding expert or a healthcare provider.

#### **Learning Objectives**

Upon completion of this module, peer counselors will be able to do the following:

- List three causes and three ways to manage each of the following breastfeeding concerns:
  - Sore nipples
  - Breast refusal
  - Slow weight gain in infant
- Name two common consequences of unresolved breastfeeding issues.
- Identify two situations when the peer counselor should refer a mother who is experiencing concerns that are outside the counselor's scope of practice.

**Time Allowed:** 2 hours

#### **Background Information**

When women receive accurate information and support for breastfeeding, they are usually able to prevent many of the common concerns that can sometimes arise. However, even in the best of circumstances, concerns can arise. This module addresses the peer counselor's dual role in helping mothers to easily access additional assistance, while continuing to offer mothers basic information and support.

#### **Checklist**

- AV Equipment
  - PowerPoint or overhead projector
- Teaching Tools
  - Flip chart and markers
  - Breast model
  - Devices: breast shells, breast pump, lanolin, nipple shield

- Handouts
  - Handout #6A – Don’t Tell Me Breastfeeding is Natural
  - Handout #6B – Types of Nipples
  - Handout #6C – Practice Counseling Scenario
  - Handout #6D – Opening the Conversation with Mothers When Early Problems Occur
  - Handout #6E – How to Help Mothers with Breastfeeding Concerns
  
- Optional Resources
  - Breast shells, nipple shields, and purified lanolin can be obtained from Hollister, Inc. or Medela, Inc. Contact information:
 

**Hollister, Incorporated**  
 2000 Hollister Drive  
 Libertyville, IL 60048-3781  
 800-323-4060  
 800-624-5369  
[www.hollister.com](http://www.hollister.com)

**Medela, Incorporated**  
 1101 Corporate Dr.  
 McHenry, IL 60050  
 800-435-8316  
[www.medela.com](http://www.medela.com)
  - *Breastfeeding Promotion and Support Guidelines for Healthy Full Term Infants*, Chapter 5, page 64. Available at:  
[www.nal.usda.gov/wicworks/Sharing\\_Center/bfguidelines\\_iowa.pdf](http://www.nal.usda.gov/wicworks/Sharing_Center/bfguidelines_iowa.pdf)
  - *Breastfeeding Basics #4: Common Concerns*. Produced by Iowa State University. Available at:  
[www.extension.iastate.edu/Publications/NCR579D.pdf](http://www.extension.iastate.edu/Publications/NCR579D.pdf)
  - *Questions and Answers about Breastfeeding* available from Best Start Social Marketing, [www.beststartinc.org](http://www.beststartinc.org)

### **Additional Learning Opportunities**

- Provide opportunities for peer counselors to shadow a WIC designated breastfeeding expert assisting a mother with breastfeeding problems. The peer counselor could accompany her on a home visit with a new mother to observe her counseling style and ways she manages problems. Use the Shadowing Breastfeeding Experts: Peer Counselor Log provided in the “Continuing Education of Peer Counselors” section as a guide.
- Read “Managing Possible Problems” in Amy Spangler's *Breastfeeding: A Parent's Guide*.
- Read “Common Concerns” in La Leche League’s *Womanly Art of Breastfeeding*.
- Read the International Lactation Consultant Association’s *Evidence-Based Guidelines for Breastfeeding Management in the First Fourteen Days*.

## Module 6 – Trainer Notes

### Slide #1

#### **Module 6: Talking With Mothers About Breastfeeding... When Early Problems Occur**

The support peer counselors provide new mothers can help them prevent most common breastfeeding problems. Occasionally remedial support is needed, even in the best of circumstances. This module helps peer counselors learn how to support new mothers with breastfeeding concerns and appropriate approaches to managing referrals to WIC designated breastfeeding experts.

#### [Key Talking Points]

- Breastfeeding does not usually entail serious problems.
- For most mothers, breastfeeding goes well, particularly when they are motivated, have prepared for breastfeeding by reading and learning all they can, and have good support.
- When good breastfeeding practices (discussed in the previous module) are followed, most breastfeeding problems can be prevented.
- Sometimes breastfeeding problems will occur even under the best of circumstances.
- Peer counselors need to be prepared to know when to refer mothers to WIC designated breastfeeding experts.

### Slide #2

#### **Learning Objectives**

Upon completion of this module, peer counselors will be able to do the following:

- List three causes and three ways to manage each of the following breastfeeding concerns:
  - Sore nipples
  - Breast refusal
  - Slow weight gain in infant
- Name two common consequences of unresolved breastfeeding issues.
- Identify two situations when the peer counselor should refer a mother who is experiencing concerns that are outside the counselor's scope of practice.

**Slide #3**

**Solving Problems While They Are Small**

Peer counselors are important sources of support and encouragement if breastfeeding concerns do occur. Taking care of small problems early can help avoid bigger problems that can lead to early weaning.

[Activity]

*Learning Objective:* To help peer counselors identify ways they can help mothers prevent small problems from becoming larger ones.

*Time:* 10 minutes

*Handout:* #6A – Don't Tell Me Breastfeeding is Natural

*Directions:*

- Produce a short skit with two trainers or WIC staff members to help peer counselors understand how breastfeeding problems can mushroom into bigger issues when they are not dealt with early. Use the handout as a guide.
- Ask peer counselors to observe the skit and write down the opportunities where a peer counselor could have provided easy interventions to help the mother before her problem got out of hand.

*Discussion:*

- What was the very first issue that arose for this mother?
- What happened when this problem was not resolved?
- How did that lead to other problems?
- How and when could the peer counselor have intervened with good information and support for this mother?

[Key Talking Points]

- Many women believe breastfeeding should be “natural.” What is natural is making milk. However, breastfeeding is a behavior that must be learned by mother and baby.
- Most breastfeeding issues can be resolved.
- Helping mothers deal with these issues early can keep them from becoming into larger issues that may be more difficult to fix.
- Peer counselors can listen to mothers to determine if small problems are arising and offer solutions and places to get help.

#### Slide #4

#### **When Problems Occur: Three Rules**

A peer counselor's support when breastfeeding concerns arise is crucial. Although a WIC designated breastfeeding expert may be needed, encouragement from a peer counselor can help the mother persevere while she works through concerns.

#### [Key Talking Points]

- Three important rules should be followed when mothers have concerns about breastfeeding:
  1. Feed the baby. No matter what else is going on, the baby must be fed.
  2. Protect the mother's milk production. If the baby is not able to breastfeed, the mother will need to remove milk with a breast pump or hand expression. These are both explained in later modules.
  3. Seek a solution. When breastfeeding problems arise, mothers can quickly become discouraged and bottle feeding can seem very attractive.
- As a peer counselor, you can affirm the mother's efforts to overcome common concerns and encourage her to take care of herself.

#### Slide #5

#### **Ouch: Sore Nipples**

Sore nipples are one of the most common concerns of new mothers. This concern often leads to full weaning when it is not quickly resolved.

#### [Key Talking Points]

- Although sore nipples are common, they are not normal.
- Sore nipples create a significant barrier to continuing to breastfeed, especially for a first-time mother.
- Very few people are willing to put up with pain for long.

#### *Discussion:*

- What causes of sore nipples can you remember from previous training sessions? Some examples include:
  - Baby is not positioned properly.
  - Poor latch (baby is "nipple feeding").
  - Baby's mouth is not open wide enough.
  - Baby has had other nipples in the mouth and is nursing incorrectly at the breast.

#### [Key Talking Points]

- Other things that are not as easy to recognize can cause sore nipples including:

- Mother is setting a time limit for the baby at the breast, causing baby to suck more vigorously when at the breast.
- Baby has thrush (overgrowth of fungus), and the mother has become infected.
- Baby has a short frenulum, also known as being “tongue tied.”
- Baby has a very high palate.
- Mother is using a breastfeeding device, such as a breast pump, incorrectly.
- Mother’s breasts are irritated from her nursing pads staying moist.
- Mother’s breasts are irritated from perfume or lotion coming in contact with her breasts.

*Discussion:*

- What are some probing questions you learned in Module 4, Counseling and Communication Skills, that you could use to identify what might be causing the mother’s sore nipples?
- Ideas include:
  - How is the baby positioned?
  - How often do you put the baby to the breast?
  - Tell me how the baby latches on.
  - Describe the pain. (If the pain is a burning, stinging, or stabbing pain, it could be related to thrush.)
  - How often do your nursing pads become wet?
  - What kinds of perfumes or lotions do you use on your breasts?

[Instructional Guidance]

- Remind peer counselors of the common probes learned in Module 4.
  - Extending Probe – “Tell me more.”
  - Clarifying Probe – “Is this what you mean?”
  - Reflecting Probe – “So you’re saying…”
  - Redirecting Probe – “Other than this, what else is concerning you?”

**Slide #6**

**Comfort Measures for Sore Nipples**

Although damaged nipples take time to heal, many comfort measures can speed the healing process and help mothers feel more comfortable.

[Key Talking Points]

- Common ways to help sore nipples heal include:
  - Getting ready to breastfeed:

- Start feedings on the side that is least sore.
- Try different breastfeeding positions while she is sore so pressure is placed in different places on her breast.
- Before breastfeeding:
  - Apply a bag of frozen peas with a wet washcloth over the breast for a few seconds to take the edge off the pain.
  - Express a small amount of colostrum or milk to soften and sanitize the breast.
  - Massage the breast to begin the Milk Ejection Reflex. This helps baby not suck so vigorously at the beginning of the feed.
- During the feeding:
  - Do not limit how long baby breastfeeds.
- After the feeding is over:
  - Air dry her breasts.
  - Apply a small amount of breast milk to the nipples.
  - Use comfort measures for sore nipples including:
    - Apply lanolin if the skin is cracked or damaged.
    - Avoid using creams that have to be removed before baby nurses. Lanolin does not have to be removed.
    - Breast shells can help hold the mother's bra away from her damaged skin so it can heal.
    - Ask the mother to call her doctor to see if she can use acetaminophen or ibuprofen for pain.
- When to get help:
  - If the mother says her baby has white patches on the tongue or cheeks that do not wipe off, refer the mother to her physician for possible treatment for thrush.
  - Yield to your WIC designated breastfeeding expert if the common ways to deal with moderately sore nipples do not improve things within 24 hours, or if the mother reports severely damaged nipples and pain.
  - Remember that sore nipples can sometimes be caused by things you and the mother may not be able to recognize such as short frenulum or high palate of the baby. Your WIC designated breastfeeding expert will be able to assess what is causing the mother's sore nipples and give her advice to help.

[Instructional Guidance]

- Pass around a tube of lanolin to participants and show them how to take a small amount and warm it between their fingers so that it is easier to spread.
- Pass around a bag of items commonly used to relieve sore nipples. Allow peer counselors to pull out an item and discuss

why they think the item might be helpful. Let peer counselors know which items should only be used by the WIC designated breastfeeding expert. Items can include such things as:

- Bag of frozen peas
- Breast shells
- Purified lanolin
- Breast pump
- Clean breast pads
- Hydrogel dressing
- New information: In the past, mothers were told to apply tea bags or to use a hair dryer on sore nipples. They were also told that their nipples would “toughen up” after weeks of nursing. Being diligent about baby’s position and latch is the first line of defense in preventing sore nipples.

## Slide #7

### **Refusing to Breastfeed**

A mother needs a lot of help and support if her baby is fussy at the breast or does not breastfeed well. Her baby will also need to be fed in another way if refusing to breastfeed.

#### *Discussion:*

- What are some reasons you can think of that might cause a baby to refuse to breastfeed? Some ideas are:
  - Baby has gone too long since the last feed and is so hungry he or she has become too upset to feed.
  - Baby prefers one breast over the other.
  - Baby is premature and is too weak to suck.
  - Baby had a birth injury that makes it painful to be held in a certain way.
  - Baby boy was circumcised, and it hurts to be held.
  - Baby has a stuffy nose and cannot breathe when latched.
  - Baby has developed a preference for other nipples.
  - Mother’s breasts are engorged.
  - The mother is taking pain medications that make the baby too sleepy to breastfeed.
  - The milk is flowing very fast, making it hard for the baby to keep up.
  - The mother has flat or inverted nipples.
- What are some probing questions you could ask to dig deeper and find out what might be causing the baby to refuse to breastfeed? Ideas include:
  - What kinds of medications are you taking?
  - Describe what happens when you try to latch on your baby.
  - How does the baby show you he or she is not interested in breastfeeding?
  - How often do you attempt to put the baby to the breast?

## Slide #8

### **Dealing With Refusal to Breastfeed**

Rapid response is crucial if a baby refuses to nurse. The peer counselor can offer the mother some suggestions to try while she refers her to her WIC designated breastfeeding expert for further assistance.

#### [Key Talking Points]

- Feed the baby while coaxing him or her to the breast. Sometimes offering some of the mother's milk in a dropper or spoon can take the "edge" off the baby's hunger so he or she can calm enough to try. The WIC designated breastfeeding expert can work with the mother on other ways to feed the baby.
- The mother will need to remove milk with a breast pump or hand expression to:
  - Maintain her milk supply.
  - Prevent engorgement.
  - Reward baby with milk for efforts.
- Hold baby "skin to skin" with the mother's shirt and bra open to calm the mother and baby.
- Simulate a relaxing "back to the womb" experience for baby by dimming the lights, minimizing noises and distractions, and even bathing with the baby.
- Offer the breast before baby wakes up fully. If the baby is still a little sleepy, he or she may be more willing to try.
- Yield to your WIC designated breastfeeding expert any time a mother tells you her baby will not latch on. Some of the suggestions mentioned may help to find out what is happening and to be sure the baby is not suffering from lack of nourishment.

#### [Instructional Guidance]

- Demonstrate for participants a manual pump and, if available, an electric pump. This lets peer counselors become familiar with the breastfeeding devices available in the local agency.

## Slide #9

### **Dealing with Inverted Nipples**

Most babies can breastfeed no matter what the mother's nipple is like. Should a baby have difficulties latching onto an inverted nipple, mothers have strategies they can use.

#### [Key Talking Points]

- Inverted nipples sink in like a dimple when baby tries to latch on and remove milk.
- True inverted nipples are rare.

- An inverted nipple cannot be identified by simply looking at it.
- Some mothers have only one flat or inverted nipple, and the other everts with no problem. If so, baby can breastfeed from one breast while mother removes the milk from the breast that has an inverted nipple.
- Pumping can help draw out the nipple.
- Using artificial nipples can make it harder for babies to breastfeed correctly and should be avoided.
- Yield to your WIC designated breastfeeding expert if a mother has flat or inverted nipples and is having a difficult time latching her baby. Many strategies can work, and a breastfeeding expert can help a mother try them correctly. These strategies include:
  - Using a breast pump to evert her nipples.
  - Using a nipple shield.
  - Using a nipple “everter” to help draw out the nipples.

[Instructional Guidance]

- Show participants examples of devices that are commonly used to deal with inverted nipples, including a nipple shield, breast pump, and nipple “everter.” This will help peer counselors be more aware of what breastfeeding experts are using to help mothers with this issue.
- Note that the purpose for using these devices is not to teach the peer counselor how to use them but simply to make her aware of some of the techniques that the mother might be advised to use.
- Refer peer counselors to Handout #6B – Types of Nipples, for later reference.

**Slide #10**

**Baby’s Weight**

Should a mother be concerned about her baby’s weight, a peer counselor can assist her to quickly get needed help.

[Key Talking Points]

- It is common for babies, no matter how they are fed, to lose a few ounces of weight in the first three or four days of life as they pass the first stools and eliminate extra fluids.
- Babies whose mothers get off to a good start breastfeeding in the hospital and have lots of support rarely lose more than a few ounces.
- If the mother is concerned about her baby’s weight, ask her to consult her baby’s doctor. Peer counselors should also yield to their WIC designated breastfeeding expert to get the mother the help she needs.

**Slide #11**

**Problems Have Solutions: 3-Step Practice**

Yielding the mother quickly to your WIC designated breastfeeding expert can make the difference between persevering and weaning.

[Activity]

*Learning Objective:* To help peer counselors apply the information they have learned in counseling situations with mothers experiencing problems.

*Time:* 10 minutes

*Handout:* #6C – Practice Counseling Scenario

*Directions:*

- Divide participants into pairs and provide each pair with a copy of the handout.
- Ask participants to work together to create open-ended questions, affirmation statements, and one or two points on which to educate this mom.
- Ask pairs to share their ideas with the group.
- Once peer counselors complete the activity sign and date their Peer Counselor Skills Checklist Card, Module 6 – Practice Counseling Scenario section.

**Slide #12**

**When to Contact Mothers**

Frequent contact by the peer counselor can help mothers have the confidence to continue breastfeeding.

[Key Talking Points]

- Peer counselors should make daily calls when breastfeeding mothers have concerns.
- Remember that mothers often do not initiate calls, even when they are having problems. Peer counselors will need to take the initiative to follow up with the mother.
- The support from a peer counselor complements the assistance she gets from others on the healthcare team.
- The peer counselor can encourage the mother to stay in touch with the WIC designated breastfeeding expert.
- Ask the mother how comfortable she is with breastfeeding, and affirm her self-confidence in being able to breastfeed successfully.
- Remind mothers to keep WIC appointments for herself and her baby, as well as appointments with the baby's doctor.

## Slide #13

### Opening the Conversation With Mothers

[Activity]

*Learning objective:* To help peer counselors identify common open-ended questions to ask a mother who is dealing with breastfeeding problems.

*Time:* 10 minutes

*Handout:* #6D – Opening the Conversation with Mothers when Early Problems Occur

*Directions:*

- Ask the group to identify open-ended questions that can be used to begin a dialogue with a breastfeeding mother who is experiencing breastfeeding difficulties.
- Instruct peer counselors to write down the questions on their handouts for later reference.
- Affirm peer counselors as they share questions they develop.
- After peer counselors identify questions or if they are having trouble identifying opening questions, mention the sample questions on the slide, also found on the back of their handout.
  - Tell me how you are feeling about breastfeeding.
  - What has the baby's doctor said about how things are going?
  - Who is there to help you right now? What are some things they are doing to help?
  - What are some of the things your support people are saying about how breastfeeding is going? How does that make you feel?
  - Tell me what happens when you try to nurse.
  - What are some things you've tried so far? What do you think is helping?
  - How are your breasts feeling before and after feeding your baby?
  - What are some of the suggestions the WIC designated breastfeeding expert had?
  - Which of her suggestions do you feel are working for you?
  - How does your baby seem to be doing during this time?
  - What keeps you going during this difficult time?
- Praise peer counselors for any questions they write that are similar to those on the slide or handout.
- Remind peer counselors that their handouts are useful tools for helping them counsel new mothers.

[Instructional Guidance]

- Refer Peer Counselors to Handout #6E – How to Help Mothers with Breastfeeding Concerns, for later reference.

**Slide #14**

**Final Thought**

*“The day I had my baby, she could not latch on properly. Then, as magic in the air, I remembered the telephone number of my WIC peer counselor, who taught me how to breastfeed. In less than two hours, there she was: the Milk Fairy. That’s the nickname I’ve chosen for us, the Breastfeeding staff, since as magic, we transform really difficult situations into beautiful success stories.”*

WIC Peer Counselor