



Attachment 2

VENA philosophy connects nutrition and breastfeeding assessment to effective and appropriate counseling and support that best meet the needs of the breastfeeding mother and infant. Effective counseling approaches are participant-centered and include active listening using open-ended questions to build rapport, identify and reflect concerns, and help women set realistic goals. The following key concepts may be used as a guide when developing targeted messages about breastfeeding during pregnancy and after delivery.

Counseling Points for the Breastfeeding Mother

PRENATAL (Especially 3rd Trimester)

What Mothers Should Know	Counseling Points/Action Steps for WIC Staff
<p><i>Breastfeeding is a priority for the WIC Program</i></p> <ul style="list-style-type: none"> A major goal of the WIC Program is to improve the nutritional status of infants; therefore, WIC mothers are encouraged to breastfeed their infants unless medically contraindicated. Breastfeeding women are at a higher level in the priority system to receive services. 	<ul style="list-style-type: none"> Encourage pregnant mother to initiate and continue the breastfeeding relationship at least through the first 12 months of age. Assess a pregnant mother’s intention to breastfeed and identify factors that affect breastfeeding success. Address any concerns or questions mother may have about breastfeeding. Discuss with mother how breastfeeding is an important relationship that takes patience and practice in order for mother and infant to learn and recognize each other’s signals. Advise pregnant mother about the enhanced services breastfeeding mothers receive in the WIC Program: <ul style="list-style-type: none"> information through counseling and breastfeeding educational materials. follow-up support through WIC counselors and referrals. eligibility to participate in WIC longer than non-breastfeeding mothers. breast pumps, breast shells or nursing supplementers to help support the initiation and continuation of breastfeeding. Emphasize to pregnant mother the incentives provided in the food packages for breastfeeding mothers and their infants. Advise mother that breastfeeding women who do not accept formula from WIC receive the largest quantity and variety of foods.

What Mothers Should Know	Counseling Points/Action Steps for WIC Staff
<p><i>Breastfeeding is the optimal infant feeding method</i></p> <ul style="list-style-type: none"> • The American Academy of Pediatrics (AAP) recommends breastfeeding as the preferred feeding for all infants, including preterm infants. • Breastfeeding has various health, emotional, and economical benefits for a mother and her infant. • A mother’s breast milk has the perfect combination of nutrients needed for her infant’s growth and development. • Exclusive breastfeeding for the first 6 months of life confers the greatest benefit. 	<ul style="list-style-type: none"> • Discuss the various benefits of breastfeeding with mother for her infant as well as herself. • Discuss the advantages of breastfeeding versus feeding infant formula.
<p><i>Support is critical to breastfeeding success</i></p> <ul style="list-style-type: none"> • Family, friends, and health care providers are influential in a mother’s decision to breastfeed and the duration of the breastfeeding relationship. • Mothers should surround themselves with supportive family and friends when adjusting to new motherhood and breastfeeding her infant. 	<ul style="list-style-type: none"> • Encourage mother to develop a support plan which may include family, friends, a WIC counselor, lactation professional or peer counselor. • Encourage mother to talk with family and friends about breastfeeding and to invite them to attend prenatal breastfeeding classes. • Encourage mother to call WIC with questions or for advice. • Provide referrals and contact information if additional support is necessary, especially in the first few weeks after birth when mothers are most likely to wean (e.g., WIC counselors, lactation professionals, peer counselors, health care providers). • Provide follow-up to address mother’s concerns as appropriate.

What Mothers Should Know	Counseling Points/Action Steps for WIC Staff
<p><i>Hospital practices/protocol and their impact on the breastfeeding relationship</i></p> <ul style="list-style-type: none"> • Some hospital practices act as barriers to successful initiation and continuation of the breastfeeding relationship. 	<ul style="list-style-type: none"> • Familiarize yourself with your local hospitals’ delivery and postpartum practices. • Encourage mother to discuss her plans to breastfeed with her health care provider before birth and state her requests on the hospital preadmission forms. • Encourage mother to talk to the pediatrician and hospital nursing staff about her plans to breastfeed her infant. • Counsel mother on postpartum practices supporting breastfeeding: <ul style="list-style-type: none"> ✓ Breastfeed as soon as possible after birth ✓ Breastfeed on demand ✓ Delay offering a pacifier until breastfeeding is established ✓ “Room in” or keep the infant in the room as much as possible ✓ Do not offer supplemental bottles of formula or water unless medically indicated ✓ Ask to see a lactation professional or nurse knowledgeable about breastfeeding. • Provide mother with tools that will help her assert her choice to breastfeed during her hospital stay (e.g., birthing plan, crib card).
<p><i>Supplementation interferes with a mother’s milk supply and her breastfeeding success</i></p> <ul style="list-style-type: none"> • Supplemental feedings of water or infant formula are unnecessary as breast milk provides ideal nourishment for the infant. • Supplemental feedings, especially in the early days after birth, interfere with a mother’s milk supply (the amount of milk she produces). • The amount of milk a mother produces depends on the frequency and effectiveness of milk removal from the breast (“Supply and demand”). • Artificial nipples on bottles and pacifiers require different movements of the infant’s tongue, lips, and jaw that may make it difficult for infants to easily go back to the mother’s nipple and breast. 	<ul style="list-style-type: none"> • Discuss with mother why supplemental feedings are unnecessary and how they interfere with the success of the breastfeeding relationship. • Discuss fears mother may have about her ability to breastfeed and her milk supply. • All pregnant women should be made aware that WIC does not routinely provide infant formula to partially breastfed infants less than one month of age to help the mother and infant get off to a good start with breastfeeding.

What Mothers Should Know	Counseling Points/Action Steps for WIC Staff
<p><i>Maternal nutrition supports breastfeeding</i></p> <ul style="list-style-type: none"> Breastfeeding mothers need to maintain a balanced diet; however, her breast milk will provide all the nutrients her infant needs if her diet is not perfect. 	<ul style="list-style-type: none"> Discuss recommendations for healthy eating with mother. Refer to MyPyramid in Action: Tips for Breastfeeding Moms at http://www.nal.usda.gov/wicworks/Topics/BreastfeedingFactSheet.pdf Emphasize that the additional foods provided in WIC food packages for breastfeeding mothers supplement their special nutritional needs. Advise mother that breastfeeding women who do not accept formula from WIC receive the largest quantity and variety of foods. If the mother was on WIC prenatally, provide her the fully breastfeeding food package (Food Package VII) in the first week after birth or as soon as possible so she may benefit from the additional foods.
<p><i>Breastfeeding can continue when returning back to work or school</i></p> <ul style="list-style-type: none"> Many mothers need or want to return to work or school outside their home shortly after their infant's birth. Mothers who are temporarily separated from their infants can continue to breastfeed successfully. 	<ul style="list-style-type: none"> Discuss strategies mother can use that may improve her ability to continue breastfeeding when she returns to work or school and must be separated from her infant such as: <ul style="list-style-type: none"> Breastfeed the infant when home and express breast milk by hand or by using a breast pump. Make arrangements for safely storing expressed breast milk while away from home. Choose a babysitter or day care center that is supportive of breastfeeding. Introduce infant to drinking from a bottle and to being fed by someone else. Breastfeed regularly on weekends and evenings. State agency policy should be followed regarding appropriate protocols for providing breast pumps.

POSTPARTUM (Birth – 2 WEEKS)

What Mothers Should Know	Counseling Points/Action Steps for WIC Staff
<p><i>Breastfeeding is the optimal infant feeding method</i></p> <ul style="list-style-type: none"> • AAP recommends breastfeeding as the preferred feeding for all infants, including preterm infants. • Breastfeeding has various health, emotional, and economical benefits for a mother and her infant. • A mother’s breast milk has the perfect combination of nutrients needed for her infant’s growth and development. • Exclusive breastfeeding for the first 6 months of life confers the greatest benefit. 	<ul style="list-style-type: none"> • Discuss the various benefits of breastfeeding with mother for her infant and herself. • Discuss the advantages of breastfeeding versus feeding infant formula. • Encourage mother to initiate and continue the breastfeeding relationship at least through the first 12 months of age.
<p><i>Breastfeed as soon as possible after birth</i></p> <ul style="list-style-type: none"> • Infants are alert and ready to breastfeed immediately after birth. After the first few hours of life, newborn infants become very sleepy. • If possible, infant should be put skin-to-skin in delivery room and offered the breast, fostering the breastfeeding relationship. 	<ul style="list-style-type: none"> • Encourage mother to breastfeed as soon as possible after birth.
<p><i>Importance of Colostrum</i></p> <ul style="list-style-type: none"> • Colostrum is a thick, yellowish fluid that provides antibodies to resist infection. • Colostrum is small in quantity (teaspoons). • Frequent feeding, even when colostrum is present, is important. It helps establish a good milk supply once milk comes in and provides various health benefits. 	<ul style="list-style-type: none"> • Discuss the importance of the first “milk” or colostrum, which provides antibodies that help infants resist illness and disease. • Discuss the transition from colostrum to mature milk. • Encourage mother to breastfeed her infant as soon as possible after birth to provide this important substance to her infant.
<p><i>Comfort and Proper Positioning</i></p> <ul style="list-style-type: none"> • There are three commonly used positions that allow an infant and mother to breastfeed comfortably: <ul style="list-style-type: none"> ▪ Lying down or side lying ▪ Across the lap or cradle hold ▪ Football hold or clutch hold. • Positioning the infant properly at breast is essential for successful latch-on and avoidance of sore nipples. • Some mothers may experience some initial discomfort, but breastfeeding should not be painful. 	<ul style="list-style-type: none"> • Discuss correct positioning, essential for proper “latch-on.” • Address any issues related to pain and discomfort during breastfeeding. • Encourage mother to see her health care provider for assessment if pain or discomfort persists.

What Mothers Should Know	Counseling Points/Action Steps for WIC Staff
<p><i>Recognize hunger and satiety cues and feed often and on demand</i></p> <ul style="list-style-type: none"> • Infants should breastfeed 8 to 12 times in 24 hours (or about every 1½ to 3 hours), usually 10 to 15 minutes per breast. • Signs of hunger: <ul style="list-style-type: none"> ✓ Rooting reflex ✓ Small fussing sounds ✓ Hand-to-mouth activity ✓ Smacking lips ✓ Pre-cry facial grimaces – (Crying is a late signal) • Signs of fullness: <ul style="list-style-type: none"> ✓ Coming off the breast ✓ Slows or stops suckling ✓ Hands relax ✓ Fall asleep • Frequent feeding helps build milk supply. • A newborn infant should not go longer than 2 to 3 hours during the day or 4 hours at night without feeding. 	<ul style="list-style-type: none"> • Discuss infant feeding patterns with mother. Although 1½ to 3 hours is the average breastfed infant feeding pattern, this varies from infant to infant and day to day. • Discuss with mother that breast milk empties from the stomach faster than infant formula does. New mothers may compare their infants to formula-fed infants and misinterpret the normal frequency of breastfeeding to mean that they have insufficient milk. • Encourage mother to breastfeed often and on demand and avoid scheduling feedings. • Discuss the importance of recognizing feeding cues. Emphasize that crying is a late sign of hunger and can result in an infant who is difficult to calm and latch to the breast.
<p><i>Signs that infant is getting enough</i></p> <ul style="list-style-type: none"> • Breastfeeds frequently and is satisfied after each feeding • Plenty of wet and soiled diapers, with pale yellow or nearly colorless urine <ul style="list-style-type: none"> ▪ At least 5-6 wet and 3 soiled diapers per day in the first 3-5 days of life ▪ 6 or more wet and 3-4 soiled diapers per day by 5-7 days of age • Audible swallowing consistently while breastfeeding • Wakes to feed • Gains weight consistently 	<ul style="list-style-type: none"> • Ask mother about specific indicators to ensure that infant is getting enough milk such as elimination patterns for breastfed infants, appropriate weight gain, etc. • Advise mother to contact her health care provider if she believes her infant is not getting enough milk.

What Mothers Should Know	Counseling Points/Action Steps for WIC Staff
<p><i>Appropriate weight gain/loss for infants</i></p> <ul style="list-style-type: none"> Nearly all infants lose a few ounces of weight the first few days after birth. During this period, infants pass their first stools and eliminate extra fluids. As the mother’s milk production increases, an infant who is breastfeeding effectively should begin gaining weight. AAP recommends that newborn infants be seen by their pediatrician or other knowledgeable and experienced health care provider at 3 to 5 days of age. By two weeks of age, infants should be at or over their birth weight. 	<ul style="list-style-type: none"> Encourage mother to arrange a follow-up visit for her infant with her health care provider or WIC clinic within the first week after birth (3 to 5 days of age). An early weight check gives a new mother confidence in her ability to produce enough milk and the opportunity to ask questions. If there are concerns about an infant’s weight or weight loss is > 7% of birth weight, encourage the mother to consult her health care provider.
<p><i>Breast Fullness/ Engorgement</i></p> <ul style="list-style-type: none"> During the first week after birth, milk supply steadily increases and breasts may feel full and heavy. Frequent feedings will relieve the fullness, but engorgement (swollen, hard and painful breasts) may occur if breastfeeding is not frequent and effective. 	<ul style="list-style-type: none"> Discuss normal fullness of breasts and encourage mother to breastfeed frequently and on demand to avoid engorgement. Discuss symptoms of engorgement. If mother experiences very full, hard, painful breasts, this may be an indication of engorgement and may require that she contact her health care provider for assistance.
<p><i>Maternal nutrition supports breastfeeding</i></p> <ul style="list-style-type: none"> Breastfeeding mothers need to maintain a balanced diet; however, her milk will provide all the nutrients her infant needs if her diet is not perfect. 	<ul style="list-style-type: none"> Discuss recommendations for healthy eating with mother. Refer to MyPyramid Plan in Action: Tips for Breastfeeding Moms at http://www.nal.usda.gov/wicworks/Topics/BreastfeedingFactSheet.pdf Emphasize that the additional foods provided in WIC food packages for breastfeeding mothers supplement their special nutritional needs. Advise mother that breastfeeding women who do not accept formula from WIC receive the largest quantity and variety of foods. If the mother was on WIC prenatally, provide her the fully breastfeeding food package (Food Package VII) in the first week after birth or as soon as possible so she may benefit from the additional foods.

What Mothers Should Know	Counseling Points/Action Steps for WIC Staff
<p><i>Supplemental feedings interfere with a mother’s milk supply and her breastfeeding success</i></p> <ul style="list-style-type: none"> • Supplemental feedings of water or infant formula are unnecessary as breast milk provides ideal nourishment for the infant. • Supplemental feedings, especially in the early days after birth, interfere with a mother’s milk supply (the amount of milk she produces). • The amount of milk a mother produces depends on the frequency and effectiveness of milk removal from the breast (“supply and demand”). • Artificial nipples on bottles and pacifiers require different movements of the tongue, lips, and jaw and may make it difficult for infants to go back to the mother’s nipple and breast. 	<ul style="list-style-type: none"> • Discuss with mother why supplemental feedings are unnecessary and how it interferes with the success of the breastfeeding relationship. • Discuss fears mother may have about her milk supply. She may perceive a decrease in her milk supply when the initial fullness of her breasts subside or question her ability to produce enough milk to nourish her infant adequately. • Advise mother that WIC does not routinely provide infant formula to partially breastfed infants less than one month of age to help the mother and infant get off to a good start with breastfeeding. • If mother requests formula, troubleshoot the reason and ensure she receives support and referrals as appropriate to continue to breastfeed. • State agency policy should be followed regarding provision of formula in the first month postpartum.
<p><i>Basic Breast Care</i></p> <ul style="list-style-type: none"> • There are simple steps mothers can take to care for their breasts to minimize the development of common breastfeeding-related breast and nipple problems. 	<ul style="list-style-type: none"> • Discuss recommended breast care practices with mother such as: <ul style="list-style-type: none"> ○ Keep nipple dry between feedings. ○ Avoid using harsh soaps and detergents on nipples and areolae. ○ Do not use creams, ointments or oils on the nipples or areolae on a routine basis to heal sore nipples, abrasions or cracks.
<p><i>Appetite/Growth Spurts</i></p> <ul style="list-style-type: none"> • Appetite or growth spurts are short periods of time when the infant breastfeeds more frequently than normal. • Usually occurs around 2 to 3 weeks of age; however, the time period an infant goes through an appetite spurt may vary. • During this time mother’s breast fullness may have subsided. 	<ul style="list-style-type: none"> • Reassure mother about their milk supply. A mother may feel that she has an insufficient milk supply, but during these periods of frequent feeding the infant is signaling the mother’s body to produce more milk to meet his growing needs. • Encourage the mother to keep the infant at the breast as often as the infant demands to feed during this period. • Assure mother that her milk supply will quickly increase with her infant’s demand and soon her infant’s feeding routine will return to normal. • Praise mother for her breastfeeding efforts and encourage her to continue breastfeeding her infant. • If a mother expresses concern that an appetite spurt lasts longer than a few days, refer her to a lactation professional or her health care provider.

What Mothers Should Know	Counseling Points/Action Steps for WIC Staff
<p><i>Vitamin D Supplementation</i></p> <ul style="list-style-type: none"> • AAP states that breastfed infants who do not receive supplemental vitamin D or adequate sunlight exposure are at increased risk of developing vitamin D deficiency or rickets. • AAP recommends that all healthy infants have a minimum daily intake of 400 IU of vitamin D per day beginning within the first few days of life to prevent rickets and vitamin D deficiency. 	<ul style="list-style-type: none"> • Discuss vitamin supplementation. A daily supplement of 400 IU of vitamin D is recommended by AAP beginning within the first few days of life. Encourage mother to discuss vitamin D supplementation with her infant’s pediatrician.
<p><i>Support is critical to breastfeeding success</i></p> <ul style="list-style-type: none"> • Family, friends, and health care providers are influential in a mother’s decision to breastfeed and the duration of the breastfeeding relationship. • Mothers should surround themselves with supportive family and friends when adjusting to new motherhood and breastfeeding her infant. 	<ul style="list-style-type: none"> • Encourage and praise mother for her breastfeeding efforts • Encourage mother to call with questions or for advice. • Provide referrals and contact information if additional support is necessary, especially in the first few weeks after birth (e.g., WIC counselor, peer counselor, lactation professional, health care provider). • Provide follow-up to address mother’s concerns as appropriate.

POSTPARTUM (2 – 4 WEEKS)

What Mothers Should Know	Counseling Points/Action Steps for WIC Staff
<p><i>Breastfeeding is the optimal infant feeding method</i></p> <ul style="list-style-type: none"> • AAP recommends breastfeeding as the preferred feeding for all infants, including preterm infants. • Breastfeeding has various health, emotional, and economical benefits for a mother and her infant. • A mother’s breast milk has the perfect combination of nutrients needed for her infant’s growth and development. • Exclusive breastfeeding for the first 6 months of life confers the greatest benefit. 	<ul style="list-style-type: none"> • Discuss the various benefits of breastfeeding with mother for her infant and herself. • Discuss the advantages of breastfeeding versus feeding infant formula. • Encourage mother to continue the breastfeeding relationship at least through the first 12 months of age.
<p><i>Maternal nutrition supports breastfeeding</i></p> <ul style="list-style-type: none"> • Breastfeeding mothers need to maintain a balanced diet; however, her milk will provide all the nutrients her infant needs if her diet is not perfect. 	<ul style="list-style-type: none"> • Discuss recommendations for healthy eating with mother. Refer to MyPyramid Plan for Moms at http://www.nal.usda.gov/wicworks/Topics/BreastfeedingFactSheet.pdf • Emphasize that the additional foods provided in WIC food packages for breastfeeding mothers supplement their special nutritional needs. • Advise mother that breastfeeding women who do not accept formula from WIC receive the largest quantity and variety of foods.
<p><i>Appetite/Growth Spurts</i></p> <ul style="list-style-type: none"> • Appetite or growth spurts are short periods of time when the infant breastfeeds more frequently than normal. • Usually occurs around 6 weeks of age; however, the time period an infant goes through an appetite spurt may vary. 	<ul style="list-style-type: none"> • Reassure mother about her milk supply. A mother may feel that she has an insufficient milk supply, but during these periods of frequent feeding the infant is signaling the mother’s body to produce more milk to meet his growing needs. • Encourage the mother to keep the infant at the breast as often as the infant demands to feed during this period. • Assure mother that her milk supply will quickly increase with her infant’s demand and soon her infant’s feeding routine will return to normal. • Praise mother for her breastfeeding efforts and encourage her to continue breastfeeding her infant. • If a mother expresses concern that an appetite spurt lasts longer than a few days, refer her to a lactation professional or her health care provider.

What Mothers Should Know	Counseling Points/Action Steps for WIC Staff
<p><i>Basic Breast Care</i></p> <ul style="list-style-type: none"> • There are simple steps mothers should take to care for their breasts to minimize the development of common breastfeeding-related breast and nipple problems. 	<ul style="list-style-type: none"> • Discuss recommended breast care practices with mother such as: <ul style="list-style-type: none"> ○ Keep nipple dry between feedings. ○ Avoid using harsh soaps and detergents on nipples and areolae. ○ Do not use creams, ointments or oils on the nipples or areolae on a routine basis to heal sore nipples, abrasions or cracks.
<p><i>Recognize hunger and satiety cues and feed often and on demand</i></p> <ul style="list-style-type: none"> • Infants should breastfeed 8 to 12 times in 24 hours (or about every 1½ to 3 hours), usually 10 to 15 minutes per breast. • Signs of hunger: <ul style="list-style-type: none"> ✓ Rooting reflex ✓ Small fussing sounds ✓ Hand-to-mouth activity ✓ Smacking lips ✓ Pre-cry facial grimaces – (Crying is a late signal) • Signs of fullness: <ul style="list-style-type: none"> ✓ Coming off the breast ✓ Slows or stops suckling ✓ Hands relax ✓ Fall asleep • Frequent feeding helps build milk supply. • A newborn infant should not go longer than 2 to 3 hours during the day or 4 hours at night without feeding. 	<ul style="list-style-type: none"> • Discuss infant feeding patterns with mother. Although 1½ to 3 hours is the average breastfed infant feeding pattern, this pattern varies from infant to infant and day to day. • Discuss with mother that breast milk empties from the stomach faster than infant formula does. New mothers may compare their infants to formula-fed infants and misinterpret the normal frequency of breastfeeding to mean that they have insufficient milk. • Encourage mother to breastfeed often and on demand and avoid scheduling feedings. • Discuss the importance of recognizing feeding cues. Emphasize that crying is a late sign of hunger and can result in an infant who is difficult to calm and latch to the breast.

What Mothers Should Know	Counseling Points/Action Steps for WIC Staff
<p><i>Signs that infant is getting enough</i></p> <ul style="list-style-type: none"> • Breastfeeds frequently and is satisfied after each feeding • Plenty of wet and soiled diapers, with pale yellow or nearly colorless urine • Audible swallowing consistently while breastfeeding • Wakes to feed • Gains weight consistently <ul style="list-style-type: none"> ▪ By 2 weeks of age, infants should be at or above birth weight. ▪ AAP recommends that infants have a second follow-up visit with the pediatrician or other knowledgeable and experienced health care provider at 2 to 3 weeks of age to monitor weight gain. 	<ul style="list-style-type: none"> • Encourage mother to arrange a follow-up visit for her infant with her health care provider or WIC clinic (2 to 3 weeks of age). • An early weight check gives a new mother confidence in her ability to produce adequate milk. • Discuss infant’s weight gain with mother. • If there are concerns about an infant’s weight, encourage the mother to consult her health care provider. • Discuss elimination patterns. Stools of breastfed infants should be non-formed, yellowish and seedy in appearance, with no foul odor. Reassure mother that this is normal versus the firm brown stools typical of formula-fed infants.
<p><i>Supplemental feedings interfere with a mother’s milk supply and her breastfeeding success</i></p> <ul style="list-style-type: none"> • Supplemental feedings of water or infant formula are unnecessary as breast milk provides ideal nourishment for the infant. • Supplemental feedings, especially in the early days after birth, interfere with a mother’s milk supply (the amount of milk she produces). • The amount of milk a mother produces depends on the frequency and effectiveness of milk removal from the breast (“Supply and demand”). • Artificial nipples on bottles and pacifiers require different movements of the infant’s tongue, lips, and jaw that may make it difficult for the infant to go back to the mother’s nipple and breast. 	<ul style="list-style-type: none"> • Emphasize to mother that exclusive breastfeeding confers the greatest benefit for her infant and for herself. • Discuss with mother why supplemental feedings are unnecessary and how it interferes with the success of the breastfeeding relationship. • Advise mother that WIC does not routinely provide infant formula to partially breastfed infants less than one month of age to help the mother and infant get off to a good start with breastfeeding. • Discuss fears mother may have about her milk supply. She may perceive a decrease in her milk supply when the initial fullness of her breasts subsides or question her ability to produce enough milk to nourish her infant adequately. • If mother requests formula, troubleshoot the reason and ensure she receives support and referrals as appropriate to continue to breastfeed. • State agency policy should be followed regarding provision of formula in the first month postpartum.

POSTPARTUM (1 – 5 MONTHS)

What Mothers Should Know	Counseling Points/Action Steps for WIC Staff
<p><i>Breastfeeding is the optimal infant feeding method</i></p> <ul style="list-style-type: none"> • AAP recommends breastfeeding as the preferred feeding for all infants, including preterm infants. • Breastfeeding has various health, emotional, and economical benefits for a mother and her infant. • A mother’s breast milk has the perfect combination of nutrients needed for her infant’s growth and development. • Exclusive breastfeeding for the first 6 months of life confers the greatest benefit. 	<ul style="list-style-type: none"> • Discuss the various benefits of breastfeeding with mother for her infant as well as herself. • Discuss the advantages of breastfeeding versus feeding infant formula. • Determine mother’s plan for breastfeeding. Encourage mothers to continue the breastfeeding relationship at least through the first 12 months of age.
<p><i>Maternal nutrition supports breastfeeding</i></p> <ul style="list-style-type: none"> • Breastfeeding mothers need to maintain a balanced diet; however, her milk will provide all the nutrients her infant needs if her diet is not perfect. 	<ul style="list-style-type: none"> • Discuss recommendations for healthy eating with mother. Refer to MyPyramid Plan in Action: Tips for Breastfeeding Moms at http://www.nal.usda.gov/wicworks/Topics/BreastfeedingFactSheet.pdf • Emphasize that the additional foods provided in WIC food packages for breastfeeding mothers supplement their special nutritional needs. • Advise mothers that breastfeeding women who do not accept formula from WIC receive the largest quantity and variety of foods.
<p><i>Appetite/Growth Spurts</i></p> <ul style="list-style-type: none"> • Appetite or growth spurts are short periods of time when the infant breastfeed more frequently than normal. Usually occurs around 3 and 6 months of age; however, the time period an infant goes through an appetite spurt may vary. 	<ul style="list-style-type: none"> • Reassure mother about her milk supply. A mother may feel that she has an insufficient milk supply, but during these periods of frequent feeding the infant is signaling the mother’s body to produce more milk to meet his growing needs. • Encourage the mother to keep the infant at the breast as often as the infant demands to feed during this period. • Assure mother that her milk supply will quickly increase with her infant’s demand and soon her infant’s feeding routine will return to normal. • Praise mother for her breastfeeding efforts and encourage her to continue breastfeeding her infant. • If a mother expresses concern that an appetite spurt lasts longer than a few days, refer her to a lactation professional or her health care provider.

What Mothers Should Know	Counseling Points/Action Steps for WIC Staff
<p><i>Recognize hunger and satiety cues and feed often and on demand</i></p> <ul style="list-style-type: none"> • Infants should breastfeed 8 to 12 times in 24 hours (or about every 1½ to 3 hours), usually 10 to 15 minutes per breast. • Signs of hunger: <ul style="list-style-type: none"> ✓ Rooting reflex ✓ Small fussing sounds ✓ Hand-to-mouth activity ✓ Smacking lips ✓ Pre-cry facial grimaces – (Crying is a late signal) • Signs of fullness: <ul style="list-style-type: none"> ✓ Coming off the breast ✓ Slows or stops suckling ✓ Hands relax ✓ Fall asleep 	<ul style="list-style-type: none"> • Discuss infant feeding patterns with mother. Although 1½ to 3 hours is the average breastfed infant feeding pattern, this pattern varies from infant to infant and day to day. • Discuss with mother that breast milk empties from the stomach faster than infant formula does. New mothers may compare their infants to formula-fed infants and misinterpret the normal frequency of breastfeeding to mean that they have insufficient milk. • Encourage mother to breastfeed often and on demand and avoid scheduling feedings. • Discuss the importance of recognizing feeding cues.
<p><i>Teething</i></p> <ul style="list-style-type: none"> • It is not necessary to wean an infant from the breast when an infant’s teeth began to erupt. • Mother can soothe the infant and make breastfeeding more comfortable. 	<ul style="list-style-type: none"> • Provide anticipatory guidance to mother about teething and discourage early weaning. • Discuss the importance of oral health for all infants, including breastfed infants. Advise mother to cleanse infant’s gums and teeth after feedings.

What Mothers Should Know	Counseling Points/Action Steps for WIC Staff
<p><i>Breastfeeding can continue when returning back to work or school</i></p> <ul style="list-style-type: none"> • Many mothers need or want to return to work or school outside their home shortly after their infant’s birth. • Mothers who are temporarily separated from their infants can continue to breastfeed successfully. 	<ul style="list-style-type: none"> • Discuss strategies mother can use which may improve her ability to continue breastfeeding when she returns to work or school and must be separated from her infant such as: <ul style="list-style-type: none"> ○ Breastfeed the infant when home and express breast milk by hand or by using a breast pump. ○ Make arrangements for safely storing expressed breast milk while away from home. ○ Choose a babysitter or day care center that is supportive of breastfeeding. ○ Introduce infant to drinking from a bottle and to being fed by someone else. ○ Breastfeed regularly on weekends and evenings. • State agency policy should be followed regarding appropriate protocols for providing breast pumps.
<p><i>Supplemental feedings interfere with a mother’s milk supply and her breastfeeding success</i></p> <ul style="list-style-type: none"> • Supplemental feedings of water or infant formula are unnecessary as breast milk provides ideal nourishment for the infant. • Supplemental feedings, especially in the early days after birth, interfere with a mother’s milk supply (the amount of milk she produces). • The amount of milk a mother produces depends on the frequency and effectiveness of milk removal from the breast (“supply and demand”). 	<ul style="list-style-type: none"> • Emphasize to mother that exclusive breastfeeding confers the greatest benefit for her infant and for herself. • Discuss with mother why supplemental feedings are unnecessary and how it interferes with the success of the breastfeeding relationship. • Discuss fears mother may have about her milk supply. She may perceive a decrease in her milk supply when the initial fullness of her breasts subside or question her ability to produce enough milk to nourish her infant adequately. • If mother requests formula, troubleshoot the reason and ensure she receives support and referrals as appropriate to continue to breastfeed. • If careful breastfeeding assessment indicates some formula is indicated, encourage mother to work with her WIC counselor so she can provide as much breast milk as possible to her infant. • Tailor the amount of infant formula based on the assessed needs of the infant. • Provide the minimal amount of formula that meets but does not exceed the infant’s nutritional needs. • Convey to mother it is possible to resume exclusive breastfeeding after using supplemental formula.

What Mothers Should Know	Counseling Points/Action Steps for WIC Staff
<p><i>Introducing solids/complementary foods</i></p> <ul style="list-style-type: none"> • Complementary foods should not be introduced to infants before they are developmentally ready for them; this readiness occurs in most infants between 4 and 6 months of age. • Infants fed complementary food before they are developmentally ready for them may: <ul style="list-style-type: none"> ○ Choke on the food ○ Consume less than the appropriate amount of breast milk ○ Develop food allergies. • Developmental signs an infant is ready to consume complementary foods include: <ul style="list-style-type: none"> ○ Sits up, alone or with support ○ Holds his head steady and straight ○ Opens his mouth when he sees food coming ○ Keeps food in his mouth and swallows it rather than pushing it back out. 	<ul style="list-style-type: none"> • Discuss introducing complementary foods with mother. • Discuss with mother the developmental signs indicating an infant’s readiness for complementary foods. • Discuss reasons mother should not introduce complementary foods to her infant before he is developmentally ready for them. • Discuss the importance of oral health for all infants, including breastfed infants. Advise mother to cleanse infant’s gums and teeth after feedings.

POSTPARTUM (6 - 12 MONTHS)

What Mothers Should Know	Counseling Points/Action Steps for WIC Staff
<p><i>Breastfeeding is the optimal infant feeding method</i></p> <ul style="list-style-type: none"> • AAP recommends breastfeeding as the preferred feeding for all infants. • Breastfeeding has various health, emotional, and economical benefits for a mother and her infant. • A mother’s breast milk has the perfect combination of nutrients needed for her infant’s growth and development. 	<ul style="list-style-type: none"> • Discuss the various benefits of breastfeeding with mother for her infant as well as herself. • Discuss the advantages of breastfeeding versus feeding infant formula. • Encourage mother to continue the breastfeeding relationship at least through the first 12 months of age.
<p><i>Breastfeeding can continue when returning back to work or school</i></p> <ul style="list-style-type: none"> • Many mothers need or want to return to work or school outside their home shortly after their infant’s birth. • Mothers who are temporarily separated from their infants can continue to breastfeed successfully. 	<ul style="list-style-type: none"> • Discuss strategies mother can use which may improve her ability to continue breastfeeding when she returns to work or school and must be separated from her infant such as: <ul style="list-style-type: none"> ○ Breastfeed the infant when home and express breast milk by hand or by using a breast pump. ○ Make arrangements for safely storing expressed breast milk while away from home. ○ Choose a babysitter or day care center that is supportive of breastfeeding. ○ Introduce infant to drinking from a bottle and to being fed by someone else. ○ Breastfeed regularly on weekends and evenings. • State agency policy should be followed regarding appropriate protocols for providing breast pumps.

What Mothers Should Know	Counseling Points/Action Steps for WIC Staff
<p><i>Maternal nutrition supports breastfeeding</i></p> <ul style="list-style-type: none"> • Breastfeeding mothers need to maintain a balanced diet; however, her milk will provide all the nutrients her infant needs if her diet is not perfect. 	<ul style="list-style-type: none"> • Discuss recommendations for healthy eating with mother. Refer to MyPyramid in Action: tips for Breastfeeding Moms at http://www.nal.usda.gov/wicworks/Topics/BreastfeedingFactSheet.pdf • Emphasize that the additional foods provided in WIC food packages for breastfeeding mothers supplement their special nutritional needs. • Advise mother that breastfeeding women who do not accept formula from WIC receive the largest quantity and variety of foods.
<p><i>Recognize hunger and satiety cues and feed often and on demand</i></p> <ul style="list-style-type: none"> • As an infant grows older, they breastfeed more efficiently, and the frequency and duration of feedings may decrease. 	<ul style="list-style-type: none"> • Discuss infant feeding patterns with mother. • Encourage mother to breastfeed often and on demand and avoid scheduling feedings. • Discuss the importance of recognizing feeding cues.
<p><i>Introducing solids/complementary foods</i></p> <ul style="list-style-type: none"> • Developmental signs an infant is ready to consume complementary foods include: <ul style="list-style-type: none"> ○ Sits up, alone or with support ○ Holds his head steady and straight ○ Opens his mouth when he sees food coming ○ Keeps food in his mouth and swallows it rather than pushing it back out • When introducing infants to complementary foods, caregivers should follow these guidelines: <ul style="list-style-type: none"> ○ Introduce one “single-ingredient” new food at a time. ○ Allow at least 3-5 days between introducing each new food ○ Introduce a small amount (e.g., about 1 to 2 teaspoons) of a new food at first ○ Observe the infant closely for adverse reactions. 	<ul style="list-style-type: none"> • Discuss introducing complementary foods with mother. • Discuss with mother the developmental signs indicating an infant’s readiness for complementary foods. • Discuss the importance of oral health for all infants, including breastfed infants. Advise mother to cleanse the gums and teeth after feedings. • Recommend that mother continue gradually introducing of a greater variety of complementary foods. • Advise mother that WIC provides infant cereal and infant (baby) food fruits and vegetables to infants at 6 months of age. Fully breastfed infants receive the greatest quantity and variety of infant fruits and vegetables. • Advise mother that in addition to infant (baby) food fruits and vegetables, fully breastfed infants also receive infant (baby) food meats at 6 months of age. Infant (baby) food meats provide iron and zinc, essential nutrients for all healthy infants, and are special nutrients of concern for exclusively breastfed infants.

What Mothers Should Know	Counseling Points/Action Steps for WIC Staff
<p><i>Appetite/Growth Spurts and Adequate milk supply</i></p> <ul style="list-style-type: none"> • Appetite or growth spurts are short periods of time when the infant breastfeed more frequently than normal. • Usually occurs around 6 months of age; however, the time period an infant goes through an appetite spurt may vary. 	<ul style="list-style-type: none"> • Reassure mother about their milk supply. A mother may feel that she has an insufficient milk supply, but during these periods of frequent feeding the infant is signaling the mother’s body to produce more milk to meet his growing needs. • Encourage the mother to keep the infant at the breast as often as the infant demands to feed during this period. • Assure mother that her milk supply will quickly increase with her infant’s demand and soon her infant’s feeding routine will return to normal. • Praise mother for her breastfeeding efforts and encourage her to continue breastfeeding her infant. • If a mother expresses concern that an appetite spurt lasts longer than a few days, refer her to a lactation professional or her health care provider.
<p><i>Weaning</i></p> <ul style="list-style-type: none"> • The AAP recommends that breastfeeding be continued through at least through the first 12 months of age and for as long after as is mutually desired by the mother and child. • The weaning process begins in part when complementary foods are introduced and the infant begins breastfeeding less frequently. 	<ul style="list-style-type: none"> • If a mother is beginning to wean, she should be encouraged to do so slowly. A mother can partially wean by continuing to breastfeed several times during the day. • Infants less than one year of age who are no longer breastfeeding need to receive iron-fortified infant formula.

References:

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