

## Trainer Addition

Nevada WIC Training

# Breastfeeding eLearning Guidebook



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## What Will You Learn?

After completing the Breastfeeding e-learning course and guidebook, the trainee will be able to:

- Understand the trainee's role in breastfeeding promotion and support
- Recognize and understand important steps in good latch and positioning
- Explain ways healthy mothers can ensure they make enough milk
- Understand the scope of practice for providing breastfeeding education to WIC participants
- Explain the types of services your community and local agency provide to breastfeeding women

**TRAINER'S NOTE:** It is recommended for the trainer to review the objectives above with the trainee.

## Items Needed for This Course

- Pen or pencil
- Book: Breastfeeding: *Keep It Simple* by Amy Spangler
- Local Agency Referral List

## Recommended Time

- Approximate time it takes to complete the Breastfeeding e-learning course: 2-4 hours
- Approximate time it takes to complete the face-to-face activities and discussion: 2-3 hours

## Things to Remember

- The guidebook is yours to keep.
- You are encouraged to take notes, highlight, or write in the guidebook.
- As your trainer chooses, you may work in a group or as an individual.
- You are encouraged to ask your trainer(s) for help, ask questions about the information in the Breastfeeding course, or ask any questions about additional topics related to breastfeeding.

**TRAINER'S NOTE:** As the trainer, you are assessing the trainee's understanding of breastfeeding objectives for each module. The guidebook training activities are intended to help you assess both the trainee's ability to apply basic knowledge and assess their critical thinking skills.

Participation in the face-to-face activities and discussions by the trainee is required in order for you to thoroughly assess their skills and level of competence.

## Breastfeeding: LMS Course

### Trainee's Steps:

Begin the Breastfeeding e-learning course. Please complete the steps in the following order:

- Log onto <https://nvwic.instructure.com/login/canvas>
- Open the New Employee Training: Stage 1.
- Select the Breastfeeding Training Course
- Complete Breastfeeding Guidebook Activities, either individually, with other trainee(s), or with your trainer.
- Meet with your trainer to discuss each module and the activities.

### Trainer's Steps:

- At the trainer's discretion, trainee(s) may work in groups or as individuals.
- Once finished, the trainee(s) shall meet with the trainer to review the answers to the activities. Please answer all questions the trainee(s) may have and clarify any incorrect answers.
- Verify that the trainee(s) understand(s) the information, including breastfeeding resources available on the Local Agency Referral List.
- "Possible responses" provided throughout the guidebook are suggested responses and are often not the only answer(s).

**TRAINER'S NOTE: If training more than one person at a time, be prepared for trainees to finish the coursework at different times. In order to have the trainees review the face-to-face portions together, prepare a list of things the trainees who finish first can do during downtime (e.g., ask the trainer questions for more clarification, check email, clinic observation, etc.).**

## Module 1: Introduction to Breastfeeding

**TRAINER'S NOTE:** Allow the trainee time to read through the activity and answer the questions. Discuss the questions together to check for understanding and consider other appropriate responses.

### Activity 1 – Breastfeeding

#### OBJECTIVES:

1. Trainee gives examples of reliable sources of information about breastfeeding.
2. Trainee identifies health benefits of breastfeeding for mother and baby.
3. Trainee describes differences between breastmilk and formula.
4. Trainee gives examples of common breastfeeding concerns shared by women.
5. Trainee can follow steps for shared decision making.
6. Trainee offers accurate information and appropriate referrals for questions about medications and breastfeeding.
7. Trainee identifies uncommon situations when mothers should NOT breastfeed.

With the trainer, discuss your role in breastfeeding promotion and support, then complete the following questions.

1. List at least five health benefits for the breastfeeding mother. **(LMS course slide 1.5)**

#### Possible responses:

- Reduces mother's risk of diabetes
- Reduces mother's risk of breast cancer, ovarian cancer, and endometrial cancer
- Reduces mother's risk of postpartum depression
- Breastfeeding mothers are less likely to retain weight gained during pregnancy
- Quicker recovery after childbirth
- Less risk of blood loss after birth
- Slower return to fertility
- Improved bone density after menopause

2. List at least five health benefits for the breastfed infant. **(LMS course slide 1.4)**

#### Possible responses:

- Reduces risk of ear infections
- Reduces risk of bacterial infections needing hospitalization
- Reduces risk of diarrhea
- Reduces risk of childhood obesity
- Reduces risk of type 1 diabetes
- Reduces risk of allergies and asthma

3. Describe some of the differences between breastmilk and formula. (LMS course slide 1.6)

**Possible responses:**

- Breastmilk has antibodies that keep baby healthy; formula does not.
- Breastmilk helps the digestive tract develop properly so that infants are less likely to develop allergies and are better prepared for solid foods; formula does not.
- Formula is a processed product made out cow's milk or soybean protein.

4. What are examples of reliable sources of information about breastfeeding? (LMS course slides 1.3, 1.7, 1.12)

**Possible responses:**

1. Sources of authority: World Health Organization (WHO), American Academy of Pediatrics (AAP), Centers for Disease Control and Prevention (CDC) (LMS slide 1.6)
2. WIC policy references: BF:2
3. Book references: *Breastfeeding: Keep It Simple* by Amy Spangler; *Medications and Mothers' Milk* by Thomas Hale

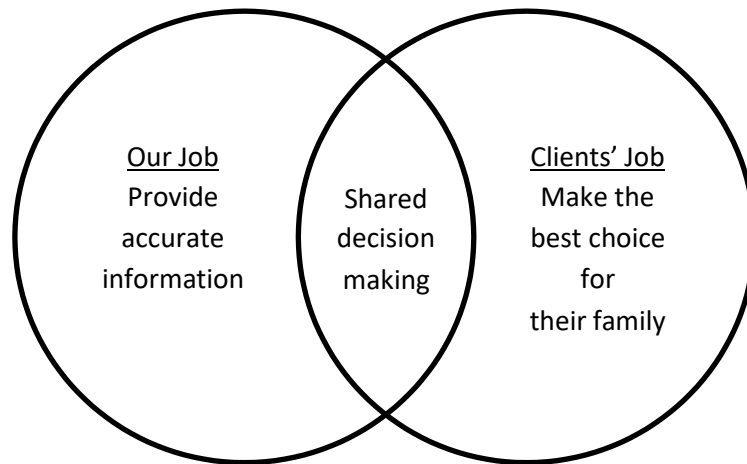
**Activity 2 – Common Breastfeeding Concerns**

Describe some common concerns mothers may have about breastfeeding both during pregnancy (before breastfeeding) and immediately postpartum (while breastfeeding). (LMS course slides 1.7, 1.10, 1.11, 1.12; *Breastfeeding: Keep It Simple* book)

Common Concerns Before Breastfeeding	Common Concerns While Breastfeeding
<p><b>Possible responses:</b></p> <ul style="list-style-type: none"> <li>• Won't be able to breastfeed</li> <li>• Breastfeeding is hard</li> <li>• Won't have enough milk</li> <li>• Breastfeeding will hurt</li> <li>• Breastfeeding will change their body</li> <li>• Breastfeeding takes too much time or is stressful</li> <li>• Breastfeeding is embarrassing in public</li> <li>• Breastfeeding can't continue after going back to work</li> <li>• Heard "no one in our family has enough milk"</li> <li>• Had a bad experience with breastfeeding in the past</li> <li>• Experienced abuse or trauma that affects how they feel about their body or their feelings about breastfeeding</li> </ul>	<p><b>Possible responses:</b></p> <ul style="list-style-type: none"> <li>• Don't have enough milk</li> <li>• Baby can't learn to feed</li> <li>• Baby doesn't like breastfeeding</li> <li>• Baby prefers formula</li> <li>• Can't get over early feeding challenges</li> <li>• Too tired or stressed to keep trying</li> <li>• Can't return to work if they are breastfeeding</li> <li>• Partners or family members want them to stop</li> <li>• Health care providers want them to stop</li> <li>• Concerned about taking their medications while breastfeeding</li> </ul>

### Activity 3 – Shared Decision Making

Our job is to provide accurate information to families so they can make informed decisions. The clients' job is to make the choices that are best for their families. This relationship is referred to as shared decision making.



Answer the following questions based on what you learned about the shared decision-making process.

1. What are the four rules for shared decision making? (LMS course slide 1.8)

**Possible responses:**

- Ask for permission to offer information or support
- Ask open-ended questions
- Make sure client has time and space to make the decision
- Provide needed follow up and support

2. How would you interact with a mother who has questions about a medication and breastfeeding? (LMS course slide 1.12)

**Possible responses:**

- Let her know that most medications are safe for mother and baby
- Encourage her to discuss with her provider how the medication impacts breastfeeding
- Offer her information from references found in the WIC clinic, such as *Medications and Mothers' Milk* by Thomas Hale
- Refer mom to a lactation specialist, ideally that day
- Refer mom to her healthcare provider



3. The majority of women can breastfeed. Name at least five of the uncommon situations in which a mom should not be breastfeeding. **(LMS course slide 1.13)**

**Possible responses:**

- **Mother is using illegal drugs**
- **Mother is taking medications or having treatment that is harmful to the infant, such as chemotherapy**
- **Mother has HIV**
- **Infant has galactosemia**
- **Mother has T-cell leukemia virus type 1 (HTLV-1)**
- **Mother has active tuberculosis**

## Module 2: Services Available to Breastfeeding Women

### Activity 1 – Services Available to Breastfeeding Women

#### OBJECTIVES:

1. Trainee can offer a variety of different breastfeeding services based on participant needs.
2. Trainee can refer breastfeeding mothers to local community breastfeeding services.
3. Trainee identifies and explains the purpose of specific breastfeeding supplies that their agency offers.
4. Trainee can describe the role of the Breastfeeding Peer Counselor Program in their agency, if applicable.

The WIC Program offers a variety of community services and supplies to breastfeeding mothers. Answer the following questions about breastfeeding services and supplies offered by your Local Agency.

1. What are some of the breastfeeding services offered by WIC to breastfeeding mothers?  
(LMS course slides 2.2, 2.3, 2.4)

#### Possible responses:

- Support
  - Prenatal and postnatal education
  - Help with positioning and latch
  - Medication questions
  - Breastfeeding supplies such as breast pumps
2. Discuss with your trainer which community breastfeeding services are available to WIC participants in your area and how to refer to these services when appropriate. Review your Local Agency Referral List together to designate breastfeeding resources. (LMS course slide 2.5)

#### Possible responses:

- La Leche League
- Hospital support groups
- Community counseling services
- Additional answers will vary based on community

3. What are some of the breastfeeding supplies offered by your agency to breastfeeding mothers?

**Possible responses: (agency-specific examples)**

- **Breast pumps**
  - **Breast pump kits**
  - **Breast milk storage bags**
  - **Breast pads**
  - **Breastfeeding handouts**
  - **Breastfeeding magnets**
  - ***Breastfeeding: Keep it Simple* books**
4. Some, but not all, agencies have a Breastfeeding Peer Counselor Program; describe the role of a breastfeeding peer counselor. (LMS course slide 2.4)

**Possible responses:**

- **Breastfeeding peer counselors help mothers prevent and manage common problems, offer basic advice and help mothers see practical strategies for fitting breastfeeding into their lives. A peer counselor takes the time to build a relationship with a mother, serves as a breastfeeding role model, and provides frequent, flexible contact that meets a mom where she is at.**

## Module 3: Introduction, Getting Started

### Activity 1 – Introduction, Getting Started

#### OBJECTIVES:

1. Trainee identifies changes during pregnancy that prepare a mother's body to initiate breastfeeding.
2. Trainee can share factors that support the successful initiation of breastfeeding in the hospital and improve the transition to breastfeeding at home.
3. Trainee can share characteristics of effective latching and body position to support successful feeding and improve mom's comfort.
4. Trainee offers accurate information about the safe storage of breastmilk. Trainee identifies infant cues such as feeding cues, engagement cues, and disengagement cues.

Offering anticipatory guidance, along with helpful latching and positioning techniques, can help moms get breastfeeding off to a good start. Complete the following questions.

1. Recognizing and understanding how the breasts change during pregnancy can encourage a mother to breastfeed. Many changes occur; please describe three. **(LMS course slide 3.2)**

#### Possible responses:

- **Answers will vary, see Normal Breast Changes in Pregnancy handout from e-learning course for details**

2. How babies are fed in the hospital strongly influences how they are fed after they get home. Babies who are breastfed at the hospital and do not receive formula are more likely to continue to be breastfed at home. What are the three main reasons why a mother may unnecessarily supplement her baby with formula at the hospital? **(LMS course slide 3.6)**

#### Possible responses:

- **Babies cry more on day 2 than on day 1, making moms think their babies are still hungry. Moms may not know that waking up and fussiness are ways babies communicate they are ready to start feeding.**
- **Moms don't feel changes in their breasts, signaling milk is coming in, making them think they won't or can't make milk for their babies. They don't know it is normal for babies to only consume small quantities of colostrum for the first few days.**
- **Their babies don't latch and feed well on the first day. They don't know that it typically takes a few days to learn how to latch consistently.**

3. There are different ways to get a comfortable latch. No matter which position moms use to latch their newborns, there are a few things that all comfortable and effective latching and positioning have in common. Complete the checklist below with these common characteristics of successful latching. **(LMS course slides 3.7, 3.8, 3.9)**

**Checklist for Latching**

**Possible responses:**

- ✓ **Baby's body is facing the mother's chest**
- ✓ **Neck slightly extended (head tipped up)**
- ✓ **Wide open mouth**
- ✓ **Lower jaw far below nipple**
- ✓ **Chin pressed into breast more than nose**

## Activity 2 – Breastmilk Storage Guidelines

- Not all breastfeeding mothers need a breast pump. However, in certain situations, early pumping will help mothers build up their milk supply if they are separated from their babies or their babies are sick. WIC provides tips for mothers using breast pumps, including information on safely storing breastmilk.

Complete the table below on milk storage guidelines. (LMS course slide 3.10, follow link to view PDF)

<b>Human Milk Storage Guidelines for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC)</b>				
	<b>Countertop or table</b>	<b>Refrigerator</b>	<b>Freezer with separate door</b>	<b>Deep Freezer</b>
<b>Storage Temperatures*</b>	Up to 77°F (25°C)	At or below 40°F (4°C)	0°F (-18°C)	At or below -4°F (-20°C)
<b>Freshly Pumped / Expressed Human Milk</b>	Up to 4 hours	Up to 4 days	Up to 6 months	Up to 12 months
<b>Thawed Human Milk</b>	1-2 hours	Up to 1 day (24 hours)	Never re-freeze thawed human milk	Never re-freeze thawed human milk

\* Storage times and temperatures may vary for premature or sick babies. Check with your health care provider.

**These guidelines are for healthy full term babies<sup>1</sup>**

*Guidelines are for home use only and not for hospital use.*

### Activity 3 – Infant Feeding Cues

Cues are how babies interact and communicate with their parents and caretakers. Complete the following questions and table regarding infant cues.

1. FEEDING CUES – Feeding cues are signs a baby gives to tell his mother he is getting hungry. The best time to breastfeed is at the first sign of early feeding cues. A baby will often use several feeding cues, or clustered feeding cues, to show they are hungry. Describe five examples of feeding cues a new mom should look for. **(LMS course slide 3.13)**

**Possible responses:**

1. Makes licking, smacking or sucking movements with his mouth
2. Brings hands up to his face
3. Sucks on his hands
4. Makes cooing or sighing sounds
5. Roots (opens mouth wide, turns head in search of breast)

2. OTHER CUES – Babies use cues to tell their parents more than just when they are hungry and full. Babies use “I want to be near you” cues when they are ready to learn, feed, or play. Babies use “I need something to be different” cues because they are overstimulated, tired, uncomfortable, or in pain. Complete the table below by describing some of these other infant cues. **(LMS course slide 3.14)**

Engagement Cues or “I Want to Be Near You” Cues	Disengagement Cues or “I Need Something to be Different” Cues
<p><b><u>Possible responses:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Obvious</b> <ul style="list-style-type: none"> <li>○ Looking intently at face</li> <li>○ Rooting</li> <li>○ Feeding sounds</li> <li>○ Smiling</li> <li>○ Smooth body movements</li> </ul> </li> <li>• <b>Subtle</b> <ul style="list-style-type: none"> <li>○ Eyes open</li> <li>○ Face relaxed</li> <li>○ Feeding posture</li> <li>○ Raising head</li> <li>○ Following voice and face</li> </ul> </li> </ul>	<p><b><u>Possible responses:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Obvious</b> <ul style="list-style-type: none"> <li>○ Turns away</li> <li>○ Pushes, arches away</li> <li>○ Crying</li> <li>○ Choking, coughing</li> <li>○ Extending fingers, stiff hand</li> <li>○ Falling asleep</li> </ul> </li> <li>• <b>Subtle</b> <ul style="list-style-type: none"> <li>○ Looks away</li> <li>○ Faster breathing</li> <li>○ Yawning</li> <li>○ Hand to ear</li> <li>○ Grimace</li> <li>○ Glazed look</li> </ul> </li> </ul>

3. Moms worry when their babies cry, and it is important to remember that hunger is not the only reason babies cry. Parents can figure out what is causing the problem by looking at the baby's cues and what is happening around the baby.

What are some reasons that babies cry or seem fussy? **(LMS course slide 3.15)**

**Possible responses:**

- **Overstimulated, specifically in the evening, by the many changes going on around them**
- **Wet/dirty diaper**
- **Baby too hot or too cold**
- **Baby wants to be held**
- **The room is too bright**
- **The room is too noisy**

**TRAINER'S NOTE:** There are other reasons that babies may cry that are not listed in the course. This includes illness or teething.



**Activity 4 – Breastfeeding True or False**

Determine if the following statements are true or false. If the statement is false, change the statement to make it true. (LMS course slides 3.24, 3.25, 3.26, *Breastfeeding: Keep It Simple* book)

1. **T** or **F** Babies generally nurse 8-12 times in 24 hours. **True**
2. **T** or **F** It is best to feed a baby based on a set feeding schedule. **False, it is best to feed a baby on demand, when they are hungry, upon seeing feeding cues.**
3. **T** or **F** It is common for newborns to take two to three days to learn how to latch effectively. **True**
4. **T** or **F** A baby who is fussy, frowning or arching their back doesn't want to breastfeed. **False, newborns take two to three days to learn how to breastfeed. They may show these cues when learning, which can be confusing for mom. Practice and support are really important for mom during this time.**
5. **T** or **F** Cluster feeding is a normal newborn behavior when a baby eats more frequently than usual for a few hours. **True**
6. **T** or **F** After a baby is born, a mother's milk supply will rapidly increase immediately. **False, newborns only need small amounts of colostrum at first; after a few days, the mother's milk supply will increase.**
7. **T** or **F** For a mother's body to make more milk, a baby needs to feed well and often. **True**
8. **T** or **F** To make enough milk, a mom should begin pumping within the first six hours after birth. **False, a mom should only begin pumping within six hours after birth if she and her baby are separated at birth or her baby is unable to latch.**
9. **T** or **F** A mom can tell that her baby is getting enough breastmilk if her baby is happy and satisfied after a feeding, is gaining enough weight, and having enough dirty diapers. **True**
10. **T** or **F** Breastmilk is basically the same, no matter what mothers eat, so a mother's diet does not need to be perfect to produce breastmilk. **True**
11. **T** or **F** The AAP and WIC recommend a supplement of 400 IU Vitamin D a day for breastfed infants. **True**
12. **T** or **F** Moms should never drink caffeine if they are breastfeeding. **False, moderate intake of caffeine is generally tolerated by babies and mothers can use their baby's behavior as a guide for how much they can consume.**
13. **T** or **F** If a mother smokes cigarettes, she should stop breastfeeding. **False, most providers encourage mothers who smoke to breastfeed to ensure babies get important nutrients and protective factors from breastmilk. Mothers should not smoke while feeding their infant.**

## Module 4: Open-Ended Questions

### Activity 1 – Open-Ended Questions

#### OBJECTIVES:

1. Trainee asks open-ended questions that lead to understanding common breastfeeding problems and concerns.
2. Trainee explains the impact of common breastfeeding problems on breastfeeding.
3. Trainee offers appropriate support and referrals for common breastfeeding problems.

1. A breastfeeding mom tells you that she doesn't think she is making enough milk for her baby. What are some open-ended questions you can ask her to help you better understand what is happening? (LMS course slides 4.4, 4.5)

#### Possible responses:

- How is breastfeeding going?
- What makes you feel like you aren't making enough?
- You say you don't think you have enough milk; tell me more about that?
- How does baby act after a feeding?
- Tell me about a typical day with your baby.
- How do your breasts feel before and after the feeding?
- What has your doctor said about your baby's weight gain?
- Additional answers will vary.

### Activity 2 – Referrals and Support for Breastfeeding Problems

Some mothers will have trouble getting breastfeeding started in the first two weeks. There may be feeding difficulties that indicate the need for further assessment and support. A mother with breastfeeding issues should be referred to a lactation specialist and her health care provider. Complete the table below by defining, in your own words, what the breastfeeding complication is and key words to listen to during the breastfeeding assessment. Remember, mothers with breastfeeding problems listed below should be referred to a lactation specialist and her health care provider.

(LMS course slides 4.6-4.14)

Breastfeeding problem	What is it? How can it impact breastfeeding? What would you share with a mom before referring?
<b>Engorgement</b>	<p><u>Possible responses:</u></p> <ul style="list-style-type: none"> <li>- Overly full breasts, painful, tight, hot, swollen, heavy</li> <li>- Prevent engorgement by emptying breast more often</li> <li>- Baby might not be able to latch on to engorged breast</li> <li>- Explain importance of breastfeeding 8-12 times in 24 hours</li> </ul>
<b>Sore Nipples</b>	<p><u>Possible responses:</u></p> <ul style="list-style-type: none"> <li>- Normal discomfort is minor, brief, and lessens with time</li> <li>- Sore nipples are severe, pain continues through feeding, nipple injury</li> <li>- Review latch and position</li> <li>- Feed often and keep breasts empty</li> </ul>
<b>Sleepy Baby</b>	<p><u>Possible responses:</u></p> <ul style="list-style-type: none"> <li>- Too much sleep is not normal</li> <li>- Baby does not wake to feed 8-12x in 24 hours, falls asleep at breast after a few sucks, sleeps more than 3-4 hours at a time</li> <li>- Wake baby to feed every 3 hours, check positioning</li> <li>- Undress baby, change diaper, stimulate baby with touch, talking, movement, skin to skin, wake to feed</li> </ul>
<b>Overactive Letdown</b>	<p><u>Possible responses:</u></p> <ul style="list-style-type: none"> <li>- Extremely strong milk surge from the breast</li> <li>- Baby chokes, coughs, has trouble, can cause pain for mom if baby changes positions</li> <li>- Hand express until first letdown subsides, take baby off the breast, upright feeding position, nurse more frequently</li> </ul>
<b>Jaundice</b>	<p><u>Possible responses:</u></p> <ul style="list-style-type: none"> <li>- Occurs when extra red blood cells break down</li> <li>- Yellow looking skin and eyes, sleepy baby, loss of appetite</li> <li>- Continue breastfeeding, evaluate latch, feed as often as possible</li> </ul>
<b>Prematurity</b>	<p><u>Possible responses:</u></p> <ul style="list-style-type: none"> <li>- Born at or before 37 weeks</li> <li>- Refer to dietitian and lactation specialist</li> <li>- Breastmilk is perfect food for preterm infant</li> <li>- May have additional complications</li> </ul>

**TRAINER'S NOTE:** While reviewing this activity with staff, it is important to keep staff scope of practice in mind. This table is intended for staff to list key words to listen for to refer mom if she is experiencing these breastfeeding problems. Review the table with staff and allow them to explore open-ended questions to check for understanding.