

Mother's Milk: Welcoming and Supporting Breastfeeding in Your Program

Reasons to Breastfeed

As you work with families to promote their children's health and development, the research is clear: Breastfeeding offers children a true head start! As families consider their options around feeding their babies, talk with them about the following benefits, documented in the research.

Adapted from Office of Women's Health (October, 2005), *Benefits of Breastfeeding*,
<http://www.4woman.gov/breastfeeding/index.cfm?page=227>

It's good for the baby!

- Breast milk is the most complete form of nutrition for infants. A mother's milk has just the right amount of fat, sugar, water, and protein that is needed for a baby's growth and development. Most babies find it easier to digest breast milk than they do formula.
- As a result, breastfed infants grow exactly the way they should. They tend to gain less unnecessary weight and to be leaner.
- Breast milk has agents (called antibodies) in it to help protect infants from bacteria and viruses. Breast milk keeps babies healthier. Babies who are not breastfed are sick more often and have more doctor's visits. Studies show that babies who are not exclusively breastfed for six months are at greater risk for a range of infectious diseases, including ear infections, diarrhea, and respiratory illnesses, and have more hospitalizations.

It's good for the mother!

- Nursing uses up extra calories, making it easier to lose the pounds of pregnancy. It also helps the uterus to get back to its original size and lessens any bleeding a woman may have after giving birth.
- Breastfeeding, especially exclusive breastfeeding (no supplementing with formula), delays the return of normal ovulation and menstrual cycles. (However, parents should still talk with your doctor or nurse about birth control choices.)
- Breastfeeding lowers the risk of breast and ovarian cancers, and possibly the risk of hip fractures and osteoporosis after menopause.
- Breastfeeding makes a family's life easier. It saves time and money. Families do not have to purchase, measure, and mix formula. There are no bottles to warm in the middle of the night!

It's good for their relationship!

- A mother can give her baby immediate satisfaction by providing her breast milk when her baby is hungry.
- Breastfeeding requires a mother to take some quiet relaxed time for herself and her baby.

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- Breastfeeding can help a mother to bond with her baby. Physical contact is important to newborns and can help them feel more secure, warm and comforted.
- Breastfeeding mothers may have increased self-confidence and feelings of closeness and bonding with their infants.

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Addressing Common Barriers

There are many factors influencing a family's choice about breastfeeding. It is critical that staff take the time to really understand the issues confronting the families they serve. Problem-solving with families about how they might address each of those issues is an important part of offering support. The best strategies for families come out of discussions around their unique day-to-day circumstances and the resources available to them in their individual support networks, your program, and the community. However, there are many resources available to support you – and families! – as you work around these issues.

Research has found that the three most common barriers to breastfeeding cited by families are:

1. Busy schedules
2. Embarrassment
3. Lack of support from family, friends and community

The following resources offer information specific to these common challenges.

Loving Support Makes Breastfeeding Work, a campaign to promote breastfeeding from the Women, Infants and Children Program (WIC), offers beautiful materials that you can use to talk with families around each of these issues. They are available on-line in English and Spanish, and can be reprinted and used with families in your program without cost. To access those materials, go to

www.nal.usda.gov/wicworks/Learning_Center/support_materials.html

The Breastfeeding Coalition of Washington, a program of WithinReach, also offers some helpful resources, particularly around center-based care and a mother's return to work. For more information, go to:

www.withinreachwa.org/forprof/BCW/education_materials.htm

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Breastfeeding Symbol

The symbol below is in the public domain, and can be downloaded from http://www.mothers.com/sections/action_alerts/iconcontest/icon-downloads.html Use this symbol to designate your program as a place where breastfeeding is welcome and supported. Feel free to add text, as we did below.



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Sample Policy and Procedures Related to Breastfeeding Promotion and Support

Every program is guided by the **Head Start Program Performance Standards**, but your program's written policies document your plan and procedures for how those **Standards** are implemented in your community. While developing a policy around breastfeeding should not be the first step in developing a welcoming environment for breastfeeding, you may find it to be an important step to clarify your approach. The policy below is reprinted from the Columbia University Head Start and Early Head Start program. It is offered as an example, and should be adapted to the needs and resources of your community.

Title: **Breastfeeding Promotion and Support**

Policy: Grantee and delegate agencies must provide information on the benefits of breastfeeding to all pregnant and nursing mothers. For those who choose to breastfeed in center-based programs, arrangements must be provided as necessary.

Procedure: Head Start and Early Head Start

- 1) The Columbia University Head Start and Early Head Start Program recommend breastfeeding as the optimal method of infant feeding. All expectant mothers are encouraged to breastfeed, and new mothers are educated on the benefits of breastfeeding.
- 2) Refrigerator and freezer space is made available for labeled, pumped human milk as needed.
- 3) The Program Nutritionist will train the staff on the benefits of breastfeeding and techniques for handling and storage of human milk.
- 4) A positive breastfeeding attitude is conveyed by distribution of culturally appropriate materials, displaying breastfeeding posters, and providing breastfeeding classes for pregnant women.
- 5) A space has been designated for mothers who want to breastfeed their infants in private.
- 6) Nutritious snacks and fluids are made available to breastfeeding mothers.

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Opening the Discussion on Feeding

Staff in Head Start programs build the kinds of relationships with families that make a difference in breastfeeding support and education. It is critical that staff talk with each family to hear their understanding of breastfeeding and any feelings associated with it. Staff members may worry that they might make a parent feel guilty or ashamed if they offer the facts about breastfeeding. The truth is, families make the best choices they can for their babies. In conversations, recognize the demands on families, give them the latest information on breastfeeding, and problem-solve with them to identify strategies they can use to make the healthiest choices that they can for their children. Remember that you don't need to have all of the answers. Look at the resources in this packet and contact community partners if families need more than you can offer. Here are some open-ended questions that can help you open the discussion on breastfeeding:

Tell me what you've heard about breastfeeding.

How did you feed your (first) baby? What did you enjoy about that? What was hard?

How were you fed as a child? What have you learned about that from your family?

What does your partner/mother/father/grandmother/friend(s) think about breastfeeding?

Who do you know who has breastfed? What did she tell you about it?

What are the reasons that you would breastfeed?

What are your concerns?

What do you think breastfeeding would be like?

Who else have you talked to about feeding your baby? What did they share?

What questions do you have about breastfeeding?

How can I help?

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Head Start/Early Head Start Breastfeeding Triage Tool



The Head Start Program has a long tradition of delivering comprehensive and high quality services which foster healthy development in low-income children. The Program provides a range of individualized services in education and childhood development, medical, dental, and mental health, nutrition, and parent involvement. These services are provided within the families' cultural, ethnic, and linguistic heritage and experience. This Head Start tradition and philosophy serve as a foundation for the promotion and support of breastfeeding as a means to foster the physical and the social-emotional growth of the children served. Encouraging and supporting breastfeeding in HS/EHS and creating an environment that welcomes breastfeeding families, once practiced regularly, will become part of the daily life of the program. The information below is an "At-a-Glance" guide. It is not a complete list of questions or answers that you need in order to help moms breastfeed. All families should keep their well-baby appointments and have their children monitored by a health care provider. In addition, it is essential that you refer women to a specialist when needed. See the *Selected Resource List* for materials providing more information on each of these topics.

| Parameter/Behavior | Mother's Question/Concerns: | What to say or do: |
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| Appearance of human milk | <ul style="list-style-type: none"> Why is my milk yellowish? Why is my milk "watery"? | The first milk a women makes after giving birth is called colostrum. Colostrum is "yellowish" due to its high content of beta-carotene (a vitamin). It is normal for breast milk to be "watery". |
| Bowel Movements | <ul style="list-style-type: none"> My baby has diarrhea or is constipated. | In first six days after birth, a baby may have 2 or more stools/day. At 7 – 28 days of life, s/he may have 5 – 10 stools/day. After a month, a baby's stool may decrease to 1 every 4 to 12 days (Riordan & Auerbach). |
| Breast refusal | <ul style="list-style-type: none"> My baby refuses to take the breast or... My baby doesn't like the breast. | If mom is using a bottle, encourage her to stop. Make sure baby is position correctly. If baby still refuses, refer to a lactation consultant. |
| Getting started | <ul style="list-style-type: none"> How do I begin to breastfeed? | <ol style="list-style-type: none"> 1. Feed baby as soon after birth as possible. 2. Do not use a bottle for the first 3-4 weeks after birth. 3. Use correct positioning & latch-on (look for resources on these topics to offer families). 4. Make sure to break suction before taking baby off the breast! |
| Hunger and Satiety | <ul style="list-style-type: none"> How do I know if my baby is hungry? How do I know when she/he is full? | Breastfed babies need to feed more often than artificially fed babies, because breast milk is digested so well. Watch your baby, when they are hungry they often begin to suck on their fingers, turn their face towards whatever touches their cheek, and make noise. When they are very hungry, they cry. Babies are full when they stop eating, fall asleep and look "full" and happy. |
| Painful nipples | <ul style="list-style-type: none"> My nipples hurt. My nipples are cracked. My nipples are bleeding. | Refer to Lactation Consultant or medical provider. |
| Painful Breasts | <ul style="list-style-type: none"> The inside of my breast/s hurts (engorgement, etc.). | Refer to Lactation Consultant or medical provider. |
| Pregnancy and breastfeeding | <ul style="list-style-type: none"> I'm pregnant, is it okay to | Yes, to both questions. A woman can breastfeed while pregnant & continue breastfeeding both her toddler & infant (this is called "tandem" nursing). |

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| | <p>continue breastfeeding my toddler?</p> <ul style="list-style-type: none"> • Can I breastfeed my newborn and my toddler at the same time? | |
| Illness or medication and breastfeeding | <ul style="list-style-type: none"> • I have _____(illness) or take _____(medication), can I breastfeed? | Refer to Lactation Consultant or medical provider. |
| Milk supply & nutrition | <ul style="list-style-type: none"> • What can I eat to make more milk? | Drink plenty of water and eat a balanced diet. To make plenty of milk, feed the baby often. The more you feed baby the more milk you will make. |
| Mixed feeding | <ul style="list-style-type: none"> • Can I give both the breast and the formula? | If you want to leave your baby with someone and need to use a bottle it is best to do it when they are a month and to use your pumped milk. Giving formula will decrease your breast milk supply. |
| Supply-demand | <ul style="list-style-type: none"> • I don't have enough milk! | The more you breastfeed the more milk you will make. Baby is getting enough milk when she/he is wetting more than 6 diapers after birth, and by the time s/he is 1 week old has 5 to 10 mostly yellow stools per day. (Riordan & Auerbach). |
| Weaning | <ul style="list-style-type: none"> • How do I wean baby from the breast? | Encourage mom to wean gradually by decreasing 1 breastfeed per day over a period of time. This helps reduce engorgement. |
| Wet diapers | <ul style="list-style-type: none"> • Fewer than 6 in 24 hours? | Refer to Lactation Consultant or medical provider. |

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