

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

(links for viewing and download at end of transcript)

Steve: Please stand by, we're about to begin. Good day and welcome to the Early Head Start National Resource Center, "Mother's Milk" audio conference. Today's call is being recorded. At this point I would like to turn the call over to Amanda Perez. Please go ahead.

Amanda Perez: Thank you so much Steve and good morning to some of you and good afternoon to others of you. It is my great pleasure to welcome you all today on behalf of the Early Head Start National Resource Center to our audio conference on Mother's Milk. You are joined on the line today with staff from across the nation, with regional and federal staff and with training and technical assistance providers. And I want to tell you all too, just as Steve did and I want to repeat this for you, that this call is being taped for use by others in the future. I want to call your attention to the materials that you received.

On page 4 of those materials are the Head Start Program Performance Standards relating to breastfeeding and the reason that I call your attention to those is that you can see that the value and the benefits of breastfeeding is recognized in those standards that guide your program. In preparing for today, you all also did a pre-activity reflecting on your program environment and your own personal feelings and beliefs about breastfeeding and I really want you, as we are talking today, to keep in mind that information and to keep it at the forefront. How do the ideas and strategies that faculties share apply to you, to your program and to your community?

We will have about an hour of discussion among panelists and then Steve will come on with instructions for calling in with questions or comments. We can't wait to have you join the discussion then. For now, I am pleased to turn the conversation over to Cathy Carothers and Cathy generously stepped in when Kendall Cox was not able to do our call today. We are so glad you did. Cathy?

Cathy Carothers: Hello, thank you so much Amber and hello to all of you. We would like to welcome each of you who has taken time out of what we know is a very busy life and a very busy schedule to be a part of this very important conference. My name is Cathy Carothers. I currently serve as the Co-director of Every Mother Incorporated, which is a nonprofit organization. We provide breastfeeding and counseling training programs all across the United States. I am an International Board Certified Lactation Consultant and have been providing training for WIC South and other Health professionals in just about every U.S. State.

I am currently the director of Marketing for the International Lactation Consultant Association. We have a wonderful panel of speakers today. I know you are going to enjoy getting to know them and hearing some of their good comments and I would like to ask each one of them to begin introducing themselves and Janice Barnett, would you begin by telling everyone a little bit about yourself?

Janice Barnett: Yes, hello everyone. My name is Janice Barnett and I am the Early Head Start Manager for Northern Panhandle Head Start in Wheeling, West Virginia. Our Early Head Start program began in 1998 and spans three counties in a widespread rural area. We provide comprehensive services to 50 children, pre-birth to age 3 in a home-based option. We also conduct 90-minute weekly home visits as well as group socializations bimonthly. Our program employs 5 parent educators with a caseload of 10 families.

We also have an Early Head Start nurse who conducts home visits with our prenatal and postpartum mothers. At present, we are serving four prenatal moms, three of which have decided to breast feed and one who is still undecided that we are working with. We also have two new moms in the program who are breastfeeding and we are delighted to be a part of this important conference realizing that if we are truly are to give our children a head start, we must begin by breastfeeding. Thank you.

Cathy: Thank you Janice. I am also delighted that Marlene Sigora is with us today. Marlene, will you tell us a little bit about yourself?

Marlene Sigora: Sure. I'm Dr. Marlene Sigora and I am a Nutritionist and an International Board Certified Lactation Consultant. I have experience working with WIC for over 20 years where I was a breastfeeding coordinator and we began a breastfeeding help and referral center and also conducted peer counselor trainings. Presently, I work with the Columbia University Head Start and Early Head Start Program in New York City and also do consulting with other Head Start and Early Head Start programs throughout the city.

At Columbia University, we currently have 236 Early Head Start families and 66 Head Start families and we service between 40-50 pregnant women in any given month and most of our mothers initiate breastfeeding and that is because we have a very large percentage of immigrant women from Mexico and from Central South America in this program.

Cathy: Thank you so much. Finally, we are pleased to introduce Mary Moosehope (phonetic). Mary can you tell us about yourself?

Mary: Sure, thank you Cathy. Greetings from Madison, Wisconsin to all of you Early Head Start participants. I am a pediatric Nurse Practitioner who consults to Dane County Parent Council, which is an organization that provides services to about a thousand children in Head Start, Early Head Start and child care programs throughout Dane and Green Counties. Our Early Head Start Program was initiated in 1999 and at that same time, I joined the agency as an Early Head Start supervisor and nurse consultant.

We have 13 family advocates who provide service to 117 children. For parents who select the home-based option, there is weekly 90 minute visits. As infants grow, many parents elect the center-based option. Enrollment priority is given to 1st time pregnant moms and infants up to 3 months of age. Madison, Wisconsin is the 2nd largest city in Wisconsin, to those of you not too familiar with the Mid-west, of a population of about 200,000 people.

So it is an urban environment but if you drive 10 minutes outside the city, you will hear the sounds of contented Berry Cows and see lovely vistas of growing corn fields. We do prioritize our Early Head Start program to census tracts where low income families live and thus our Early Head Start program is very, in the city. Our families provide a diverse representation of many cultures. 54 percent of our children are black or bi-racial. 35 percent are Latina and the other 11 percent are Caucasian, Native American or Asian. The majority of our mothers are less than age 21 and we are a relationship-based program and I am very pleased to be part of this conference, thank you.

Cathy: Thank you Mary. Well as you all can tell, I think we have a group of speakers who represent a wide variety of experiences and expertise and I think you are going to hear a lot of very practical ways that we can support breastfeeding mothers and we hope that that is the message that you will be able to take from this day. As we begin this conference, I would just like to give a few opening comments as we dive into some very important questions and issues. I would like to say that breastfeeding is considered to be currently a vitally important public health initiative. You really cannot pick up a newspaper or turn on the TV today without seeing a message about breastfeeding.

Many federal agencies are now involved in some rather significant national initiatives to promote and support breastfeeding and we even have national health goals for breastfeeding initiation and duration. When I think about all that is happening nationally, it occurs to me that really the time is right. The time is right not just on the federal level but it is also right at the local level and the time is right I think for each one of us to begin looking within our own programs, our own agencies to see what we can do to support mothers who are breastfeeding. Now sometimes, people say, now why all the fuss? I mean, after all, isn't breastfeeding just a very natural part of the human experience?

And I guess if you're thinking that, you're right. Breastfeeding is natural and yet, I think those of us who work with mothers and children know that the fact it is natural doesn't always mean that it is easy. Many of the mothers have a variety of concerns that rise out of their cultural experience and practices and our job as educators is to support them in meeting the goals that they have set for their families. It also occurs to me that each one of you on this call as well as the panel, we also bring to the table our own beliefs and experiences and values and that certainly can shape the way we view breastfeeding.

For instance, I know there are probably some of you on this call who have personally breast fed your own children and you may be very passionate supporters but I also realize that there are some of you who may not have breast fed for reasons that were important to you and to your family and we also know that there are probably some of you who may have tried to breast feed and perhaps you discontinued early when you ran into difficulties or perhaps you didn't have the support that you needed. Some of you may not even have children at all yet and I think that what we would like you to know is that we welcome each and every one of you and the unique experience that you bring to the table.

We really want all of you to feel very safe as we move into this discussion because the reality is, it is really not about our personal experience, it is what we do together to provide a circle of care for new families, to begin, for instance, create a welcoming environment that informs and supports new mothers and their breastfeeding decisions. And the good news is, you are not alone. There are a wide range of programs and resources within your community to help you. One of them that I would like to mention now and we will talk about throughout the call is the WIC program.

I have neglected to mention in my opening comments that I serve as a State Breastfeeding Coordinator for the WIC program in Mississippi for several years and have a lot of experience with WIC and a couple of our panelists also have some experience with WIC and WIC is a tremendous resource if you are not currently working with them and we will begin to talk a little later about some of the resources that are available through WIC. But the bottom line is that loving support for our families really can make breastfeeding work and when you focus on connecting with your clients in a meaningful way, I think that you are going to find that the rewards are absolutely amazing.

So let's begin to look now at some of the reasons why breast feeding is so important. You know, breastfeeding has really been the normal way to feed babies for thousands of years. It is really nothing new. A number of years ago, back in the '30s and '40s, infant formulas were created and they were actually promoted by formula manufacturers and even health professionals as scientific and therefore better for babies. After years of research, we now know the exact opposite is true: that breastfeeding is the normal physiologic way to feed human babies and it really does give babies that best head start in life. You know, mothers tell us a lot of different reasons why they choose to breast feed

You should have in your materials, a handout that is called 'Reasons to Breast feed and this lists just a few of the many, many important ways that breastfeeding can benefit babies, mothers and families. So let's take a few moments now to invite our faculty to share some of their perspectives about why they feel breastfeeding is so important and Marlene, I'm going to ask you to begin if you would.

Marlene: Ah, yes, thank you Cathy. And breast milk is what we call species-specific. Like all mammalian milks, every single mammalian species make it's own milk. Little cats make cats' milk, big cows make cows' milk and humans make human milk. Human milk has absolutely all of the nutrients. This means all the vitamins and the minerals that a baby needs to survive. In addition to all of the nutrients, it has hormones, growth factors and antibodies and other protective components that help infants to grow and develop and stay healthy.

And those of you who have seen a new calf or a new colt being born know that the first thing that a baby cow and a baby horse do is they stand up and look for the breast and they nurse immediately. They stand up, they can walk. Human babies are very different. Human babies when they are born, they need a lot of protection. They need to, they can't walk, they can't crawl and they won't be able to walk for another year.

So this means that the milk that is made for human babies is very different. So when you look at cow's milk, it is very high in protein for example. When you look at horse's milk, it is very high in protein. Human milk is very high in fat because we need fat for the development of the human brain and the human central nervous system. And the brain and the central nervous system are the survival organs of the human species. Cathy: That's wonderful. Thank you and Mary, what are some things that you would like to stress with parents?

Mary: Well another reason to breast feed is to promote the characteristic of emotional closeness. Other terms to describe that might be emotional bonding or emotional attachment. Whatever the term, it's a characteristic two-way interaction between infant and mother or caregiver. When a mother breast feeds, her body physiologically helps reduce just the negative response to stressors through hormones. These hormones assist in maintaining a positive mood and

this hormonal boost helps even increase maternal awareness.

As one of our Early Head Start moms says about breastfeeding her 12-month-old, "I feel so happy, my 12-month looks my straight in the eyes, puts her fingers in my mouth. I know she is content. I feel happy, I feel we have a strong emotional bond." Breastfeeding moms find an increase in their sensitivity to every change in their baby. It is like an exercise in baby reading. It increases touch time and we know that skin-to-skin contact can help sooth the baby so results of this emotional closeness are just described by breastfeeding mothers as, "I know my baby so well. I can read him.

I have developed a sixth sense about my baby." Early Head Start staff can see these attachment behaviors when they are observing the breastfeeding pair, they see the baby, the mother looking at the baby, the mother talking to the baby, the mother caressing, kissing or smiling at the baby and we know that these are signs that there is a mutually connected relationship occurring.

Cathy: That's wonderful. You know research does tell us that women are concerned about the health benefits of breastfeeding and yet we learn that the emotional bond that you have just described Mary is actually the number one reason women choose to breast feed Janice, what is some other things that you hear?

Janice: Well I would like to talk a little bit about the convenience of breastfeeding. Interestingly, this is what many folks who choose formula-feeding say about formula but for the women in our community, they choose breastfeeding over formula-feeding because of the convenience factor. Breast milk is always readily available. It's a go anywhere way to feed baby. No equipment required, no bottles to sterilize and no formula to prepare. Nighttime feedings are more convenient for both Mom and Dad and baby does not have to wait. Breast milk is the perfect food at the perfect temperature with all the right ingredients. Breastfeeding is free and guess what, breast milk has never been recalled.

Cathy: Well that's great. Well Janice, you mention cost. You know a lot of mothers say that they can save money by just going to WIC to get their free formula. We know that now they may not realize that the formula offered by WIC is actually considered to be a supplement and not the entire allotment that a child needs. Can you talk to that? Janice: Yes, in fact, women who exclusively breast feed receive an enhance package from WIC.

Cathy: You know, WIC is also I think a tremendous storehouse of information and support for breastfeeding parents. What WIC provides may look a little different from community to community but so we would really encourage you as Head Start staff to talk to the WIC program in your community to learn what all is available. There is some marvelous resources, education, prenatal classes, support group meetings, and access to a lot of support. With all these wonderful reasons to breast feed and all this great support that is available, why aren't more women breastfeeding?

I mean I think the reality is that women have a lot of concerns about making breastfeeding work in their lives and although we could, you know, most of us could sit in our offices and tell mothers 157 reasons why they should breast feed, the reality is if they are seeing some of the obstacles and barriers that can keep them from following through on those choices. So as staff, I think we have got to be aware of what some of those barriers are and some strategies for addressing those, although I think the reason for discontinuing or not choosing to breast feed may differ from family to family.

The research really tells us that mothers really do share some common concerns. Embarrassment is one, busy lives, including going back to work is another big barrier and the lack support at home and from within a community. These are three of probably the biggest barriers to breastfeeding. We know that Early Head Start and migrant and seasonal Head Start programs have a wonderful opportunity to support women in all three of these areas. I know our panelists have some great experience as well in terms of finding solutions to some of these concerns so I'm going to ask Marlene if maybe she will begin by telling us some things that she likes to share with women, maybe about embarrassment.

Marlene: Well, when it comes to embarrassment, in order to address it to the lack of support, et cetera, we really need to begin by creating a breastfeeding culture and we need to keep in mind that when it comes to embarrassment, there is two participants. There is the breastfeeding woman herself and then there is the people around her. There is the public,

there is family, there is friends, there is clinics, there is the Head Start and Early Head Start programs and we need to address both. So we on the individual level, we need to address women's issues with embarrassment. If we have a mom in the program who asks for private space, we need to be able to provide that for her if she requests it.

At the same time, we need to make sure that we do not make her feel like she has to hide in order to breast feed, that she can breast feed anywhere, that she is welcome to breast feed anywhere in the program. So that is on the individual level and we are going to talk about how to create a more breastfeeding friendly environment later on in the talk and then there is also the issue of society and culture and creating a culture that welcomes breastfeeding.

Now I grew up in (inaudible) in the 1950s where breastfeeding was a common sight and though that is not true anymore, I remember growing up as a child and seeing everybody breast feed and so growing up as an adult, I just assumed that that was people did because that was the norm and that is kind of what we want to create again, a place where young children see breastfeeding and when they grow up, they become adults, they do not see it as something that is out of the ordinary and we have, as Cathy said, we have an incredible opportunity in Head Start and Early Head Start to be able to begin to grow these adults.

Cathy: That's wonderful and I really like the fact that you mention that women should be allowed or feel freed and comfortable breastfeeding anywhere but if they need that private space, you know that we are sensitive to what that mother's needs are. Some women may not be comfortable for instance sitting in a big waiting room full of people whereas others might need a little more privacy, so that's a very, very good point. Janice, how about the second concern that breastfeeding might be too hard to fit into their busy lives, can you address this one?

Janice: Yes, we found that one of the barriers to breastfeeding according to our moms is the difficulty of continuing to breast feed after returning to work or school. They also discussed with us the lack of support that they get in the workplace while breastfeeding. We problem-solve with each of our mothers listening to their concerns, showing understanding and empathy and then we carefully develop a plan together with them to overcome the obstacles. There are several web sites that we use to obtain resources that can be downloaded for families.

These sites provide tips and strategies for breastfeeding moms returning to work as well as steps to support the breastfeeding moms in the workplace. You can find these web sites on page 14 in the resource list. Also we collaborate with our local WIC who provide hospital-grade double pumps for moms returning to work as well as peer counselors who provide support for working moms and our local hospital has weekly breastfeeding support group meetings which we encourage our mothers to attend. It's great to have community connections.

Cathy: It certainly is. Well, Janice, these are some amazing resources, well thankfully she's half-set on and maybe one more resource that I'd like to add to the list is a new publication coming out from the Maternal and Child Health Bureau. It's called "The Business Case for Breastfeeding" and it's going to include some material for educators as well as a booklet for mothers and resources that can be given to employers so that's going to be an exiting new resource and just be watching for them and I'm sure Amanda will let you all know whenever that is out and available. The third major barrier that I mentioned earlier is lack of support and Mary I'm hoping maybe you'll have some ideas on how to address this one?

Mary: New mothers need support. Our Early Head Start family advocates convey to new moms, whether she's pregnant or she has recently delivered that our Early Head Start program is there to support her to be the best mom she can be, so prenatally when we see the moms we ask what her plans are about how she will feed her infant. At the same time we question her about who she can name as support persons in her life, who's going to be present with her at birth, who will be with her when she's at home, where will she be going when she leaves the hospital?

If the mother speaks positively of breastfeeding or if she has not really made a decision then we ask her who she knows has breast-fed, so helping kind of get a picture of what's her naturally occurring support system. If she can identify a family member or a friend who has had a positive experience with breastfeeding then we really encourage her to continue that kind of relationship, hopefully a little mentoring. For mothers who lack support or who are unsure then we try to make our prenatal visits focus on breastfeeding.

For instance during a home visit I might bring a newborn-sized doll with me and have the mother practice positions for breastfeeding, you know putting a pillow under the doll and telling her the importance that you know breastfeeding should be comfortable but you need to make positions for this. If family members or friends are present during our home visits we encourage those folks to share their expectations about breastfeeding. How does the father of the baby or the grandparents see themselves interacting with the baby and the new mom in those first days when the baby's home and trying to establish breastfeeding?

So, we really try to get a sense of who is already in the young mother's life and how can we support her. For instance one of our 17-year-old moms spoke positively about her plans to breast feed Her plan was to breast feed for two weeks because she knew breast milk was the best. However, she had to return to high school and she only had two weeks and she was in a situation where she wouldn't be able to bring the baby to school. So, she was unsure about her breastfeeding after two weeks but she was committed to doing that.

Part of our Early Head Start support is to help mothers believe that they are capable of breastfeeding so we promote a positive ability. We know that moms need to be prepared though and have an understanding of the breastfeeding process so once we make sure that there is support and that the mother knows that then the advocate or the nurses are available then we can go on at a later time to talk more about the process of breastfeeding but assessing who is there to help this mother is really important.

Cathy: Mary, I think you've really touched on a very, very important point and particularly as it concerns the family members. Research does show that the maternal grandmother is the number one influence in a woman's choice of how's she's going to feed her baby as well as how long she's going to feed her baby and we also know of course of many studies that the baby's father also is very influential in her decision so whenever we can find ways to include both the grandmother and the father and other extended family members who are the important support people in her life I think we really have a head start in helping that mother get on the road to meeting her goals.

You also provided some, I think, very practical strategies that can help mothers work breastfeeding into their lives and this really kind of leads us right into the support that Early Head Start and Migrant and Seasonal Head Start programs can also provide. You know I think it all really begins with the physical environment, you know, what do your participants see when they walk into your facility? You might even want to consider taking a little walk through your own facility with the eyes of a pregnant or breastfeeding mother.

What do you see when you walk through your facility? What messages are there that might help another feel comfortable and supported in her decision to breast feed> Of course we hope that all your messages will say, "Welcome, we're so glad you're here and we're happy to support you with breastfeeding." So, what can programs do to make their physical environment convey this message? Marlene, do you have some ideas?

Marlene: Yes, and I think, I just want to tell a little story first and that is that I know this nurse who used to work in the postpartum floor and she used to always wear a button and the button had the initials SSNAB, that's 'S' as in Sam, 'S' as in Sam, 'N' as no, 'A' as in Amanda and 'B' as in boy and what that stands for, and everybody always would ask her, "What does that stand for?" and what it stands for is 'Say something nice about breastfeeding' and it is a simple little sentence but all we have to do sometimes, because we have to think about the messages that we give to people verbally- nonverbally and the message is that we're creating throughout our program, through our physical environment.

When we tell women, just a simple little statement that says, "How wonderful that you're breastfeeding your baby," that's all we need to say because she gets so many negative messages out you know in the general culture that to get one positive message makes a real difference for her and in the Head Start and Early Head Start programs we can really make a difference in the kind of messages that we give. We need to have posters that are culturally sensitive, that are in the language about women or the families that you serve.

We need to have signs that say breastfeeding is welcome, again in the language of the culture that you serve and they don't have to be posters or signs that you buy outside you can create them with some really nice, you know, just on publisher in your computer and there's pictures of breastfeeding women in clip art so that you could just create your

own, you don't have to spend any money on buying them. And, not just having posters all over the place and signs saying that breastfeeding is welcoming but also the things that not having material, not having things that come from companies that make artificial baby milk or formula companies.

And, another thing is to have breast models in the classroom and not long ago, maybe a month ago, I went into the Head Start classroom, that's a pre-school classroom and these were 3, 4, 5-year-olds and I brought in a breast model and all the boys and the girls picked up the breast model, picked their shirts, put the breast model on their chest and fed the dolls in the classroom and this was lovely to watch.

We took pictures of all the children doing this and again, it's about creating an environment in which breastfeeding is accepted, so have books, have breast models, have books that show humans and animals breast- rather than bottle-feeding. You know, create an environment that's breast feed right from the start so that children feel it as the norm.

Cathy: Marlene, those are some wonderful ideas. I think I want to just point everybody to the fact that your resource list does list some great web sites which you can visit to download a lot of great materials and I would like to also add that this year for our breastfeeding week theme that ILCA is taking is called, 'Welcome baby softly' which fits just perfectly with what you've just said Marlene and I would like to just let you know that there will be some resources that are downloadable off the web site at ILCA and that web site is in your materials.

There will be signs that you could use in a clinic or in a Head Start center as well as a number of reproducible things for Mom as well and families, materials that are specific for dads and grandmothers. So, maybe that will provide with a few ideas or things you can work for. Janice, when we were talking earlier you had told me about a specific example of what this kind of welcoming environment might look like in a particular setting and I'd like to ask you to share with everyone what you have shared with us.

Janice: Okay, well we encourage our breastfeeding moms to attend our Early Head Start socializations with their babies and of course they're welcome to breast feed in the socialization room. However, if they desire private space we have an area specifically for our breastfeeding moms in our parent educators' office and it's just a small clean little secluded area with a rocker. We have a baby afghan on the rocker.

We have a CD player with CDs that play the traditional lullabies and classical music. We also have posters on the wall in the socialization room that promotes breastfeeding, displaying women of different cultures. We have a special snack area for the breastfeeding moms in the office with nutritious snacks that they can take home since we provide lunch at our socializations. We have a little relaxation water fountain that's soothing for the mom and baby and we just try to make it as comfortable as we possibly can for the mothers.

Cathy: Oh Janice, that sounds wonderful. And, what I'm hearing you say is that this is not a bathroom which is a pretty unsanitary and demeaning place for a woman to have to feed her baby and I just think this sounds like a lovely place. Well, I'm hearing some common trends from what you all are saying, clean, safe, privacy, comfortable chair, simple messages; the needs are really pretty basic it seems. Now Mary, I know you serve, you mentioned earlier you serve a very culturally diverse population. I'm wondering if you could perhaps speak to the importance of having culturally sensitive materials as part of this welcoming environment.

Mary: Yes, I think that physical environment is very important and I think it's always important for us staff to be asking ourselves how do we know the families are welcome when they come to our childcare centers or for our Early Head Start socializations. As you mentioned Cathy and as I've said we have many families who have a rich cultural tradition and so making sure that they feel comfortable. A few considerations; making sure that we have interpreters there for people, to make sure that we are understanding their language.

We have hearing impaired interpreters for our families who have a hearing impairment. One of our mothers from Sierra Leone, when I was asking her about what makes her feel comfortable she had just said she thinks the universal breastfeeding image is just so important. She said that speaks to everybody and you know it just conveys that message that when she sees that, that's so important. But, as already mentioned I think it is important to have pictures of different families, different art pieces up on the walls letting families know of all backgrounds that they're welcome.

And our families do like the specific breastfeeding written materials, like from the Office of Women's Health, the booklet on breastfeeding that are language-appropriate, that are translated, that have pictures of families, that our families feel that is important, that we try to give them written literature that reflects their culture. Our early Head Start Programs have to have connection with our larger health care and breastfeeding professional communities, so I think that in orientation sometimes for our staff we will make sure that they are hearing from professionals, especially in the health care system.

So, like I said the majority or many of our children are from African-American background, so we have connections with both the Health Department and the WIC Department who have lactation consultants for African-American and sometimes, you know, that will be the person that will call to help make sure that this family is going to feel comfortable. So, I think that it is important that families feel comfortable but I think it's important for us to be asking them too, "What's going to make the difference for you?"

Cathy: Janice, did you have any other thing you want to add.

Janice: I just wanted to add that we also show our support by putting breast milk on the socialization menu and if I could I'll share a little funny story. Our early Head Start bus drivers prepare lunch at our socializations. We had a new male bus driver who was preparing lunch for the first time. He called me into the kitchen and he was holding the menu, looking at the menu with a very red face and he said to me, "I don't know where to find the breast milk." We had quite a chuckle over that.

Cathy: That's great. You know I'd like to add that I think it can be helpful to have a policy in place that will help establish a program, as a place that welcomes and supports breastfeeding and Janice and Mary and Marlene have given us some great ideas of a good direction to begin but we would like to encourage you to think about establishing a policy. The purpose of a policy is not really to set breastfeeding apart as something extra but really to weave it right into your program services and operations.

I believe there is an example of a policy that is in your packet and so we would encourage you, maybe, to read that over and see if there's a way you can use that or adapt that to fit within your setting. Let's talk for a minute about engaging a Policy Council in this process and Marlene I'm going to ask you to, maybe, explain a little bit more about how that could work.

Marlene: Yes, our parent Policy Council here at Columbia University is very involved in all the different makings of the program, et cetera. And, after we participated in the national meeting for the Head Start I went in and I spoke to the parents and told them about the efforts that we were all trying to promote breastfeeding in all the different programs and including Head Start and Early Head Start and what could we do in particular in this program and it led to a very animated discussion in which everyone thought it was a really wonderful idea to promote breastfeeding.

Like I said before we have a very huge recent immigrant population and so they come from a culture where breastfeeding is the norm and when I, the comments that most of the parents said was that we really need to involve fathers and family members in supporting the breastfeeding women. That if we get more fathers to feel comfortable for example when they come to the centers if there's mothers breastfeeding, mothers want to feel like they can breast feed even if there's fathers around, that that's important and that we need to really educate the fathers and the grandmothers and all the families that are involved, they really stress the importance of this.

Cathy: That's great, you know, you're right and it really is, I think, the people who create that environment and within the families, within your family childcare, within home visits and your centers and you really can communicate that message in a lot of different ways both direct and subtle. And the program itself begins a certain time, also thinking about those experiences and how you feel about breastfeeding. Amanda mentioned that you all had done a pre-activity in preparation for today's call and I believe you were asked to think about what your own personal experiences are with breastfeeding, what you believe about it, what people have told you about it.

Many of you on this call are probably sitting in groups with others at your program and we hope that you'll take the

opportunity to kind of work towards some of those responses together if you're comfortable doing so, or if you're participating by yourself it might help you to talk about some of those responses with someone else so that you know, you begin to move forward and grappling some of these issues.

But, no matter what, we do encourage you to take some time to understand your experiences and your feelings so that in so doing you can work with families to make choices that make sense for them and you can be that important support person for them. Now, in terms of our faculty today, what are some of the issues that you all see as challenging the staffing your program and supporting breastfeeding and Marlene we'll, maybe, begin with you if that's okay.

Marlene: Well, I think it's really important to recognize that staff members in all of our programs that we are also from the communities that we see the same television that we listen to the radio, that we're bombarded by the same messages as all the families that we service. And, also that breastfeeding is a very personal decision and one that is influenced by many factors. It's crucial that regardless of how we feel personally about breastfeeding that we support our family's decision to breast feed and that this includes how we react verbally and nonverbally to moms who for example breast feed preschoolers, right?

I know that the materials that we send, in the pack that we're sending, the pack for the conference include questions to begin this discussion and to the begin the reflection around breastfeeding in all of our programs and I think, I just think it is really important that we know, for example if we have a mom of a four-year-old or a five-year-old or a three-year-old in the program and she wants to nurse, that we begin to be able to make that mom feel comfortable in the program. So as staff and we are going to talk a little bit more about this, I think we need to begin to have the discussion and also training.

Cathy: I think that is so true. I think we do need to talk about our personal experiences, our culture that really does drive a lot of our decisions and certainly our decisions to breast feed and it also begins to inform the way we hear information about breastfeeding. I think sometimes we find ourselves typically agreeing with what we believe and dismissing the things that we don't. Janice, do you have anything to add to this discussion?

Janice: Yes I do. I wanted to mention that our program has parent educators that have not had the opportunity to breast feed, and we know and realize that we must build our relationship with staff to understand their views on breastfeeding and educate them on the importance and value of breastfeeding. Then we need to empower them to realize that although they have never breast fed they can certainly be a strong advocate and support for the families. We have to be sure though that we provide our staff with the necessary training to adequately support breastfeeding.

Cathy: That's right. And Mary what about you?

Mary: One of the challenges that staff have to supporting breastfeeding is just kind of knowing when to intervene and that kind of unpredictable. That we have some time frames when we like our staff to know, yes this will be a time that you may need to be available for a parent, you know at discharge time, when the mother gets home, those first three weeks can be more difficult.

One of the challenges is like, as has been mentioned, is the community's response to breastfeeding and it is not uncommon, at least here in Madison for people to say, "Oh, that baby is spoiled, that baby is way too attached to that mother, that mother is never going to get away," and I think that that is difficult for some of our family advocates to know how to intervene. I wince when I hear that word spoiled, but it gets said much too often or that the baby or the infant is just too close.

And I, what I try to do is put breastfeeding includes the strong emotional bond between the mother and infant and so what I try to do is you know allow the mother to describe what that feels like and when someone uses an unsupportive comment like, "Your baby is too attached to you, or too spoiled," to ask that mother to see how she is responding to that. And then I try to frame the importance of the availability of the mom to the infant, not just for the feeding, but for the emotional closeness and I think that that is difficult for some people. We live in this environment where kids are supposed to grow up way too fast when they are infants, I think.

And so I think that helping the family advocate and the mother kind of work through this sense that yes, this baby, I do suggest that the baby and mother be close for the first three to six weeks, that they not be apart to establish good breastfeeding, but it's difficult, you know when you're in a healthcare clinic and there is a 12 month old who wishes to breast feed at the doctor's office and the healthcare provider will say, "You know, you're spoiling that baby, you're offering that breast when you know it's 11:00 in the morning, it's not lunchtime" and the perspective is that is an emotional response, that this child is in an unfamiliar or too familiar environment and the baby is needing that emotional response.

So I do think it is important for mothers and family members to describe what they are feeling like when they get some of these unsupportive messages from around the community members and then for Early Head Start staff to kind of have some ways to kind of work through that, how are they going to be thinking or you know, what are, oh is this baby way too close to this mother.

Just helping mothers and staff understand, what are the cues that this baby is giving out and is the mother able to read those cues. We just really like to help mothers be patient in developing their own intuition about their infant. That is so important, that we always tells parents they are the best advocates for their children, best thing in the healthcare system. And that are really helping to develop that mutual trust between them.

Cathy: I think that is just so important Mary, you brought up some really, really valuable important points and talking about spoiling a baby, you know one of the things I sometimes tell mothers is that babies are sort of like bananas when you think about it. I mean how does a banana spoil? It spoils when you leave it on the counter and you don't do anything with it. And I think in the same way, spoiling a baby is kind of similar. Parents and grandparents can really give a mom a hard time and they think that maybe you make a baby independent by not picking them up when they cry when what we are really teaching babies is that nobody cares and they use the only means of communication that they have, which is crying.

And when their needs are not met, they just begin to shut down and give up, but when a mother does respond to her baby's need to be held and to be close to her baby, Baby really does learn to sooth himself. And of course we all know I think that babies who have had those needs for closeness met early in life become more independent later in life. So it's all I guess in the way you frame those messages. Marlene do you have anything to add about this issue?

Marlene: Yes, well you know, my experience has been that breastfeeding gets blamed for everything. I hear parents saying, "Oh the baby is always hungry." "That's because he's breast fed" "Oh, that baby is spoilt." "That's because he's breast fed" "Oh, the baby can't separate, he's too attached to the mother." "That's because they're breast fed" And I think it is really important to differentiate between feeding issues and parenting issues.

That some issues may have to do more with limit and boundary setting and are not really related to feeding at all and this goes, again I know we're going to talk about staff training, but you know we need to help staff and we need to help parents differentiate between these two, that that is not necessarily a breastfeeding issue, that that could happen with a bottle-fed baby or as you were saying, you know what is spoiled, right and that some of these issues and some these concerns can happen no matter what method of infant feeding the mother chooses. And that we really need to differentiate between a parenting issue and a feeding issue.

Cathy: I think that's very important and just moving on, maybe looking at a program level, Marlene, I wonder if you can just follow up a little bit and tell us some ways that you think we can support staff so that they will feel comfortable and committed to providing this kind of breastfeeding-friendly environment and education that we have been talking about.

Marlene: Well one of the things that was included in the packet is, it is like an at a glance guide to help. Early Head Start and Head Start staff to know when a problem and when a question that a breastfeeding mother asks, when that question needs to be referred out to a lactation consultant or to an MD or when you can actually answer it and there is some very simple answers to questions that mothers, there are some very common questions that women ask and we really need to provide, I think, programs, it is important that we provide some basic breastfeeding training so that staff can begin to feel comfortable and it is not just with existing staff but that training has to be ongoing.

So you train the existing staff but you need to make sure that if you hire new staff, if there is a lot of turnover in your agency, but whenever you hire new staff that that new staff also knows what are the policies around breastfeeding. How do you know how do we in each individual program create a breastfeeding friendly environment. And that training has to be ongoing, not just this year but every year we need to have, and it doesn't have to be really long, you could spend one hour, two hours, just choosing one small breastfeeding topic and you can have the breastfeeding coordinator from WIC come and do the training and there is so many topics in breastfeeding that you really will never run out of topics to talk about.

So I think it is really important to do the training but it is also important to help staff know when they can assist and when they can not assist, or when they can assist, you can always assist, but when you can assist by saying to someone, "You know what, that is beyond my level of expertise, I am going to need to send you to a specialist."

Cathy: I think that is really important and maybe we should talk a little bit about who some of those specialists are. I mean I know there are international board certified lactation consultants throughout the country, there are La Leche League leaders, there are WIC program breastfeeding coordinators and WIC now has a national peer counselor initiative going strong, where many, many programs now have mothers in the community who are WIC mothers themselves and are available to support and help other mothers. Mary would you like to add to that list, are there some other people you can think of?

Mary: Well again finding out in your community, for us, we have been really connected with sending our families to breastfeeding classes or sometimes there is baby showers that are offered by WIC, so going to the different hospitals, the lactation consultants at the hospitals and in the, at that health departments are important. The African American Breastfeeding Alliance has been very important for us; they have developed a booklet just based on families here in the Madison area and some of those have been our Early Head Start families so they have got pictures of all family members involved in supporting breastfeeding so I think that is very important, that whole sense of we as a community support breastfeeding.

Mary: I think that is great and in terms of finding a lactation consultant, Marlene, I know you're IBCLC and I am as well, do you want to share how somebody could find an IBCLC in the community?

Marlene: Yes, but before I say that, I just wanted to say that breastfeeding needs a team approach and that it is not just identifying people who can actually provide breastfeeding consults such as a lactation consultant, La Leche League, WIC but also finding medical providers who are supportive of breastfeeding so that for example if you have a child who, a breastfeeding baby who is having some kind of medical problem that if you have a breastfeeding friendly pediatrician, they are not just going to say, "Oh, just give him formula," that they are really going to work with the mother so that the mother can continue to breast feed if she can.

So that it is also identifying general practitioners, family practitioners, dentists, ears, nose and throat specialists, pediatricians, nurses, etc. other people that can really join your team in doing breastfeeding promotion and in supporting the breastfeeding family. And for a lactation consultant, if you go to the ILCA web site, and that's I-L-C-A International Lactation Consultants Association and that information is in your packets, there is in their web site, there is a question where it says find a lactation consultant in your area, you enter your zip code and it will actually tell you how many lactation consultants and within what distance of your zip code you can find the lactation consultant.

Cathy: Right and you know really what you have described, Marlene is that circle of care that I mentioned early.

Marlene: Yes

Cathy: It really takes each and every one of us, we each are part of that team and we all do provide different roles like patient consultants may provide assistance with some of the difficult and complex lactation issues, a medical provider certainly we must have on our team, they have a valuable role to play and then our peer counselors, our Early Head Start staff, each and every one of us has a role to play and we all work together as part of that team and I think when mothers hear consistent messages about the importance of breastfeeding from everybody who is in the circle of care, it really does help her to feel that this is something she can do with the help that she has.

At this time, I think we would like to open things up to listen to some of your questions. If you have some specific questions about anything we have discussed or others related to breastfeeding I am going to invite you to begin placing your calls and I'll just maybe turn it over to the operator now to join us if he is there and give us some instructions on how to do that.

Steve: Thank you. For questions or comments, press star 1 on your touchtone telephone. Please make sure your mute function is turned off to allow your signal to reach our equipment, again press star 1 for questions or comments and we will pause a moment to give everyone a chance to signal.

Mary: That's great. Well while we are waiting for questions and we do encourage you to call in, maybe we can just briefly mention a few things that you could do to support your staff in doing this very important work and I think families have many of the same concerns or barriers that staff do and clearly these strategies are centered in developing a relationship with families.

I have been so pleased to hear all of our panelists talking about the importance of relationships, you know family concerns can vary from having no support for breastfeeding within their families to having perhaps experienced sexual abuse or maybe feeling the bottle is more convenient and we have talked about a few of these things. Janice for instance has talked about the importance of individualizing and problem-solving with each family. Are there some other things that you often think of that staff could do to encourage women in their decision-making, Marlene?

Marlene: Well actually there is a lot of things that we can do to encourage moms to breast feed and also to encourage them in their decision or to provide support in their decision. I think as somebody else mentioned before that the first two weeks are really, really the most crucial time, that if we can just provide a phone call to that mother and say, "How is the breastfeeding coming along?" It is something very simple, takes you know ten minutes out of your day or less, you know how is breastfeeding coming along and if the mom has a concern or question that you can answer, you will answer it.

If she has a concern or question that you refer, then you refer and you follow up on that. What if she says, "Oh no everything is going well," you say, "That's really wonderful" and that you can have women that are breastfeeding come to the program and talk about their own experiences with breastfeeding so that they can be role models for other mothers within the program.

Cathy: You know one of the things that might help you in making those calls is to refer to the open-ended question handout that is in your packets, it is called 'Opening the Discussion on Feeding.' You know I have been working in this field for a very long time and every time I ask an open ended question, I am always amazed at the response and I think your families will really appreciate that you care enough to ask about their feelings about breastfeeding without jumping in there and telling them what to do.

I think choice really is a key issue for everyone and these are some open ended questions that might give you a little bit of a start to get that conversation moving along and to maybe either help identify a mother's concerns and worries so that you can jump in with some support or encouragement, refer her to people who can help her address some of her specific concerns. Mary is there anything you would like to add?

Mary: Yes, I, going along with Marlene, at times we will just go right, be right at the hospital and see how things are progressing with the mother about breastfeeding and help her problem-solve or as soon as she gets home to be there and to be available to help problem-solve through that. The other thing is, we offer, one of our socialization events that are called Baby and Me classes and they are for mothers with babies, for families with babies less than six months old.

We speak a lot about breastfeeding and nutrition during that time and we just do try to create the culture of breastfeeding is natural, breastfeeding is available and so for some of our moms who left the hospital within 2 or 3 days with their first child, did not continue to breast feed, the second child they have had more confidence, you know, they have had more information and it has just been a delight to see maybe the second child breastfeeding longer than the first child.

Cathy: I think that happens a lot. Janice what about you? We'll give you a chance to chime in here.

Janice: I was just thinking that, as I told you before about our Early Head Start nurse making the home visits, one of the things that she does is include the father and usually always the grandmother, any person that would be positive support to Mom, we like to include in the trainings and in the home visits because the more people that we have supporting the mom, the better. We also will transport the mothers to the breastfeeding classes, we will have our father advocate talk the fathers about breastfeeding and we just work with them individually depending on what their concerns are.

Cathy: That's wonderful. You know I'm really amazed at hearing all of the good things that you all are doing and I am sure that many of the people who are tuning into this call as well have a lot of creative strategies and activities that they are going through as well and I hope that maybe on your evaluation form that you all will share some of those things that you are doing as well so we can get a big picture idea of what all is happening out there. I am wondering if we are ready for questions.

Steve: We do have some questions in the queue, as a reminder, press star 1 on your touchtone phone for questions or comments, a voice prompt on your phone line will indicate when your line is opened to ask a question, please state your name before posing your question and we will take our first question.

Female Speaker: Hello? Amanda: Hello? Female Speaker: Hi, this is Early Head Start from Orland, California, Glenn County, California, Child and Family Services. Amanda: Great.

Female Speaker: Um, can you or anyone there elaborate a bit on the benefits of breastfeeding in relationship to childhood obesity? Cathy: Okay, Marlene, would you have any ideas along that line?

Marlene: Yes. The research does show that there is a relationship, that there is, I think that we need a lot more research on this but right now, that there is less childhood obesity in children that are breast fed and in my own experience here, what I find is that I get a lot of breast fed babies that at 4 months old are over the 95th percentile, yet by the time they are a year, their weight has tapered off and it is within the norm because we know the breast fed babies growth is totally different from artificially fed babies, that the first four months of life, they tend to grow very fast and then that growth tapers off which is very different from babies that are formula-fed in which the growth is a constant throughout the first year or life.

Cathy: That is wonderful, I think one thing that adds to that is that the WHO growth charts, they have issued some brand new growth charts, if you all are not familiar with those that do now show the normal way that a baby should grow whenever a baby is fully breast fed and those are downloadable, it's a free resource and I think when we begin to use those normal growth charts, we are going to be able to see that it really does have that impact. There is a number of studies that show that breastfeeding does impact childhood obesity. So I think it is very exciting that we have some very realistic doable strategies to tackle this epidemic in our country.

Female Speaker: I have another question. Cathy: Okay. Female Speaker: I wanted to know how you guys are, how you are working into your Policy Council. I noticed that was one of the questions on the free service was, you know if you had Lactation Services represented at Policy Council and I know that we do not and I wanted to know how we could improve on that.

Cathy: I'm just going to throw that to any one of the panelists that would like to answer that. Mary: This is Mary and we just invite our WIC director. We have two health departments that have now merged but we have the WIC director as part of our Health Service Advisory Committee and then the Health Service Advisory Committee makes recommendations to our health policy -- the Policy Council.

Janice: And this is Janice. We also have our Health Advisory and we have invited WIC as well as Lactation Consultants in the area and we have found that they have been more than willing to serve on the Policy Council.

Cathy: Great. Does that answer your question? Female Speaker: Yeah. Anyone else have a question? Okay. I think

we're done.

Cathy: Okay, thank you for being here today. Do we have any more calls? Steve: We do, we'll take our next question.

Cathy: Don't be bashful. Female Speaker: No, we don't have a question, sorry. Steve: Okay, and we'll move to our next question.

Stacy: Hi, this is Stacy McConnalogue, I'm a Health Specialist for the TA System in Region 8. Can you hear me?

Cathy: Mm hmm.

Stacy: I had a question, you know, I notice when I'm out in the field there are a few hot button areas that really get a lot of discussion and I wondered how you might handle some of them or answer some of the discussions and one is the area of oral health, especially around older children breastfeeding and balancing some of those messages around oral health with the support for continued breastfeeding. Could you maybe comment on how you might handle those discussions?

Cathy: I'm going to ask Mary maybe?

Mary: Sure. We have a pretty comprehensive oral health program where one of our children's dentists comes to our program three times a year to apply fluoride varnish to the children who have teeth and the first two children who had cavities were breast fed children and part of the problem was the children were what I like to say gnashing throughout the night. So they were over 12 month olds. So what we really try to speak with parents about, it doesn't matter what is in contact with the baby's teeth but that they really have to provide really good quality oral care.

So we, like when the parents come for the fluoride varnish we show them videos in their language and we speak with them about the need that once they have teeth, their teeth have to be washed off with a soft gauze and that after 12 months, children should begin to be getting into more of a feeding routine where when they drink something it should be close to meal times or and then to swish off with water. But that has been a concern, is oral health and we are working on it.

Cathy: That's wonderful, I would maybe like to add to that to point you to a web site and I don't know the actual web site but if you will do a google search for Dr. Brian Palmer who is a dentist who specializes in the field of how breastfeeding impacts oral health, he has a number of wonderful resources on his web site that you can download as well as powerpoint presentations that you can download and use with parents. So that may provide some additional information. Do we have another call Steve?

Steve: We will take our next question. Cathy: Okay. Leanne: Yes hello, can you hear me? Cathy: Yes, we can.

Welcome. Leanne: Oh, okay. I'm calling from the Region 1 TA office for the Head Start quality initiative.

Cathy: Where is that? Leanne: Region 1 in Boston. Cathy: Okay.

Leanne: It is the Head Start quality initiative, the TA system. My name is Leanne Winchester. I am calling regarding, I love all of the suggestions that were given, the advice that was given and what I was thinking about was an experience that I had had with a young program and that was with a young mom who had chosen to breast feed, she was 18 years old and on upon leaving the hospital, the hospital had provided her with the free samples and coupons of formulas and my advice to the mom was certainly to connect to the WIC program but I was wondering if you had any advice on programs on how they might deal with offers of free formula and coupons from the hospital.

Cathy: That is a really good question and it is a huge problem in this country right now. There's a prevalence of formula samples, formula messages, discharge packs, really do we know in the research, it does undermine breastfeeding and women who receive those are weaning their babies much earlier. So it is a huge issue. Marlene, I wonder if maybe you have had some experience?

Marlene: Well you're from Boston and in Boston, Marcia Walker right now, she is spearheading, her and another, I don't remember the other person's name. They are spear-heading a campaign to get rid of the formula packs in the

hospital and I'm not really sure where it is at but you can go into the ILCA web site again and I'm sure they'll have more information on that but that is happening in Boston. But what I do here is that I do a lot of prenatal education with the mothers and I strongly encourage them not to take any of the formula home with them. Some of them will still take it.

You know it's really hard because if you're very vulnerable in the hospital, you've just given birth, whatever people tell you, that's what you're going to do. But we do a lot, a lot of prenatal education. So you need to really work with moms before they go into the hospital. Not just, and this is true for other kinds of burden practices as to work with mothers as to say, you need to think about whether you need an epidural or not.

You need to think about whether you want the baby to receive a bottle or not. You need to think about it. So it's the woman's decision but that we highly encourage them that if they want to breast feed, they really need to stay away from the artificial baby milk and the pacifiers for the first month and from the bottle in the first month.

Cathy: That's great and I will just add to that. The Massachusetts Breastfeeding Coalition is the organization that is really kind of spear-heading that program and it is called Ban the Bags. I think their web site is called banthebags.org and if you go there, there is a lot of great resources and information; the evidence-based studies that show this can be a real detriment to breastfeeding and a lot of good strategies there. So you might consider checking those out. Okay.

Steve: And we'll take our next question. Female Speaker: Hi, we're calling from Caroline County Early Head Start program in Denton Maryland. Cathy: Hello, welcome aboard. Female Speaker: Thank you. We have two questions. The first question is what are the benefits of breastfeeding and/or the purpose of breastfeeding a 3, 4, or 5-year-old?

Cathy: Okay, and I'm going to see if any of our panelists would like to answer this. Marlene: I'll answer. Cathy: Okay.

Marlene: This is Marlene and the benefits of breastfeeding a 3, 4, 5-year-old, first of all, historically in a lot of cultures, people breast fed their children until they were 3, 4, and 5 years old. That was just the way it was done before and nutritionally, babies or preschoolers still get calcium.

Human milk has calcium, has lots of vitamins, has lots of minerals and instead of getting, if they are not getting cows milk, they are getting their mother's milk, and that's okay, it is still a nutritionally complete food and they should be getting all the other foods because at six, we do need to introduce other foods to children but human milk is good. It's good and healthy as long as the baby is drinking it or the child is drinking it. And usually, let me just say one more thing, they really are only drinking it two or three times a day.

Cathy: That's correct and I guess maybe we should point out that the worldwide weaning is not six months like it probably is in our country. The worldwide weaning age is around 4-7 years of age. So worldwide, children do breast feed much longer. I do want to also add to that in terms of the additional benefits beyond nutritional benefits would be the immunological protection and we do know from research that the amount of, the concentration of human antibodies and immunity protection in breast milk is there no matter how many feedings a day that mother has given.

They just become more concentrated in fewer feedings. So for instance if a mother is breast feed 12 times a day, that immunity protection seems to be spread out over those 12 feedings but if she is only feeding 2 or 3 times a day, her baby is still getting very important immunity protection for the entire duration that she was breastfeeding. So, there are still some very good reasons to continue breastfeeding, if that is the mother's choice and I think it really boils down to what that mother wants, what is right for her and her child.

We like to stress that breastfeeding is food certainly but it is also a relationship and it is part of how a woman mothers and cares for her child and we need to support her in whatever she has decided is right for her and her child. And finally, I'm just going to point out that the American Academy of Pediatrics recommend that mother breast feed exclusively for around the first six months, that they continue to breast feed through at least the first year of life and thereafter for as long as the mother and baby want to.

They don't say for as long as they want to up to the age of 2 or up to age 3, they say for as long as mother and baby

want to and I think that is a very important distinction. And I believe you had one more question? I think we have time to take your question and perhaps one more.

Female Speaker: Okay, how does the eating habits of Mom infect the breast milk that the child will receive? Cathy: Okay, Mary, would you like to answer this one? Mary: Well, my understanding is that breast milk is made, even if a mother is not as well-nourished as you want, we know that mothers need extra calories. I think Marlene as a dietitian probably can take this in more detail than I can. Cathy: Okay, Marlene, would you do that?

Marlene: Yes, we know that women across cultures when it comes to food composition, breast milk is pretty constant across cultures and across many different women and food intake so that we only see changes in milk when a woman is really truly starving. We don't really see that much difference in composition of human milk with diet except maybe a little bit with fat here and there. But in this country, a lot of times, people say and this is one of the things that we really need to be careful with diet, a lot of women think that they have to eat a perfect diet in order to make milk. And we have to remember that cows do not drink milk and they make milk.

That in order for us to make milk we need to have plenty of fluid and yes we need to eat right but we need to eat right whether we are breastfeeding or not breastfeeding because we need to feel good in order to take care of our young child and so it is really important to stress that yes you do need to eat right and you do need to have an additional 500 calories when you are breastfeeding and that is more calories than you need when you're pregnant because when you're pregnant you need an additional 300 calories. But that is only a little bit more food. You can get that from a glass of milk and an extra sandwich and that is it. You don't have to have a very elaborate special diet when you're breastfeeding.

Cathy: So in other words, Cheetos and Coca-Cola are probably not going to affect your milk much but you might feel pretty bad if that is all you're eating. Marlene: Exactly. Exactly. Cathy: And the reality is that's what a lot of our teenagers are eating although it might not be the best food. We maybe have time for one more question.

Steve: And we'll take our next question.

Steve Schuman: This is Steve Schuman I am also in the Region 1, that's the New England Technical Assistance, I'm a health content specialist and one of the areas that I think many of our grantees struggle with is maintaining WIC participation that is above a percentage that I think is effective. Certainly in Early Head Start it's a little bit higher but generally, in New England, we're seeing something below 70 percent in our Head Start programs and I was wondering if any of the panelists might speak to how to increase WIC participation amongst Head Start families and Early Head Start families.

Cathy: Mary, you might be able to answer this one, you do a lot of work with WIC program in Wisconsin.

Mary: Well one of the things that we do is when the children get their physicals, we find out if they are participating in WIC, especially in the three-to-five program and then we will make a referral directly to WIC so we get the most accurate information from the parent at that time. You know, what is their phone number and what is their address so WIC can call them back. Sometimes it's just a challenge, because parents don't have phones and that is how WIC makes its communication back to families.

So working with outreach workers or our three-to-five programs for families to make the connection back to WIC because you're right, as they get a little older, families work schedules become very, very busy but we do, it seems to be a good process. We just fax over the referral to WIC and then try to expedite that reconnection. Cathy: Great does anybody any of the other panelists have anything you want to add to that?

Marlene: I just wanted to add, this is Marlene, I just wanted to add Steve, that it has to be programs have to systematize the questions so that every single family that comes in, in the intake form they need to say are you in WIC? Cathy: Right.

Marlene: And if they are not staff need to have you need to have a policy of they need to have a policy in place that

says if they are not in WIC this is what is going to happen because if not there is no followup but if you have a system in place for number one, identifying those who are or who are not in WIC and number two, what are the procedures for actually referring to WIC and what the other panelist was saying was that they actually send the referral over what we do is we take the person to WIC so if a person is not on WIC we make sure that we take them in person and get them registered into the WIC program. So you have to have a system.

Cathy: I think that's just some great ideas and maybe on your evaluation form you all may want to share additional ways that you have found this to work so that those ideas can be spread around throughout the community. I really encourage if you don't know who your WIC agency is if you are not involved with them that you make that call today and get to know them. Find out what they provide in the way of services because the resources and services are absolutely amazing and I promise you they will love knowing you are here.

They will love knowing that you are interested in promoting breastfeeding and they will work with you any way that they can. I would like to thank all of our panelists and all the questions. There were some wonderful questions some very, very important issues some hot topics and I think that dialog needs to continue. I think as we begin to wrap up this conference, I would now like to ask each of our panelists, if they will just give us a brief take-home message of maybe the one thing you would most like for everyone to walk away with today and Mary, let's start with you.

Mary: Sure. Thank you and thanks everyone for participating. I just think that for the short- and long-term, physical health and well-being of both the baby and the moms, nothing beats the benefits of breast feeding. Cathy: Great, and Marlene?

Marlene: Yes, I want to thank everybody for participating. I think that is the first step. I think it is absolutely wonderful that so many people are participating in this audio conference and I just want to leave a message that we really can do it. That by, you know, breastfeeding used to be the norm, back in the, before the '40s everybody breast fed and in the '70s we had only a 25 percent breastfeeding rate and then since the '80s and now we have steady increase and that means that we can do it, that your program can do it and you can increase your breastfeeding rate in your program, just the way we're doing it, you know, nationwide.

Cathy: Right, and Janice, how about you? Janice: Well I want to thank everyone for participating and I believe that one of the greatest privileges of working in Head Start is that we have the opportunity to build strong relationships with the families. Who therefore is in a better position to promote and support breastfeeding than Head Start staff?

Cathy: Right, and you know Janice, that really ties in beautifully with what I wanted to conclude with and that is really the powerful impact that affirmation can have with new mothers. I think all new mothers love knowing that they are doing a good job and many of the mothers that we serve never hear from anyone if they are doing a good job, that they are a good mother and I think our caring affirmation really keeps them going in ways that you just wouldn't be able to imagine.

That power of praise really does go a long way in encouraging women when the days become difficult and concerns arise so I would really like to encourage each one of you on this call to look for some ways that you could tell families what a good job they are doing and maybe let them know they are not alone, that their concerns and worries are shared by other people and when they encounter difficulties with breastfeeding, use that as an opportunity to affirm them. Something like "Wow, what a great mom you are for sticking with it when other mothers might have given up" and brag on your mothers often.

Point out how healthy their baby is because she's breast feeding. Let her know that you're proud of her. I really want to encourage you because affirmation I believe is one of the most important and precious gifts that you will ever give a new mother. Well I hope today that you have maybe seen some things that you can do in your space to create that warm and welcoming environment for your mothers and I would just like to encourage each one of you to not be shy about reaching out to pregnant women with information about breastfeeding as well as your breastfeeding moms as well.

You know, you really don't have to be an expert on breastfeeding. Just letting her know breastfeeding is important is a

really good way to begin. And as I mentioned earlier, if you don't know who your WIC agency is, I do encourage you to pick up that phone and get involved and find out what is going on. Be aware that the WIC program often offers a lot of training opportunities in the community and so that may be one way that you can learn a little bit more about breast feeding. We do encourage you maybe to consider planning a world breastfeeding week celebration this August.

I mean, this year's theme on welcoming baby softly is the perfect theme for Early Head Start and we encourage you to think about some ways you might be able to celebrate that theme in your own facilities. And above all, I just would like to remind each and everyone of you that you can and you do make the difference, whether it is one smile, one word of encouragement, or one environmental change that you make in your setting, it really can make the difference to help women feel confident and comfortable with their decisions to breast feed. We look for great things in the Early Head Start program and again, I would just like to thank each and every one of you for being a part of this conference and I am going to turn it over to Amanda now.

Amanda: And I really want to thank you Cathy and Janice and Marlene and Mary. Thank you so much for spending this time with us today. Thank you for sharing your expertise with us. It has really been a learning experience. I think one of the things about our audio conferences is that we are really speaking with a diverse group with a lot of different experiences around breastfeeding and a lot of different community settings and a lot of different things happening in the community and so I think that if people are listening, there are going to be some things that they take away and that they have some questions about.

"Is it really, does it really make sense for me to tell a new family not to bring home that formula bag from the hospital if I don't have the support to do it?" I think that this is really an opportunity for people to look around at their community and look at what the resources are there that can really support women in breastfeeding and in feeding their children and I'm just so excited that you all are here to talk with us about that. You spoke Cathy about affirmation and Janice spoke about relationships.

You all spoke about how important those two things are. I think the value of breastfeeding is tremendous and what we know is that breastfeeding is hard. It is hard, and when Cathy speaks to that affirmation I think, and she said this to all of you, staff really have an opportunity, a very unique opportunity to encourage families to breast feed, to support them in breastfeeding. They need that support; they draw on that support and every smile, as Cathy said, is important. For further information on welcoming and supporting breastfeeding in your program, please refer to the resources in your packet. Please take special note of the resources that are available for free from federal agencies.

There are lovely materials, really lovely materials out there that you can print out today and use with families this afternoon. Use your pre-activity and the applying the information handout to make a plan. What do you as a program want to do next to welcome and support breastfeeding. And finally, I want to encourage you to use each other as a resource. There are hundreds of people on the line with you today. I'm so excited about. Imagine what you can learn from one another. There are some hot topics around breastfeeding. There are some things that really get us thinking and I think it is wonderful that we have a forum to use to have some discussions around that and to do some learning around that.

Those instructions for accessing our discussions forum are in your packet. We will post additional resources there. We heard some additional resources; Cathy and the faculty really had a number of web sites that aren't already on your resource list. We are going to post those additional resources on that discussion forum as well and we can't wait to hear from you over that medium. A few events that I want to let you know are upcoming at the EHS NRC. The deadline for Annual Birth to Three Institute has been extended to June first. So you have an opportunity still to sign up for that. See our web site at www.ehsnrc.org for more details.

Our next audio conference on August 1st is called 'It's Good For Them' and it will look further at supporting healthy feeding relationships. We certainly began that discussion today and we will continue that discussion there. As we plan for that conference though, we really want to hear from you. So please take a moment to fill out those evaluations and return them to us at the EHS NRC. Thank you again for being here today. Thank you for the work that you are doing out there and I'm going to turn it over to Steve to end the call.

Steve: Thank you Amanda and this does conclude today's conference. Thank you for your participation. You may now disconnect.

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-- Premalink for viewing (requires Flash and javascript)

<http://videos.sorensenmedia.com/HEAD+START/000424-Mother%27s+Milk+-+Welcoming+and+Supporting+Breastfeeding+in+Your+Program+%E2%80%93+Audio+Cast-2007/4b8a78c4T360aV44c6Ta129124bcad232c8b>