

**Best Start for Baby: Queen Square Family Health Team –
Prenatal Breastfeeding Education Class PowerPoint Script**

Slide #	Talking Points
1	Title Page: Best Start for Baby <i>*Get participants to do the initial questionnaire before you start*</i>
2	Introductions <ul style="list-style-type: none"> • Speakers • Participants
3	Agenda
4	Activity #1: Brainstorming <ul style="list-style-type: none"> • What have you heard about breastfeeding? • What do you want to know about breastfeeding?
5	1st Subtopic: How Breastfeeding Works!
6	<i>Anatomy and Physiology</i> <ul style="list-style-type: none"> • How do the breasts make milk? <ul style="list-style-type: none"> ○ Over the course of a woman's pregnancy, the breasts undergo changes that enable them to produce milk after the baby is born. Most women's breasts enlarge during early pregnancy as the milk producing glands mature. ○ Breast milk is made by the “milk glands” in the breasts (see figure on slide). During pregnancy, these glands get ready to make breast milk. ○ After a woman gives birth, hormones cause the breasts to fill with milk. For the first few days after birth, women make only a small amount of yellowish milk called “colostrum.” ○ Colostrum has all of the nutrition a newborn needs. Women start making more breast milk a few days later, usually 2 to 3 days after giving birth. • Will I make enough milk? <ul style="list-style-type: none"> ○ Most healthy women can make enough breast milk. Each time a baby feeds and empties the breasts, the body makes more milk. After 2 to 4 weeks of breastfeeding, most healthy women make about 3 cups of milk a day. ○ The production of breast milk is triggered by the following: <ul style="list-style-type: none"> ▪ Surges in prolactin, stimulated by the infant's suckling at the breast after birth ▪ Regular removal of milk from the breast
7	<i>Benefits & Advantages of Breastfeeding</i> <ul style="list-style-type: none"> • Breastfeeding is important because it: <ul style="list-style-type: none"> ○ helps your child to develop good oral motor skills, facial muscles and


	<p>teeth alignment</p> <ul style="list-style-type: none"> ○ helps your child's overall growth and development ○ develops a strong bond between you and your baby ○ is comforting for your child and is relaxing for mom ○ helps your child to develop a better sense of trust and security ○ is always ready at the right time and temperature and is environmentally friendly, convenient and free
8	<p><i>Why Should I Breastfeed?</i></p> <ul style="list-style-type: none"> • How does breastfeeding protect my baby? <ul style="list-style-type: none"> ○ Breastfed babies have a lower risk of ear infections ○ Breastfed babies have a lower risk of stomach and intestinal infections ○ Breastfed babies are less likely to develop obesity in later life type 1 and type 2 diabetes, respiratory infections <p>Breastfed babies are:</p> <ul style="list-style-type: none"> ○ Less likely to get diarrhea, and to be hospitalized for pneumonia ○ Less likely to develop asthma, some cancers, and diabetes ○ Less likely to die from SIDS (sudden infant death syndrome) <ul style="list-style-type: none"> • Does breastfeeding protect mothers too? <ul style="list-style-type: none"> ○ The longer your child breastfeeds, the better it is for mom ○ Mothers who breastfeed their infants have a reduced risk of breast cancer. This risk decreases the longer they breastfeed ○ helps the uterus return to its normal size and control bleeding after delivery ○ prevents pregnancy in the first six months if the following conditions are true: <ul style="list-style-type: none"> ▪ your baby is less than six months old ▪ your menstrual period has not returned ▪ your baby is exclusively breastfeeding and feeds every four hours or sooner and no longer than six hours at night ○ Reduced levels of stress as a result of several hormones released during breastfeeding ○ Possibility of increased weight loss after pregnancy (if breastfeeding continues for at least six months) • For family — Families who breastfeed experience: <ul style="list-style-type: none"> ○ Reduced infant feeding costs. Infant formula and associated supplies are estimated to cost at least \$1000 during the first 12 months


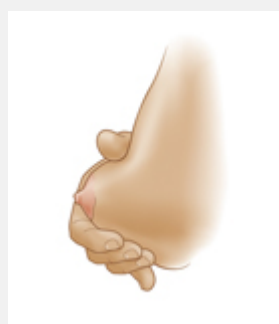
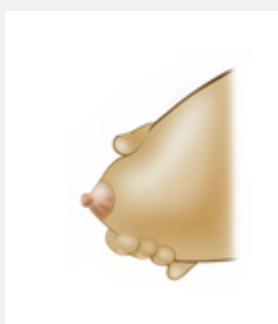

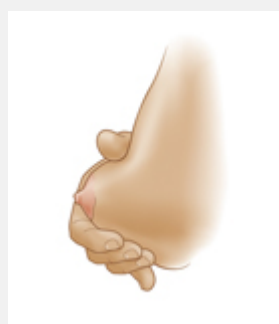
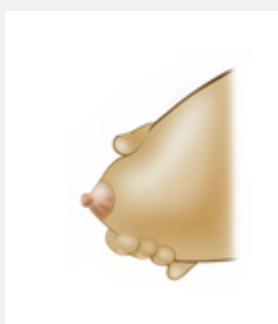

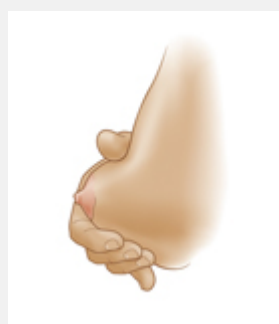
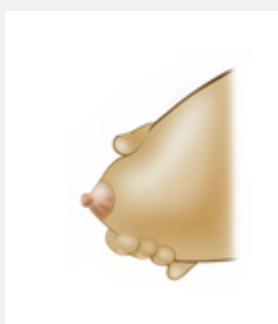
	<ul style="list-style-type: none"> ○ Reduced costs related to healthcare, including doctor's visits, hospital costs, and lost time from work. Infants who are breastfed are less likely to become ill and less likely to be hospitalized, reducing the potential costs and anxieties of caring for an ill child
9	<p><i>Getting off to a good start</i></p> <ul style="list-style-type: none"> • Breastfeed within one hour of your baby's birth. You can usually start breastfeeding right away — even in the delivery room! • Skin-to-skin contact and breastfeeding right after birth helps your baby transition to life outside of the womb • Keep your baby in your room (rather than the nursery) so you can learn to “read” your baby's feeding cues and breastfeed on demand (we will talk more about this later) • Let your baby nurse whenever he wants, day and night — usually about 10 to 12 times in 24 hours in the first few weeks. 8 or more in 24 • Feeding often will get your milk flowing, help you make plenty of milk and help your baby grow • If your baby falls asleep during the first few minutes of feeding, gently wake her up to help her finish feeding. Try tickling her feet or talking to her to wake her up • Ask for help from a nurse or a lactation specialist if you're feeling any discomfort when breastfeeding or are worried that your baby is not getting enough to eat <p>Hold your baby skin-to-skin often</p> <ul style="list-style-type: none"> • Hold your baby skin-to-skin as soon as possible after birth; if your baby is preterm or has special care needs, your health care provider will tell you when your baby is ready for skin-to-skin contact • Hold your baby skin-to-skin before you begin to nurse • Remove baby's clothes and have him wear only a diaper • Place baby on your bare chest • Cover both you and baby with blanket, leaving your baby's head uncovered <p>Skin-to-skin contact:</p> <ul style="list-style-type: none"> ○ Comforts your baby when fussy ○ Regulates infant's temperature ○ Keeps your baby warm ○ Promotes bonding with your baby ○ Increases your breast milk supply ○ Helps your baby latch onto the breast ○ Helps keep your baby's heart rate and blood pressure stable ○ Your baby's father or other family member can also hold the baby skin-to-skin

10	<p><i>Breastfeeding Recommendations:</i></p> <p>How long should I breastfeed?</p> <ul style="list-style-type: none"> It is recommended that a child is breastfed exclusively for six months. Breast milk is all the food your baby needs for the first six months. Babies also need a daily vitamin D supplement in their first year of life. 400 IU ~ usually one drop is recommended for Vitamin D What is meant by exclusive: <ul style="list-style-type: none"> Most national and international groups recommend exclusive breastfeeding without the use of infant formula or other foods or liquids for the first six months, and partial breastfeeding for at least 12 months...up to 2 yrs and beyond The longer your child breastfeeds, the better the health benefits—breast milk changes to suit your child’s needs as he grows. For example, immune factors such as antibodies that are present in the breast milk made for newborns are different from the antibodies that are found in toddlers’ breast milk At six months your baby will continue to breastfeed while beginning to eat other foods Breastfeeding can continue for the first two years or more, for as long as mother and child want The breastfeeding relationship between mother and baby also develops and changes during the toddler years There is no "right time" to stop
11	<p>Activity #2: Risks of NOT Breastfeeding</p> <ul style="list-style-type: none"> What are the risks of not breastfeeding? <i>Cue-cards with images</i> Look at the image on your cue-card and share with everyone else what you think one of the risks of not breastfeeding is <p>Cards & Answers:</p> <ul style="list-style-type: none"> Wallet—breastfeeding saves money Scale—breastfeeding helps mother lose weight that she gained during pregnancy Toothbrush—breastfeeding promotes healthy tooth and jaw development Garbage bag—breastfeeding is environmentally friendly Picture of ear —breastfeeding protects against ear infections Thermometer—breastfed children have fewer illnesses Report card—breastfed children have higher IQ Sanitary pad—mothers who breastfeed have less risk of hemorrhage Picture of a heart—breastfeeding promotes bonding Immunization card or vaccine packaging—breastfed babies have more antibodies and a

	<p>heightened response to immunization</p> <ul style="list-style-type: none"> • Pregnancy test kit—for some women breastfeeding may delay the return of fertility (Note: be sure not to give the impression that breastfeeding is a foolproof method of contraception) • Breast Cancer Ribbon: reduces risk of breast and ovarian cancer for women
12	2nd Subtopic: How to Breastfeed!
13	<p><i>Latch</i></p> <ul style="list-style-type: none"> • The word 'latch' describes the position of your baby's mouth on your breast. This should not cause pain or damage to your nipples. • A good latch is needed for the breast milk to flow properly and for your baby to feed well and stimulates your breasts to produce enough milk • Discomfort and pain can be prevented by latching the baby properly to the breast, by good positioning and by properly taking the baby off the breast • Latching your baby may occur naturally. Sometimes extra attention may be needed to prevent difficulties for you and your baby.
14	<p><i>Latching your baby:</i></p> <ol style="list-style-type: none"> 1. Choose a position that is comfortable for you and your baby taking care to support your back and arms with pillows. 2. Create a ridge with your breast like the letter C or the letter U, keeping in mind it should be the same shape as your infant's mouth 3. Ensure your baby's mouth is wide open so that she will breastfeed well; gently tickling her mouth with your nipple may help her to open wide. 4. Point your nipple towards the upper third of her mouth. 5. Bring her quickly but firmly to your breast once her mouth is open wide. Try to avoid forcing your nipple and areola into her mouth. <p><i>Signs of a good latch-on include:</i></p> <ul style="list-style-type: none"> • The top and bottom lips should be open to at least 120° • The lower lip (and, to a lesser extent, the upper lip) should be turned outward against the breast • The chin should be touching the breast, while the nose should be close to the breast • The cheeks should be full • The tongue should extend over the lower lip during latch-on and remain below the areola during nursing (visible if the lower lip is pulled away)
15	LACTH VIDEO
16	<p><i>Positions</i></p> <ul style="list-style-type: none"> • A good latch onto the breast and a comfortable position are important for breastfeeding success

	<ul style="list-style-type: none"> • 4 popular positions include: cross-cradle, football, cradle, and side-lying. These are natural positions for baby to latch as most babies are tummy feeders • Try different breastfeeding positions to see what works best for you.
17	<p><i>Cross Cradle Hold</i></p> <p><i>This hold works well for babies who are having trouble latching on, small babies, preemies and babies with special needs.</i></p> <ol style="list-style-type: none"> 1. Sit up straight in a comfortable chair. 2. Hold your baby with the arm opposite the breast at which she will nurse. For example, if you are nursing from your left breast, use your right hand and arm to hold your baby. 3. Your baby's chest and stomach should be directly facing you. <i>Your baby's ear, shoulder and hip should be in a straight line with his stomach touching your stomach.</i> 4. Using the hand that is holding your baby, position the palm of your hand on her back, supporting her head with your thumb behind the ear and other fingers supporting her cheek. Don't push her head into your breast. <p><i>Support your breast with the other hand using a 'C' hold -place your fingers below your breast and your thumb above your breast staying well back from the areola (the brown area). Hold your breast gently taking care not to squeeze.</i></p>
18	<p><i>Football hold</i></p> <p><i>This is a good hold to use after a caesarean birth, if your breasts are large or if your baby is sleepy.</i></p> <ol style="list-style-type: none"> 1. Tuck your baby at your side, under your arm with your elbow bent. 2. With your open hand, support your baby's head and face her toward your breast with her nose to your nipple and her feet pointing toward your back. 3. Use your arm to support your baby's back, neck and shoulders from underneath. 4. For comfort, put a pillow on your lap under your baby. 5. Support your breast with your other hand, if necessary.
19	<p><i>Cradle or cuddle hold</i></p> <p><i>This position makes it easy to nurse without other people noticing, but it is a more difficult position to learn how to get the baby well latched</i></p> <ol style="list-style-type: none"> 1. Sit up straight in a comfortable chair. 2. Lay your baby on his side, with his stomach touching yours and his head in the curve of your arm. 3. Put your arm and hand down his back to support his neck, spine and bottom. <i>Support your baby's head and neck in the crook of your arm on the same side as the breast to be used. Use your forearm to pull your baby close to you and support his buttocks with your hand.</i> 4. Bring him to your breast. Don't lean forward as this may cause back pain. 5. You may want to put a nursing pillow under the baby so that he is closer to your

	breast.
20	<p><i>Side-lying position</i></p> <p><i>This position is an option if you've had a caesarean delivery, sitting up is uncomfortable for you or if you wish to rest while you nurse.</i> This position is more difficult with early breastfeeding when mother and baby are both learning how to latch.</p> <ol style="list-style-type: none"> 1. Lie on your side with your baby facing you. 2. Support his body with your free arm and his head with your hand. 3. Pull your baby close and guide his mouth to the breast. 4. Once your baby latches on, use the bottom arm to support your own head and your top hand and arm to help support your baby.
21	POSITIONS VIDEO
22	<p><i>Techniques to improve breastfeeding:</i></p> <ul style="list-style-type: none"> • Ensure that your baby is latched well and that you can see her sucking and swallowing breast milk. If you think that your baby is not getting enough milk, attempt to re-latch her. • Massage your breasts gently before and/or during feeds to improve the flow of milk to your baby. • Stimulate your letdown by using a warm compress and/or hand expression before latching your baby. • Switch your baby to your other breast when her sucking and swallowing decreases or when she is no longer sucking effectively; switch after 15-20 min. • Have your baby skin-to-skin with you while nursing. • Use breast compressions to increase your baby's milk intake especially if she is sleepy or has a weak suck:  <ol style="list-style-type: none"> 1. Hold your breast with your hand in a 'C' or 'U' position (see diagram). 2. Gently squeeze (compress) and hold your breast when your baby's sucking slows down or becomes less effective. Compressing your breast helps your milk to flow while your baby is still latched.; Releasing the compression after your baby stops sucking helps stimulate another letdown. 3. Repeat compressions if your baby does not start to suck effectively again after a few seconds. 4. Compress different areas on your breast to drain as many milk ducts as possible.

	<p>5. Continue with breast compressions until your baby is full or sucking effectively on her own. Switch your baby to your other breast when compressions are no longer effective.</p>						
23	<p>Breast Compressions</p> <p>Expressing breast milk by hand</p> <ol style="list-style-type: none">1. Remove any restrictive clothing/bra.2. Wash your hands thoroughly with soap and water.3. Get a clean container with a wide opening to collect the expressed milk.4. Choose an environment that is comfortable and which has minimum distractions.5. Apply warmth and gently massage your breasts before hand expressing to encourage your breast milk to flow. <table><tr><td></td><td></td><td></td></tr><tr><td><p>6. Gently lift your breast positioning your thumb on top of your breast and first two fingers underneath, about 1 to 1 ½ inches (2 ½ to 4 cm) back from the nipple</p></td><td><p>7. Press back towards your chest wall then compress</p></td><td><p>8. Relax</p></td></tr></table> <p>9. Repeat, moving thumb and fingers around the breast; position, press back towards your chest, compress and relax</p> <p>10. When milk flow slows, switch to the other breast and repeat sequence of position, press back, compress and relax</p> <p>THIS ALSO HELPS WITH ENGORGEMENT, which will be discussed later</p>				<p>6. Gently lift your breast positioning your thumb on top of your breast and first two fingers underneath, about 1 to 1 ½ inches (2 ½ to 4 cm) back from the nipple</p>	<p>7. Press back towards your chest wall then compress</p>	<p>8. Relax</p>
							
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24	<p>Infant feeding cues</p> <ul style="list-style-type: none">• Babies communicate when they are hungry and when they are full, and you will learn your baby's individual cues.• Crying is a late sign of hunger.• Breastfeed your baby according to cues, not according to a schedule						

	<ul style="list-style-type: none"> Let your baby nurse whenever he is hungry. This is called feeding “on demand” In a 24-hour period, a healthy newborn will often feed at least 10 to 12 times Remember 8 or more in 24 <p>Growth Spurts:</p> <ul style="list-style-type: none"> During a growth spurt, breastfed babies nurse more often than usual (sometimes as often as every hour) and often act fussier than usual Common times for growth spurts are during the first few days at home and around 7-10 days, 2-3 weeks, 4-6 weeks, 3 months, 4 months, 6 months and 9 months (more or less). Babies don’t read calendars, however, so your baby may do things differently Growth spurts usually last 2-3 days, but sometimes last a week or so Follow your child’s lead. Baby will automatically get more milk by nursing more frequently, and your milk supply will increase due to the increased nursing
25	<p><i>Feeding cues — early signs that your baby is hungry — include: (flip to next slide for diagram)</i></p> <ul style="list-style-type: none"> Hand to mouth movements Sucking on his hands Smacking his lips Opening his mouth or moving his mouth Moving his eyes while sleeping Sleeping lightly after one or two hours of deep sleep Rooting around and “looking for” the breast Cooing or sighing noises <p><i>How long should I feed for?</i></p> <ul style="list-style-type: none"> Let your baby nurse until she is satisfied — usually about 15 to 20 minutes of active breastfeeding on each breast. <p>Watch for signs that she is satisfied:</p> <ul style="list-style-type: none"> Baby’s hands and body are relaxed. She removes her mouth from the nipple on her own, or falls asleep. Also, you will notice that your breast feels less full. <ul style="list-style-type: none"> If your baby has finished breastfeeding but is still latched on, put the tip of your pinky finger gently into the corner of her mouth to release suction and take her off the breast
26	Infant feeding cues diagram
27	<p><i>Effective Breastfeeding</i></p> <p>Signs that your baby is getting enough milk (flip to next slide for visual)</p> <ul style="list-style-type: none"> Your baby will be gaining weight, as your doctor will be able to tell you. Babies can lose 7-10% of their body weight in the first 3 days after birth: they should regain their birth weight by 10-14 days Most babies gain between 20 -35 grams from day 4 onwards

	<ul style="list-style-type: none"> Also, the number of wet and dirty diapers each day can help you know that she is nursing well
28	Effective Breastfeeding: Tool that describes infant tummy size along with number of diapers
29	Activity #3: Practice <ul style="list-style-type: none"> Use life-like dolls to practice positioning Try one of the four positions covered, i.e., football/clutch, cradle, cross-cradle, and side lying Use armchairs, pillows, footrests etc. to make sure you are comfortable
30	BREAK TIME
31	3rd Subtopic: Common Concerns & Management Techniques!
32	Common Concerns & Management <ul style="list-style-type: none"> What problems can women encounter when they breastfeed? <ul style="list-style-type: none"> Engorgement Nipple soreness Blocked milk ducts Breast infections (mastitis) Nipple colour change Thrush Baby is sleepy at breast Returning to work/school Breastfeeding in public How can I deal with these concerns? <i>Next slide will talk about each concern and how to deal with them</i>
33	<p>Engorgement — Engorgement is the term doctors use for when the breasts are too full of milk. When the breasts are engorged, a baby can have trouble with “latch-on.” Breasts that are engorged can be swollen, hard, warm, and painful.</p> <p>The only proven way to deal with engorgement is to use your hand or a breast pump to let some milk out between feedings. <i>But don’t let too much milk out or pump for more than 2 to 5 minutes. Pumping for too long or releasing too much milk can make engorgement worse.</i></p> <p>You can also try the following home remedies to reduce the pain:</p> <ul style="list-style-type: none"> ●Use a cold pack ●Take a pain-relieving medicine, such as ibuprofen or acetaminophen ●Take a warm shower ●Gently massage your breasts to start your milk flow ●Apply cabbage leaves

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Nipple Concerns

Sore or painful nipples — Some nipple soreness is normal during the first minute of each breastfeeding session. Nipple pain that lasts the whole breastfeeding session is usually not normal. It can be caused by nipple cracks, blisters, or bruises. Nipple pain can happen for different reasons, such as when a baby does not have a good latch-on.

The most important thing you can do to prevent and deal with nipple pain is to make sure your baby latches on the right way.

You can also try the following home remedies:

- Use an antibiotic ointment on your nipples, if they are cracked or scabby. But do NOT use vitamin E on your nipples, because high levels of vitamin E could be toxic to your baby.
- Apply a cool or warm wash-cloth on your nipples
- Take a mild pain reliever, such as Tylenol
- Wear breast pads between feedings to protect your nipples.
- If your baby is biting you, position the baby so that his or her mouth is wide open during feedings. That will make it harder to bite. Also, stick your finger between your nipple and the baby's mouth any time he or she bites you and firmly say "no." Then put the baby down in a safe place. The baby will learn not to bite you.

Nipple color changes — The nipples can turn white, blue, or red, and be painful. This can happen when the blood vessels in the nipples become narrow.

To treat this, you can:

- Turn up the room temperature and wear warm clothes.
- Put a warm cloth over your breasts before and after breastfeeding.
- Stop smoking (smoking can make this problem worse).
- Avoid drinks and foods with caffeine (caffeine can make this problem worse).
- Stop taking medicines that cause the blood vessels to become narrow.
- Take medicines, if your doctor prescribes them.

Nipple color changes and pain can also happen if a baby doesn't have a good latch-on or doesn't breastfeed in the right position.

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Blocked milk ducts — A blocked milk duct can cause a red and painful breast lump. It can also cause a white plug at the end of the nipple

If you have a blocked milk duct, try to increase your breastfeeding frequency. Make sure that your baby empties your breasts during feedings. Start with the breast that has the blocked milk duct, and use different breastfeeding positions to try to get the breasts as empty as possible. To help your milk flow better, you can also try taking a warm shower, warm compress or gently massage the breast.

36	<p>Breast Concerns:</p> <p>Breast infections — Mastitis</p> <p>Mastitis can cause a fever and a hard, red, and swollen area of the breast. Women can also have muscle aches or chills.</p> <p>You do not need to stop breastfeeding if you have mastitis.</p> <p>To treat your mastitis, you can:</p> <ul style="list-style-type: none"> • Take a pain-relieving medicine, such as ibuprofen or acetaminophen Can also use warm or cold compresses for pain relief • Massage your breasts during feedings. • Use a breast pump to empty your breasts after feedings, if unable to breastfeed Or you can pump in addition to breastfeeding until mastitis resolves. • Take antibiotic medicines, if your doctor prescribes them. <p>Prevention:</p> <ul style="list-style-type: none"> • 8 or more feeds in 24 hours • Check often for blocked ducts • Feed on both sides during each feed • Do Not skip breastfeeding • Do Not go for long stretches of time without feeding all of a sudden. If increasing length of sleep at night, do so gradually.
37	<p>Thrush</p> <ul style="list-style-type: none"> • If you notice white patches in your baby’s mouth, or you have itchy, red nipples or painful breasts during and after feeding, you may have thrush. • Thrush is a mild yeast infection that is easily treated. Your doctor will prescribe an anti-fungal medication for both you and your baby. <p>Prevention:</p> <ul style="list-style-type: none"> • Keep nipples open to air when possible • Keep breast pads dry and change often • Thrush can spread from mum to baby- so don’t just treat one or the other. Avoid warm, moist environment
38	<p><i>Infant is excessively sleepy at the breast</i></p> <ul style="list-style-type: none"> • Your baby falls asleep at the breast and stops active feeding • Techniques <ul style="list-style-type: none"> ■ Blowing on the infant’s head/ear, ■ gentle sternal rub ■ Tickling feet

39	<p><i>Breastfeeding in Public</i></p> <ul style="list-style-type: none"> • Laws gives you the right to breastfeed your baby in any public place, even if the nipple can be seen. • If you do not want your breasts to show in public, try using the cradle position and put a shawl or receiving blanket over your shoulder to cover your breast. • If you prefer not to nurse in public, you can express your milk at home and take it in a bottle with you to feed your baby when you go out. • If you decide to bottle feed in public make sure you consider the amount of time you are out for. Your baby will have expressed milk, but you, the mum, needs to think about bringing a pump or scheduling your outing so that you are not out for too long before you pump or feed again to prevent engorgement
40	<p>Video: Worried about what people might think?</p>
41	<p>Breastfeeding vs. Feeding Expressed Breastmilk</p> <ul style="list-style-type: none"> • What is the difference? • What are the benefits of breastfeeding? <ul style="list-style-type: none"> ○ Better appetite regulation for the baby ○ Skin to skin contact increases milk production ○ Oxytocin is released with breastfeeding ○ Increased mom and baby bonding ○ Increases mothers confidence ○ Decreases infant crying ○ Antibodies are shared both ways – mom to baby and baby to mom ○ Helps with development of facial muscles and facial symmetry including jaws and teeth ○ Lower rates of misaligned teeth and need for braces in breastfeed children ○ Infants have fewer problems with sleep apnea and snoring later in life
42	<p><i>Returning to work or school</i></p> <ul style="list-style-type: none"> • Many mothers who breastfeed also work outside the home or go to school • Before you return, let your employer/school know that you wish to express (pump) your milk during the day <p>Here are some tips to help make the transition easier:</p> <ul style="list-style-type: none"> • Select a breast pump several weeks before going back to work and start working on storing breastmilk, pumping should be done 30-60 min after, but no later than this as you're breastfeeding again in about an hour • First choice for storage is glass containers with a tight lid (for example, small jars and bottles with lids) • Store the pumped milk in the freezer before you start back to work so there will be plenty of stored milk that can be fed to your baby. Make sure to label milk with dates

	<ul style="list-style-type: none"> • Nurse your baby right before you leave for work and right after you get home • Express your milk during the day and keep it in a refrigerator or a cooler bag with an ice pack. Refrigerate or freeze the milk when you return home <ul style="list-style-type: none"> ○ Use refrigerated milk within five days if it was never frozen. ○ If it was frozen and thawed and placed in the refrigerator use it within 24 hours ○ Thaw milk in fridge for 4 hrs or under cool running water (switching to warm) ○ Frozen milk can be stored for three to six months in a freezer of a two door fridge. Storage time varies depending on freezer type. Once thawed, use within 24 hours. • Never heat breast milk on the stove or in the microwave or thaw at room temp • If possible, wear clothes that let you breastfeed or pump easily, like two-piece outfits or clothes designed for breastfeeding • Consider nursing your baby more often when you are home, especially during the weekends. This will help you maintain your milk supply and keep your baby close.
43	Should I seek further help? — Talk with your doctor or nurse or lactation consultant if you have problems with breastfeeding and need further support!
44	Activity #4: Breastfeeding Bafflers- Case Study <ul style="list-style-type: none"> • Think – Pair – Share • Think about the scenario and the answers to the questions, buddy up and share your answers • Large group discussion
45	Case Study: Baby Sam is 4 days old and it is 2:00 AM. You are at home with the baby. The baby has been nursing well around the clock since day 2 but you wonder if the baby is getting any milk.
46	Probing Questions: <ul style="list-style-type: none"> • How can you know for sure the baby is getting enough milk? <p>More questions to guide the activity...</p> <ul style="list-style-type: none"> • What if you can't decide for sure based on the output, and you need more reassurance? • They sent you home with a diaper bag full of formula, does that mean you should give it to the baby? What effect would that have on the baby's sleep? On its interest in breastfeeding? On your milk supply? On the latch-on? • Why do you think the hospital gave you the formula? • What if your breasts seem so full the baby can't latch on well?

	<ul style="list-style-type: none"> • What if the baby does latch on well and nurse 15 minutes steadily then falls asleep? Does that mean it is not interested? Should you try the other side? • What if your nipples feel very sore the whole feeding, look white and mashed after the feeding, then start to crack and bleed?
47	4th Subtopic: Myths & Misconceptions!
48	<p><i>Myths & Misconceptions</i></p> <p>There is a lot of really good, really helpful information about breastfeeding out there. But between the Internet and the abundance of insights from well-meaning (but often woefully misinformed) friends and family, there is also a lot of misinformation.</p>
49	<p>Myth #1: Breastfeeding is easy.</p> <p>Yes, babies and mothers are hardwired for breastfeeding. And yes, for some new moms it does come easy. But the notion that for most women it is a completely seamless process, with no learning curve, is just plain wrong. Some women and their partners have a hard time conceiving, and some mothers and babies struggle to get the hang of breastfeeding.</p> <p>Know that you haven't somehow failed if you find yourself struggling. If you need assistance find a qualified professional who can offer guidance or get peer support from other moms.</p>
50	<p>Myth #2 Breastfeeding hurts and Pain is Normal</p> <p>You will probably have some mild pain when you breastfeed.</p> <p>When the baby nurses, you may have some tenderness of the nipples at first, which will go away as you get used to nursing. Pain during the first minute is normal, but bad pain is a signal the baby is not positioned well on the breast, you need to try to reposition the baby so he can suckle well and get the colostrum or milk from the breasts.</p>
51	<p>Myth #3: You have to follow a strict diet while nursing (The more water you drink and the healthier you eat, the more milk you'll make)</p> <p>Most mothers can eat almost anything while nursing. Hydration and good nutrition are important for breastfeeding mothers, just as they're important for pregnant women. But nursing women need not go overboard to produce "good milk." Likewise, drinking a lot of liquids will not dramatically affect a woman's milk supply or quality.</p> <p>The milk may be flavored according to what the mother eats, but most babies like the</p>

	<p>mother's milk and probably this helps them get used to what the family usually eats! Hot peppers, garlic, or Italian spices, breastfed babies get a wide variety. If your baby doesn't like particular thing (rare) or gets "gas", he will let you know. Therefore, some mothers may need to alter their diets in order to accommodate babies with certain sensitivities, but that's the exception, not the rule.</p>
52	<p>Myth #4: Breastfeeding = fool-proof birth control.</p> <p>Breastfeeding can be effective birth control, but only if certain conditions are met. According to Planned Parenthood, women can use breastfeeding as a form of birth control in the first six months after giving birth if they're breastfeeding exclusively (meaning that baby is not drinking anything else), nursing at least every four to six hours and have not yet gotten their period again. But it's not foolproof -- 1 in 100 women who practice continuous breastfeeding will get pregnant, and 2 in 100 will if they don't always practice it correctly, Planned Parenthood estimates.</p>
53	<p>Myth #5: No one else can help you if you breastfeed.</p> <p>There is plenty of other work in baby care besides feeding. Partners or other support can often feel "left out"</p> <p>Getting the support you need to breastfeed is important. Your partner, family members and friends can all help you and your baby by:</p> <ul style="list-style-type: none"> • Keeping you company while you breastfeed and offering you a drink, footstool or pillow to use when nursing. • Burping the baby after feeding. • Changing the baby's diaper or bathing • Taking care of the baby so that you can take a shower, nap or eat. • Helping with household chores such as cooking, cleaning, laundry, grocery shopping or washing dishes. • Taking care of an older child while you breastfeed. • Bringing the baby to you from the bassinet or crib for nighttime feeds. • Checking the baby's latch • Once the milk supply is well established, support person(s) can give the baby a "relief" bottle now and then so mom can have some uninterrupted time for herself. Expressed breast milk can be used. <p>Support person(s) have a very special role in breastfeeding: help the mom be committed to breastfeeding even if she is tired and discouraged. Continuing to encourage the mom and provide support however you can is import. Also, the moms support person can protect her from well-meaning family or friends who may try to give "helpful" advice that is wrong. Making sure you are well informed (read up and learn about</p>

	<p>breastfeeding) is important.</p> <p>Video: Just be there!</p>
54	<p>Myth #6: Using pacifiers and bottles will not affect my baby's latch</p> <p>Pacifiers and bottles should be avoided, but especially in the first 6 weeks. Parents often use a pacifier to soothe their infant, However, pacifiers and bottles can affect how your baby latches to the breast, so they should be avoided. This will ensure effective breastfeeding.</p> <p>The way babies suck on a pacifier is different from the way they suck at the breast. While your baby is still learning to breastfeed she may find it difficult to go from breast to pacifier and back again. Sometimes babies change the way they suck at the breast and become less efficient. This may cause sore nipples, or the baby may not gain weight well. Using a pacifier can cause mothers to make less milk. Pacifiers can also increase the risk of babies getting ear infections and having later dental problems.</p>
55	<p>Myth #7: After 20 minutes, your breasts run out of milk.</p> <p>Your breasts don't start with milk and then run out after the clock hits a certain time period. The flow of the milk does slow down, and your baby goes from getting the foremilk (the more watery milk during the letdown) to the hindmilk (the fattier, higher calorie milk). Think of it as starting with a salad, and then eating your main meal!</p>
56	<p>Myth #8: The size of your breasts determines how much milk you make. Also known as "Your breasts are too small to have anything, you've probably run out of milk!"</p> <p>No! It is <i>normal</i> for a mother's breasts to begin to feel less full, soft, even empty, after the first 6-12 weeks. The size of your breasts does not determine how much milk you make. The production of breast milk is triggered by the following:</p> <ul style="list-style-type: none"> • Surges in prolactin, stimulated by the infant's suckling at the breast after birth • Regular removal of milk from the breast
57	<p>Activity #5: Breastfeeding Skits:</p> <p>Supportive Breastfeeding vs Non Supportive Breastfeeding Skit What does supportive breastfeeding look like?</p> <p>Instructions: Part 1:</p>

	<ul style="list-style-type: none"> • Ask for six volunteers • Everyone gets a role • Hand out appropriate cards to each person for the Non-Supportive Breastfeeding Case • Ask them to act out their cards according to the number on the cards (#1 goes first then #2 etc.) • Collect the cards <p>Part: 2</p> <ul style="list-style-type: none"> • The same people are assigned the same roles but now go through the supportive breastfeeding cards • Ask for six volunteers • Everyone gets a role • Hand out appropriate cards to each person for the Supportive Breastfeeding Case • Ask them to act out their cards according to the number on the cards (#1 goes first then #2 etc.) • Collect the cards <p>Discussion Questions:</p> <ul style="list-style-type: none"> • Ask the class how they felt about it? What was positive and negative about each scene? Did they notice the difference a supportive environment can make? • Which scenario was supportive? What leads you to believe that? • Were the messages from the doctor/nurse given to the mother accurately and consistently? • Overall, can you comment on your thoughts? • How else can you get support? Or Provide support?
58	Goal Setting: “Breastfeeding Action Plan”
59	<p>Goal Setting- <i>give everyone a goal setting handout!</i></p> <ul style="list-style-type: none"> • Create a personalized breastfeeding plan • Use SMART GOALS <ul style="list-style-type: none"> ○ Specific ○ Measurable ○ Attainable ○ Realistic ○ Timely • Keep this plan posted somewhere you can see it & remember what you decided to do!
60	<p>Wrap Up:</p> <ul style="list-style-type: none"> • Key take-away messages? • How do you plan on using this information?

	<ul style="list-style-type: none"> • Final questions?
61	Evaluation <ul style="list-style-type: none"> • Please fill out and return the evaluation!

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