PRENATAL DISCUSSION SESSIONS

SCHEDULING PRENATAL EDUCATION CONTACTS

1) Pregnant women should be given choices in being involved in designing their own nutrition education plan, for a number of reasons:

* The WIC program is advancing nutrition education by encouraging participants to be partners in facilitated group discussions.

* Allowing choices is fundamental to effective adult learning.

* Just as children can be offered healthy food but not forced to eat, people can be given opportunities to learn but not forced to participate.

2) In devising individual nutrition education plans, the following guidelines should be used:

* At certification, each participant will be given a list of all prenatal discussion sessions and encouraged to select as many as possible for her nutrition education plan, given her due date.

* If the participant is hesitant or needs more information, the nutritionist will describe the session topics in a positive way and reinforce the importance of attending, the benefits to the woman, and the benefits to the whole group if the woman will participate.

* If the woman needs guidance in prioritizing sessions, the nutritionist will use her expertise to work with the woman to develop an appropriate nutrition education plan.

* If the woman declines to attend **"How Will You Feed Your New Little One"** (Session P-3) or **"Am I Ready To Breastfeed?"** (Session P-6), or if she refuses to attend any session, she will be scheduled for **"A Chance To Ask Questions And Talk To The Nutritionist"** (Session P-4).

* The nutrition education plan will be documented on the certification form along with any relevant notes regarding client choices. It will be explained to the client that every effort will be made to accommodate her choices given her time constraints and clinic scheduling needs.

* The participant will be given opportunity each month to evaluate her choices and involvement in development of the plan.

SELECTION OF PRENATAL DISCUSSION SESSIONS

"Eating for Two? Everything You Always Wanted to Know About Eating and Baby Growth During Pregancy."
(Session P-2)

So what should you eat now that you're pregnant? And how do you deal with morning sickness? Are you really eating for two? This session is a good time to discuss all your questions that have to do with eating and weight gain during pregnancy.

"How Will You Feed Your New Little One?"
(Session P-3)

This session will discuss your issues and concerns to help you make the best choice when it comes to feeding your baby. Many women have lots of questions about breastfeeding, even though they may have heard that it can be a pleasant experience and one of the best gifts you can give to your baby. Can I breastfeed? Will I be embarrassed to breastfeed? Do I have to eat in a special way if I breastfeed? Can I keep doing the things I normally do if I breastfeed? What makes breastfeeding so special?

"A Chance to Ask Questions and Talk to the Nutritionist."
(Session P-4)

Talking with the nutritionist, in private, may be just what you need to get answers to your questions and concerns about your pregnancy and nutrition. Often, this visit may be a chance to review how you feel about how you're eating, your weight gain and other lifestyle habits. Also, this could be a good time to discuss how you want to feed your new baby. The nutritionist may be able to give you some specific ideas for dealing with eating or other concerns you have about your pregnancy.

"Keeping Your Baby Safe Before It Is Born."
(Session P-5)

Being pregnant changes your life in many ways. Some habits are hard to give up even when you know the risks to your baby. How do people change these habits? Which habits should be changed? What's worked for you and others in making changes? These questions and others will be discussed during this class to help you make positive changes to keep your baby healthy before he or she is born.

"Am I Ready to Breastfeed?"
(Session P-6)

So you've thought about breastfeeding but are a bit unsure how to do it. Maybe you're still thinking about breastfeeding and need more information on what to expect. What kinds of things do you need to know to have breastfeeding start off right? Who can you call if you need help? The information shared in this session will help prepare you for breastfeeding.

PRENATAL DISCUSSION SESSION: P-1

CERTIFICATION

OBJECTIVE:

The WIC participants will receive individualized counseling from a nutritionist and identify a nutrition goal to improve their diet within the nutritionist's recommendations. The client will state the total weight gain recommended for themselves, know the risks involved with caffeine, smoking, alcohol, and drug use during pregnancy, and describe dietary means for alleviating discomforts of pregnancy.

BACKGROUND INFORMATION:

1) "Facilitating WIC Discussion Groups" at the beginning of this document (page Intro -1).

2) All sources listed in the Prenatal Study Guides may be relevant.

3) "Goal Setting" -- see page CH-6.

METHOD:

The WIC nutritionist will use active listening skills to address the participant in a one-on-one discussion that targets particular concerns of each individual woman. The nutritionist will review client information, note possible areas of need, and provide information, referrals, and follow-up scheduling as necessary.

MATERIALS NEEDED:

1) Food Guide Pyramid: A Guide to Daily Food Choices (Poster).

2) Food Frequency Tool.

3) Referral List.

SESSION OUTLINE:

1) Opening the Session.

   -- Assess diet.

   -- Assess other risk factors.

   -- Describe risks to client and describe intake assessment using the Food Guide Pyramid. Write in number of servings on Food Guide Pyramid.

   -- Develop nutrition plan for participant.

2) Ask general, non-specific, open-ended questions to stimulate the participant and to focus on their diet and goal-setting:

   -- *"Given what you've told me about your diet, what are some ideas you may have for working on it?"*

   -- *"If you could do one very small thing to change your diet, what would you do?"*

   -- *"When you think of healthy eating during pregnancy, what comes to mind?"*

   -- *"What is a healthy eating style during pregnancy, and how will you get there?"*

   Help the client choose one achievable goal to address for their certification period. Be sure that client's goal is realistic. This entails taking only a small part of their long-term goal for the next few months. Be **SUPPORTIVE** and **NON-JUDGEMENTAL**. Document goal on Food Guide Pyramid and on Food Frequency Form. Refer to "Goal Setting" (Appendix). Explain how WIC foods will help to improve client's diet and the importance of eating the food.

3) Explain to the parent or guardian the importance of attending the nutrition discussion sessions.

4) Choose the discussion sessions the client would like for that certification period.

   Note: if the client is a high risk client (for example, Priorities I-III), suggest that they a attend the appropriate sessions tailored to their risk factors.

5) Refer other (lower-risk) program categories to WIC facilitated session summaries for their first session.

6) Summarize the key points of the goal set by the client.

PRENATAL NUTRITION NEEDS AND IMPORTANCE OF WEIGHT GAIN

Eating For Two?
Everything You Always Wanted to Know About
Eating and Weight Gain During Pregnancy.

ALTERNATIVE TITLE:

"So What Should I Eat Now That I'm Pregnant?"

OBJECTIVE:

WIC participants will discuss the importance of proper nutrition as it relates to weight gain during pregnancy.

BACKGROUND INFORMATION:

The following are excellent sources of accurate prenatal nutrition information which can be reviewed on an on-going basis and referred to when participants have questions:

1) Required Study Guide (follows).

2) "Nutrition in Pregnancy and Lactation", B. S. Worthington-Roberts.

3) "Nutrition During Pregnancy: Summary, Conclusions, and Recommendations", Institute of Medicine booklet.

METHOD:

Involving participants in a facilitated group discussion.

MATERIALS NEEDED:

1) Poster: Food Guide Pyramid: A Guide to Daily Food Choices.

2) Posters/pamphlets: Developmental Stages of Pregnancy (March of Dimes).

3) Poster: Weight Gain.

4) Pamphlet Listing - see Appendix (page AP-1).

POSSIBLE DISCUSSION TOPICS:

Session Outline follows.

SESSION OUTLINE:

1) Opening the Session.

* Introductions: Introduce yourself. Give everyone the opportunity to know a little about each other, and to practice speaking to the group. Begin by having each person introduce themselves. They can give their name and their due date, or other information you or they think of.

* Icebreaker Exercise (optional -- see earlier section on "Facilitating WIC Discussion Groups", page Intro-7).

2) Ask general, non-specific, open-ended questions to open up the session and focus the discussion on any of the following topics:

*** Weight Gain:**

-- *"What have you heard about how much weight a woman should gain in her pregnancy?"*

-- *What might happen if you do not gain enough weight?"*

-- *"What might happen if you gain too much weight?"*

-- *"What do you think of your weight gain so far?"*

-- *"What other things can affect weight gain besides the food you eat in pregnancy?"*

*** Nutritional Needs in Pregnancy:**

-- *"What have you heard about what pregnant woman should/should not eat?"*

-- *"What have you heard about dieting while pregnant?"*

-- *"What changes have you made in your eating habits now that you're pregnant?"*

-- *"What happens to you and your baby if your diet is inadequate during your pregnancy?"*

-- *"Share some ideas about nutritious foods that are easy to fix and fit well into your schedule and budget."*

-- *"Why is it important to drink water?"*

-- *"Are there any foods that you do not eat?"*

3) If necessary, help refocus the discussion on a topic area or specific issue:

*** Milk Intolerance/dislike:**

-- *"How do you feel about drinking milk?"*

-- *"How do you use the milk, evaporated milk and cheese that you get on your WIC check?"*

*** High Empty Calories:**

-- *"What affects will excess fat, sugar and salt have on your pregnancy?"*

*** Common Discomforts of Pregnancy: Nausea, Vomiting, Constipation and Heartburn:**

-- *"What discomforts are you experiencing with your pregnancy and how are you dealing with them?"*

*** Prenatal Supplements:**

-- *"What have you heard about taking vitamin supplements while you are pregnant?"*

*** Other General Questions:**

-- *"What have you read or heard about pregnancy that was interesting to you?"*

-- *"Have you heard anything about pregnancy that you've been wondering or worrying about?"*

-- *"What conflicting or confusing advice have you received now that you're pregnant?"*

-- *"What old wives tales or myths have you heard about pregnancy?"*

4) Closing the Session.

* Summarize the key points of the discussion.

* Closing Questions:

  -- *"What do you feel are your good food habits?"*

  -- *"What is one thing you will do to improve your eating habits?"*

PRENATAL DISCUSSION SESSION P-2

PRENATAL NUTRITION NEEDS AND IMPORTANCE OF WEIGHT GAIN

Study Guide

WEIGHT GAIN DURING PREGNANCY

A committee of nationally and internationally recognized experts studied large volumes of contemporary data on prenatal weight gain, birth outcomes, fetal growth, and postpartum fat retention along with other maternal and child health factors.

Their recommendations are designed to be used in a broad sense, as a range for weight gain goals tailored to the woman's individual needs. They outline criteria for:

-- optimal birth outcome
-- assessment of prepregnancy size
-- target range for weight gain
-- monitoring weight gain over time
-- effective counseling.

* Optimal Birth Outcomes

Optimal birth outcome is defined as a healthy infant weighing from 6.6 through 8.8 pounds. Recommendations for weight gain are based on this goal and also take into account postpartum fat retention.

* Assessment of Pregnancy Size

This can be done using various measures. The New Mexico WIC program uses a reliable height/weight table to determine a relationship with pregnacy size. A large body of evidence suggests that weight gain during pregnancy (especially during the second and third trimesters) is an important determinant of fetal growth, although the effect is modified by the mother's pre-pregnancy weight to height ratio. The correlation between gain and growth is greatest in thin women and weakest in obese women.

Self reported pre-pregnancy weight may not be reliable, with weights more likely to be underestimated and heights to be overestimated. The ideal method to determine pre-pregnancy weight is to use accurate and consistent measures before conception, so that objective data will be available. If pre-pregnancy weight cannot be reasonably determined, the recommendation is to identify gestational age and focus on rate of weight gain.

Height should be measured as soon as possible during pregnancy to eliminate confounding associated postural changes (beginning at approximately 20 weeks). Weight and heights should be obtained using standard equipment and standardized WIC program procedures.

* Target Range for Weight Gain

A range recommended for weight gain varies according to the woman's weight/height ratio. Once this ratio has been established as underweight, normal, overweight, or very overweight, appropriate weight gain ranges can be targeted and current weight gain status can be assessed.

While there are wide variations in weight gains among women having optimal birth outcomes, and assumptions based on average women with average gains delivering average infants may not apply to women at the extremes of pre-pregnancy weight, these recommendations were derived from the mean weight gain for women delivering full term infants weighing from 6.6 through 8.8 pounds.

The encouraged weight gain ranges for pregnancy are:

Underweight	28-40 pounds
Normal	25-35 pounds
Overweight	15-25 pounds
Very Overweight	at least 15 pounds.

No special requirement for weight gain is made for adolescents, except for those who are less than two years post menarche. These young women with a gynecological age of less than two years are encouraged to gain in the upper limits of the range.

African American women are also encouraged to gain in the upper part of the range, because in the United States today, these women as a whole are at increased risk for low birth weight and infant mortality.

Total weight gain of 35-45 pounds is recommended for twin pregnancies.

Extremely obese women should be encouraged to gain within the lower range limit, and especially encouraged to consume moderate amounts of nutritious foods and sufficient quantities of essential nutrients. They should never follow a weight reduction diet during pregnancy.

* Monitoring Weight Gain Over Time

Monitoring weight gain over time requires accurate procedures and correctly operated equipment.

A prenatal weight gain grid is a valuable tool that provided visual expression to weight gain and any abrupt changes. When using a weight gain chart to assess weight gain, it is important to remember that only the woman's approximate weight is being obtained and that it is the pattern over time that is of concern. Any abrupt or inconsistent changes

should first be examined to see if they reflect errors in equipment or methods. Desirable rates are described on the grids, but the generally desired pattern is a progressive increase in weight that approximates the recommended rate.

Of special concern is the obese woman who gains less than one pound per month or the normal weight woman who gains less than two pounds per month after the first trimester. After 20 weeks gestation, a gain of more than 6.5 pounds per month is reason for careful monitoring, but not for sharply restricting food intake.

* Effective Counseling

Effective counseling gives consistent attention to a pregnant woman's weight gain in an accurate and supportive way to reinforce appropriate weight gain. The attitude of the woman herself is a critical factor that influences gestational weight gain, and effective counseling involves the woman in decision making, health education, and referrals to existing services. As health professionals, our expertise is valuable to the extent that we work with the pregnant woman to make her own informed choices.

Source: Committee on Nutrition During Pregnancy and Lactation: Summary of the 1990 Recommendations from the National Academy of Science, Institutes of Medicine.

NUTRITIONAL NEEDS DURING PREGNANCY

During pregnancy, special nutritional needs must be met. Extra nutrients and calories are necessary to ensure a healthy infant at birth. In addition, the pregnant woman requires increased amounts of iron, protein, folic acid, calcium and phosphorus. Eating a balanced diet helps assure the consumption of the extra nutrients that are needed for fetal growth and development, as well as maintaining good health in the mother.

*** Dietary Recommendations for Pregnant Women:**

-- Eat enough food to gain the weight your health care provider recommends. Select meals and snacks using the Food Guide Pyramid that include fruits, vegetables, grains, meat or meat alternates, and milk products daily.

-- Limit foods high in fat, saturated fat, and cholesterol to less than two (2) servings per day.

-- Consume 3-4 servings of milk and milk products. To achieve the number of servings recommended, include snacks from the milk group. Pregnant women who are overweight or normal weight should choose low fat or skim milk products.

-- Eat 3 or more servings daily from the meat or meat alternates group, such as, nuts, and legumes.

-- For better absorption of iron, include iron-rich foods such as meat, poultry, and fish, combined with vitamin C-rich foods such as orange juice, broccoli, strawberries, etc.

-- Consume 3-5 servings daily from the fruit group. Make sure to include vitamin C and vitamin A-rich fruits.

-- Eat 3-5 servings from the vegetable group daily. Include vitamin C and vitamin A-rich vegetables.

-- Consume 6-11 servings of grain foods daily. Whole grains high in fiber are recommended whenever possible.

-- Eat small but frequent meals regularly (mini-meals) that include nutritious snacks. This will assure that you are getting all the nutrients needed during pregnancy for you and your baby.

-- A lacto-ovo vegetarian diet that includes milk, eggs, cheese, cereals, nuts and seeds in addition to vegetables and fruits ensures an adequate diet for pregnant women.

-- If you feel the urge to eat nonfood items such as laundry starch, clay or ice, resist it and inform your doctor. This condition is called pica and can be a sign of iron deficiency and can be dramatically alleviated with iron supplementation.

-- Limit beverages high in caffeine such as coffee, soda, and tea to three (3) servings or less daily.

-- Avoid drinking alcoholic beverages, smoking and drugs entirely while you are pregnant. Studies have shown that alcohol consumption, smoking and drug use during pregnancy often lead to serious problems with nutrition, complications in pregnancy, and may cause possible harmful effects to the fetus.

-- Pregnant teens are a special concern as their growth needs and the fetus's needs are important. Teens need more calories, protein, calcium and phosphorus. Vitamin/mineral supplements may be appropriate for the adolescent whose diet is not supplying the necessary nutrients.

Sources:

Committee on Nutrition During Pregnancy and Lactation: Summary of the 1992 Recommendations, National Academy of Science, Institutes of Medicine.

"Recommended Dietary Allowances", Tenth Edition, National Research Council; National Academy Press, Washington, D.C., 1989.

"Understanding Nutrition", E. N. Whitney and E. M. N. Hamilton; West Publishing Co., St Paul, MN, 1981.

"The Food Guide Pyramid"; United States Department of Agriculture, Human Nutrition Information Service, Hyattsville, MD, 1992.

MILK (LACTOSE) INTOLERANCE/DISLIKES

Lactose intolerance and its clinical manifestations is associated with the ingestion of milk and milk products. Lactose, a double sugar or disaccharide, is produced by the mammary glands of most mammals, including humans. Since it cannot be absorbed by the small intestine, the enzyme lactase is required to break down lactose into glucose and galactose.

Lactose intolerance is a widespread condition in which the lactose in milk products cannot be digested because of lactase deficiency. Lactose intolerance may be partial or complete and can mimic irritable bowel syndrome.

The inability to digest lactose (milk sugar) affects an estimated 50 million Americans. This disorder is especially common among American Indians, Blacks, Hispanics, Orientals, Ashkenazic Jews, Southern and Central Europeans, and Central and South Americans.

It is hypothesized that a genetic mutation allowed for lactase sufficiency in adults during the times of crop failure and famine. This provided a survival benefit by allowing adults to utilize milk as a food source. Where dairy farming was not prevalent, the inhabitants retained the original gene and remained lactose intolerant.

Lactose deficiency can be classified as (1) primary hereditary delayed-onset; (2) secondary to other gastrointestinal disorders, such as: IBD (Irritable Bowel Disease), Sprue, Gastroenteritis, Infectious diarrhea, Giardiasis, Blind-loop syndrome, Chronic alcohol consumption, Pelvic irradiation, and Malnutrition; (3) congenital in premature infants; and (4) congenital in full-term infants.

The multiple factors which have a bearing on lactose tolerance and its clinical manifestation of symptoms are as follows: the form in which lactose is ingested, other foods ingested, age, rate of gastric emptying, response of small intestine to an osmotic load, the metabolic activity of colonic flora, the absorptive capacity of the colon, and the individuals tolerance of pain and discomfort.

Age has a major influence on lactose intolerance. For reasons that are not clear, the lactose tolerance in children is greater than in adults. The most likely explanation is that the persistence of fetal lactase after weaning steadily declines during childhood and adolescence.

* SYMPTOMS:

Individuals deficient in lactase experience the following symptoms when they consume milk and milk products: bloating, abdominal cramps, flatulence and diarrhea. The symptoms usually occur within and hour of comsumption, but may be delayed under certain circumstances. The prime symptoms of lactose intolerance in infants are failure to thrive and weight loss. During pregnancy, lactose intolerance often improves.

* THERAPY:
The therapy for lactose insufficiency is to supply the missing enzyme through special lactose-hydrolyzed milk treated with lactase (Lactaid) or by using a lactase tablets or drops before the consumption of milk or milk products.

One approach is to have the pregnant women try cheddar cheeses which have been aged. Drinking milk with the consumption of other foods may also help. Subsituting fermented products such as cultured yogurt and cultured buttermilk also helps prevent the symptoms. Some individuals, are unable to tolerate yogurt, while others find it unpalatable. Yogurt that has been pasteurized is not effective lactase deficiency therapy. Recommend yogurt containing active, live cultures. Plain yogurt with added fruit, sugar, jam or flavorings can be more palatable and less expensive.

* POINTS TO NOTE:
Individuals vary greatly with respect to the amount of lactose malabsorption and the clinical symptoms they exhibit. Some individuals with virtually no lactase display symptoms with 1 gram of lactose medication while others can tolerate several glasses of milk. Because the pregnant woman often can tolerate lactose better in pregnancy, small 4 ounce servings several times per day may demonstrate no symptoms. Suggest using whole milk rather than skim or low-fat as it may be better tolerated.

Individuals who follow a lactose-free diet eliminate milk and milk products from the diet. This deprives the individual of at least 8 major nutrients. These include protein, calcium, phosphorus, iodine, niacin, riboflavin, vitamins B-12 and 7D. The deprivation of calcium in these cases is of special concern due to the prevention of osteoporosis.

Hidden lactose can be found in many prepared foods. These include creamed salad dressing, pancake mixes, instant foods, cocoa mixes, creamed soups, milk chocolate, powdered eggs, popular liquid diets, luncheon meats, instant potatoes, and puddings.

Sources: "Lactose Intolerance: A Clinical Approach"; Lactaid Inc.

"Nutrition Throughout the Life Cycle", S. R. Williams and B. S. Worthington; Times Mirror/Mosby College Publishing Co., 1988.

"Nutrition During Pregnancy and Lactation: An Implementation Guide"; National Academy Press, Washington, D.C., 1992.

HIGH EMPTY CALORIES

Eating foods that are high in concentrated sugars or fats may lead to poor nutritional status and health in the pregnant women and her fetus. These foods are often referred to "junk foods". They provide few or no desirable nutrients such as amino acids, vitamins, and minerals.

SUGAR provides the body energy in the form of simple sugars and starches called carbohydrates. Simple sugars are classified as quick forms of energy. These include honey, syrup, hard candy, and table sugar. The starches are a longer lasting energy source. These foods include grain foods (bread, rice, pasta), fruits, and vegetables such as potatoes and corn.

FATS are classified into two types: saturated or unsaturated. They provide a highly concentrated source of energy. Fats are very high in calories. Fat helps the body to utilize vitamins **A**, D, E, and K, proteins, and carbohydrates. The body stores extra fat as fat tissue to be used later as energy reserves. For example, the following food items are significant sources of fat: butter, margarine, shortening, lard, cooking oil, meat, baked goods, nondairy coffee creamer, avocado, etc.

High intakes of sugars and fats may be associated with obesity or overweight problems for pregnant women. Consumption of these foods can deprive the body of necessary nutrients and fiber, and may lead to dental decay (refer to the Healthy Snacks leaflet).

Sugar and fat can be hidden in products that the consumer may believe to be healthy. The discriminating consumer must learn to read labels that list food ingredients which are listed according to the order of their weight in that particular product.

It is recommended that high calorie foods which are low in essential nutrients are to be avoided in pregnancy. Further examples of such foods are: bologna, bacon, sausage, cookies, cakes, pies, doughnuts, jello, ice cream, fried foods, creamed foods, chips, soft drinks, Kool-Aid, fruit punch, salad dressings, mayonnaise, fats and oils, high fat cheeses, candy, sugar and honey.

Foods high in vitamins, minerals and fiber should be substituted.

Sources: "Recommended Dietary Allowances", 10th Edition; National Academy Press, Washington, D.C., 1989.

"Understanding Nutrition", E. N. Whitney and E. M. N. Hamilton; West Publishing Co., St. Paul, MN, 1981.

Public Health Division's "Healthy Snacks" Leaflet.

COMMON DISCOMFORTS OF PREGNANCY

*** Nausea and Vomiting:**

Normal hormonal changes and various tensions and anxieties during pregnancy may cause nausea and vomiting. Dietary management is generally to improve the tolerance of food. Recommendations for managing nausea and vomiting are as follows:

-- eat small frequent meals.

-- eat dry foods such as crackers, melba toast, and dry cereal. These foods are easily digested energy foods which should be consumed prior to getting out of bed to alleviate nausea and vomiting.

-- an adequate amount of liquid should be consumed, preferably between meals rather than with food. If severe vomiting persists, seek medical attention to prevent dehydration and other complications.

-- try to avoid offensive cooking odors that may make you ill. Avoid and/or limit the intake of high fat foods. Avoid spicy foods.

*** Constipation:**

During pregnancy, hormonal changes tend to cause an increase in the relaxation of gastrointestinal muscles. The pressure of the enlarging uterus on the lower portion of the intestine may cause constipation. Dietary management may include:

-- an increase in fluid intake.

-- consumption of foods high in fiber, such as fresh fruits and vegetables, legumes, whole grains and bran.

Laxatives should only be taken under medical supervision; otherwise, they should be avoided. Walking and swimming may help alleviate constipation.

*** Heartburn:**

Gastric acid mixed with food mass may sometimes be pushed back into the lower part of the esophogus causing a burning sensation. This burning sensation is commonly referred to as heartburn because of the physical proximity of the heart, although there is no actual correlation of this condition to the heart. The enlarging uterus may also cause general gastric pressure accompanied by gas formation causing great discomfort.

The management for symptoms of heartburn includes the following measures:

-- eat small meals slowly which are low in fat.

-- include high nutrient density snacks for extra energy which are also low in fat.

-- drink fluids between meals.

-- use spices in cooking sparingly.

-- avoid lying down 1 to 2 hours after meals.

-- wear clothing that is loose fitting.

Source: "Nutrition Throughout the Life Cycle", S. R. Williams and B. S. Worthington; Times Mirror/Mosby College Publishing Co., 1988.

PRENATAL SUPPLEMENTS AND IRON DEFICIENCY ANEMIA

Body iron resides mainly in the proteins of oxygen storage and transport called hemoglobin and myoglobin. Iron is also stored in the liver, spleen and bone marrow which serves to supply iron to the proteins hemoglobin and myoglobin. Nutritional anemia is defined as a diminished concentration of circulating hemoglobin.

During pregnancy, iron deficiency anemia may occur due to heightened nutrient requirements which exceed the dietary intake, or because of diluted blood volume. Excessive nutrient losses or increased metabolic requirements may contribute to the condition. This type of anemia often is controlled by fortification or supplementation programs, for example, by intake of iron, folate, and vitamin B12. Pregnant women are generally instructed by their physician to supplement by the 12th week gestation with some form of iron to avoid iron deficiency anemia.

Both heme and non-heme iron are derived from animal food sources. Heme iron is absorbed readily. Non-heme iron is best absorbed in the presence of ascorbic acid (Vitamin C).

* EFFECTS AND SYMPTOMS:

Mild iron deficiency in pregnancy is associated with premature delivery, low birthweight and placental insufficiency. Defects in cellular immunity and a reduction of white blood cell bacterial destruction have also been associated with iron deficiency. Other symptoms associated with iron deficiency anemia include: pale dry skin, feeling weak or tired, shortness of breath, and a loss of appetite.

* THERAPY:

A simple blood test called a hemoglobin or hematocrit can determine the degree of iron deficiency. Altitude, age and amounts of cigarettes smoked per day may affect the blood value.

The following suggestions may help prevent iron deficiency anemia:

- -- eat a wide variety of foods every day, including milk products, meat and alternates, vegetables and fruit, and whole grains.
- -- include iron rich foods in your diet every day.
- -- eat vitamin C-rich foods with meals. This improves your body's uptake of iron.
- -- try meat, fish, or poultry to get more iron from other foods eaten in the same meal.
- -- cook foods in cast-iron cookware to add iron to your diet.

-- reduce the amount of tea and coffee you drink with meals. These beverages inhibit the amount of iron you get from food.

-- refer to the "Iron Facts" leaflet for the listing of Food Sources of Iron, and Food Sources of Vitamin C.

Sources: Nutritional Anemia, "Contemporary Nutrition", April 1983, Vol. 8, No. 4.

"Iron Facts" leaflet, State of New Mexico, Department of Health.

CALCIUM

Calcium is a major component of bone. It is a nutrient necessary to build and keep strong bones and teeth. Two chemically and physically distinct calcium phosphates comprise bone mineral. These include an amorphous phase and a loose crystallized phase. Bone is constantly being reabsorbed and formed. In infants, children and adolescents, formation of bone is greater than reabsorption. For adults, however, reabsorption is greater than formation.

It is believed that peak bone mass is attained at 25 years or older. Peak bone mass is highly related to the intake of calcium during the years of bone mineralization. Bone growth requires positive calcium status until peak bone mass is reached. Extra calcium allowances for increased calcium intake are therefore recommended for full mineral deposition of individuals less that 24 years of age. Bone mass is also determined by genetics, sex hormones and level of physical activity. A gradual loss of bone may occur with the normal aging process.

Osteoporosis is a bone disorder characterized by decreased bone mass with a reduction in bone strength and an increase in bone fractures. Too little calcium is one factor leading to osteoporosis. The decrease of bone mineral is also strongly dependent on estrogen status.

During pregnancy and lactation a 1,200 mg calcium intake is recommended. The relationship between women's bone health and the number of pregnancies or lactation history is also unclear. The absorption capacity and the long lag time to detecting positive calcium status makes calcium balance difficult to measure.

Dietary sources of calcium most commonly come from milk and milk products. Such foods include: milk, buttermilk, yogurt, cottage cheese, cheese, ice cream, puddings, custards, and other foods that have had fluid milk, dry milk and cheese added to them (refering clients to "Ideas for Using More Milk" leaflet may be useful).

Other calcium food sources include: leafy green vegetables (collards, kale, turnip greens, broccoli, and bok choy), lime processed corn tortillas, pancakes and waffles, calcium-precipitated tofu, and calcium-fortified foods. Soft bones in fish (sardines, salmon, shrimp and oysters) and tips of poultry leg bones are also sources of calcium.

Water is a variable source of calcium depending on the calcium content in the water supply. Antacid preparations which are high in calcium salts have been recently popularized for their calcium benefits.

Sources: "Recommended Dietary Allowances", 10th Edition, National Research Council; National Academy Press, Washington, D.C., 1989.

"Nutrition During Pregnancy and Lactation: An Implementation Guide", Institute of Medicine; National Academy Press, Washington, D.C., 1992.

HOW WILL YOU FEED YOUR NEW LITTLE ONE?

OBJECTIVE:

WIC participants will be able to make an informed decision about how they will feed their baby, through addressing the advantages -- as well as their concerns and fears -- about breastfeeding.

BACKGROUND INFORMATION:

The Best Start Training Program (includes video and training manual) which reviews:

1) The 3-Step Counseling Approach.

2) The 5 Major Barriers to Breastfeeding.

3) The Motivational Factors in Breastfeeding.

The attached Study Guide reviewing the Best Start Training Program can be used if you don't have the training manual and/or training video. (The Best Start Manual follows Session B-2, below).

ADDITIONAL RESOURCE:

Peggy Wickwire's Handout "Suggested Responses to Breastfeeding Concerns".

METHOD:

1) Involving participants in a facilitated group discusssion.

2) Showing video, "For All The Right Reasons" (optional, but a good idea to at least show in the waiting room).

MATERIALS NEEDED:

1) Video: "For All The Right Reasons."

2) Best Start Pamphlets.

3) Baby doll.

POSSIBLE DISCUSSION TOPICS:

Session Outline follows.

SESSION OUTLINE:

1) Opening the Session.

* Introductions: Introduce yourself. Give everyone the opportunity to know a little about each other, and to practice speaking to the group. Begin by having each person introduce themselves. They can give their name and due date, or other information you or they think of.

* Icebreaker Exercise (optional -- see earlier section on "Facilitating WIC Discussion Groups", page Intro-7).

2) Optional: Show video (or parts of it) "For All The Right Reasons".

3) Encourage partipants to explore their concerns about breastfeeding; acknowledge their feelings and reassure them that they're normal; and as a group, address the concerns or fears that arise. Ask general, non-specific, open-ended questions to open up the session and focus the discussion on any of the following topics:

*** General Questions and Lack of Confidence Issues:**

-- *"What have you read or heard about breastfeeding?"*

-- *"What do you think of when you hear the word breastfeed?"*

-- *"What seems to concern you the most about the idea of breastfeeding your baby?"*

-- *"Does anyone have any fears or doubts they'd like to share about breastfeeding?"*

-- *"What do you think about breastfeeding?"*

-- *"Why do you think some women choose not to breastfeed?"*

-- *"Is there anything you think you might not like about breastfeeding?"*

-- *"Has anyone heard any confusing or conflicting advise about breastfeeding?"*

-- *"What do you think would be the most difficult thing for you if you breastfed?"*

-- *"What type of women do you think breastfeed their babies?"*

-- *"What have other people told you about breastfeeding?"*

* **Embarrassment:**

-- *"Many women would be embarrassed to breastfeed in public because their breasts might be seen? How do you feel about this?"*

-- *"Have you thought about whether you'd feel comfortable or not breastfeeding while around other people?"*

-- *"How do you feel about women who breastfeed in public?"*

-- *"Would anyone like to share how they feel about breastfeeding in front of other people?"*

-- *"Have you seen other mothers breastfeeding in public places? What did you think?"*

-- *"Have you thought about what you'd do if your breasts leaked through your clothing? How would you feel?"*

-- *"How do you feel about the breast being seen traditionally as only a sexual object?"*

* **Loss of Freedom:**

-- *"Would anyone like to share their plans for after the baby is born? What do you think your schedule will be like?"*

-- *"Does anyone plan to go to work or school after the baby is born? How are you planning to handle that?"*

-- *"How do you feel about leaving your baby with a sitter?"*

-- *"What do you think of the notion that breastfed babies end up being more spoiled that formula-fed babies?"*

-- *"Have you ever heard that if you breastfeed, your baby will be overly attached/clingy/spoiled?"*

-- *"Is there anything in your life that you feel you'll be giving up in order to breastfeed your baby? Can you share some of these with us?"*

*** Dietary and Health Practises:**

-- *"What are some things you've heard about breastfeeding and...*
  - *not being able to eat certain foods (junk food, spicy foods, etc.);*
  - *having to follow a special diet;*
  - *drinking enough milk;*
  - *drinking wine, beer or cocktails;*
  - *smoking;*
  - *taking drugs;*
  - *having to get lots of sleep;*
  - *needing to be calm and relaxed;*
  - *taking medications for colds, headaches, allergies, etc.*

*** Influence of Family and Friends:**

-- *"What do your family and friends think about breastfeeding?"*

-- *"What kinds of things have they told you about it?"*

-- *"What kind of advice or support have you gotten about breastfeeding?"*

-- *"How do you think your husband, family and friends can help you?"*

-- *"What are some ways that a father can play an important role with the new baby? or a grandmother?"*

-- *"What do you think you would do if someone wants to give the baby some formula? or if someone thinks the baby isn't getting enough?"*

4) Encourage participants to share the reasons and factors that attract women to breastfeeding, focusing on the advantages. Ask general, non-specific, open-ended questions to focus the discussion on the perceived advantages of breastfeeding, such as:

*** Infant Health:**

-- *"How do you think breastfeeding helps babies?"*

-- *"What are some of the health benefits of breastfeeding that you've heard of?"*

-- *"How have the breastfed babies you've known been healthier?"*

-- *"Can you describe some of the ways that breastfed babies seem healthier to you?"*

* Mother/Infant Bond:

-- *"What have you heard (or experienced) concerning a special closeness between a breastfed baby and mother?"*

-- *"Why do you think breastfeeding might create a special bond?"*

-- *"Can you describe what kind of relationship you think breastfeeding creates for a mother and her baby?"*

* Benefits for Mother:

-- *"Would any of you who've breastfed before describe how it made you feel? Or describe how you've heard other mothers feel about it?"*

-- *"What have you heard about how breastfeeding can make motherhood so worthwhile?"*

-- *"What do you think breastfeeding does that specifically helps a new mother?"*

5) Closing the Session.

-- Summarize the key points of the discussion.

-- Close the meeting and thank everyone for coming and sharing with the group.

PRENATAL DISCUSSION SESSION P-3

"HOW WILL YOU FEED YOUR NEW LITTLE ONE?"

Study Guide

1. The Barriers.

The Best Start Program is a research and breastfeeding promotion project that has studied the reasons why some WIC clients, despite the fact that they know breastfeeding is the best way to feed babies, choose to bottlefeed. Through many interview sessions with WIC clients, Best Start has determined that there are five major barriers to breastfeeding:

- -- Lack of Confidence
- -- Embarrassment to Breastfeed in Public
- -- Loss of Freedom
- -- Concerns about Dietary and Health Practices (Lifestyle Restrictions)
- -- Influence of Family or Friends

Solicit from the participants the various reasons they've heard why some women don't breastfeed, and determine whether or not they fit under one of these five barrier categories.

2. The Counseling Strategy.

Each client and each problem requires a unique response. However, there are three initial steps that work with all of them because they are designed to counteract the lack of confidence and lack of knowledge that are at the root of these women's fears and doubts. These three basic steps are:

* Step 1: Listen to Mother's Concerns.

Many women need help in sorting out their feelings, and we can help by making them feel as comfortable as possible in sharing their concerns with us. That's why it's extremely important to begin by asking open-ended questions that encourage women to explore their views on breastfeeding.

* Step 2: Acknowledge Her Feelings.

Once we know the real sources of a woman's reluctance to breastfeed, we need to acknowledge her fears, and reassure her that these feelings are normal and not uncommon. Showing her you appreciate and understand her concerns will help her to trust you and feel safe talking with you.

* Step 3: Educate.

Now that you have identified her feelings and expressed your acceptance and approval, you're ready to educate by giving her accurate information that deals with her fears and misconceptions. Knowledge is power. It will enable her to ignore the misinformation she's received from other sources and trust what you tell her. However, be especially careful not to present too much new information too quickly; it could actually reinforce her fears or make breastfeeding look difficult or complicated.

3. Using the Counseling Strategy to Address the Barriers.

A. Lack of Confidence.

* Mothers might say:

-- *"My breasts are too small."*

-- *"My breasts are too large."*

-- *"My milk looks too thin."*

-- *"The nurse said to offer formula after feeding."*

-- *"It seems so complicated. I don't think I can do it right."*

-- *"My diet isn't good enough."*

-- *"I smoke/ I drink/ I'm taking medicine."*

-- *"Everytime my baby cries, someone tells me to give him a bottle."*

* Mothers may have these concerns:

-- Many women do not understand how the breasts make milk.

-- Some women use formula because they are afraid they cannot make enough milk. milk. Using a bottle means the baby spends less time at the breast, so the breast makes less milk. Suddenly, the woman's fears come true.

-- Lack of confidence makes women vulnerable to myths and old-wives tales about other's negative experiences. We have to be careful not to make it sound hard or imply that the mother can "do it wrong."

-- A few women believe that breastfeeding requires skills that are complicated and difficult to learn.

-- Most promotional materials from formula companies use wealthy women to illustrate breastfeeding and stress the importance of being healthy and relaxed when lactating. These messages reinforce poorer women's fears that their lives may be too complicated, and their diets too inadequate to breastfeed.

-- During the first few months of breastfeeding, many women or their relatives misinterpret a baby's cries as a sign that they don't have enough milk.

* To help acknowledge a mother's concerns, consider:

-- Aren't we all afraid of something we've never done before? Weren't we all afraid the first time we were pregnant and gave birth?

-- A can of formula has all the ingredients and nutritional values listed right on the can. There are no such reassuring labels on the breast.

-- A bottle of formula shows exactly how many ounces a baby is getting. Unfortunately, breasts are not marked in ounces and we cannot see how much the baby is getting.

-- Doesn't it only seem logical that large breasts would produce more milk than small breasts?

* Mothers may appreciate hearing the following information:

-- Women have been breastfeeding for centuries. The human race wouldn't have survivied if women weren't capable of producing the perfect food for their babies.

-- If your body can produce such a perfect, beautiful baby, it can produce lots of perfect breastmilk.

-- There is a terrific sense of accomplishment in succeeding in doing something you thought you might not be able to do.

-- Milk production is not related to breast size. Size is determined by fatty tissue. Milk production is possible as long as you have milk glands.

B. Embarrassment.

* Mothers might say:

-- *"My husband doesn't want his friends to watch."*

-- *"My mother says I look like a cow when I nurse."*

-- *"What if I'm in the grocery store or mall?"*

-- *"What if I start leaking all over the place?"*

* Mothers may have these concerns:

-- Breasts are seen as sexual objects and women worry that breastfeeding in public will:
  - Arouse men
  - Make their husbands jealous
  - Make other women jealous
  - Look "gross" or "disgusting".

-- Most women resent having to go into a restroom and having to hide in their cars or bedrooms in order to feel comfortable nursing their child.

-- Women differ in how uncomfortable they feel about breastfeeding in front of others:
  - Some women would feel uncomfortable even in front of relatives and friends unless they were sure that their breasts were not exposed.
  - Others would feel apprehensive even if seen breastfeeding discreetly.
  - Many women who would feel self-conscious in a public setting would be comfortable with breastfeeding in private.
  - A small proportion of women could not consider breastfeeding. For them, breasts are strictly for sex, and the idea of putting their baby's mouth on the breast is disgusting.
  - Many women would feel embarrassed if their breasts leaked, leaving a milk stain that others could see.

* Demonstrate how to nurse discreetly in public.

Use cloth diapers, receiving blankets, loose clothing, etc. Practice with sweaters or T-shirts that can be pulled up from the bottom, rather than clothes that must be unbuttoned from the top down.

C. Loss of Freedom.

* Mothers might say:

-- *"I still want to be able to go out and have a good time."*

-- *"I want to be able to go back to school."*

-- *"I need to get a job."*

-- *"I don't want to mix nursing and bottlefeeding, so I'll just bottlefeed."*

* Mothers may have these concerns:

-- Breastfeeding is seen as incompatible with an active social life. Younger mothers are especially concerned that breastfeeding will prevent them from having time for themselves or their friends.

-- Some women are fearful of the bonding they are told accompanies breastfeeding because it will further decrease their freedom. They mistakenly believe:
- the breastfed child will cry if its mother is not nearby.
- breastfeeding makes it hard to leave the child with a sitter.
- the breastfed child will be spoiled.

-- Many women do not understand how to mix breastfeeding and formula supplements.

-- Some women view pumping as messy, painful or a "hassle."

-- A first-time mother often hears, "This will change your life forever", or "Nothing will ever be the same".

-- Those who do not have children may see mothers as burdened with babies who cry when the mother is away or who hang on to the mother and do not want to go to a pushy relative.

-- TV programs and movies glorify the independent woman; the one with the career, family and active social life. There is little that shows a woman at home with her children, creating a warm family life.

-- Many pictures of breastfeeding women show them at home in expensive nightgowns. Many WIC mothers must work to support their children. They will see this as incompatible with breastfeeding.

* Mothers may appreciate hearing the following information:

-- While the mother was pregnant, the baby was in a warm, secure environment; the baby's body was constantly being massaged by the uterus, and their mom's heartbeat was always heard. After birth, the baby still needs lots of touch and cuddling. Studies show that babies deprived of a loving touch do not grow well, even with plenty of food.

-- The baby whose needs are met and is loved comes to trust their world and believes they are a lovable person. As he gets older he will feel secure enough to be independent. We believe that the baby who is allowed to be "attached to mother" will feel good enough about themselves to be independent of their mother at their own pace.

-- Reconsider how "convenient" bottlefeeding really is. Feeding in the middle of the night, taking enough bottles when you go out, keeping bottles from spoiling in hot weather, mixing, washing, losing parts, running out...

-- Breastfed babies tend to be healthier. People are more willing to watch your healthy baby than a sickly one. Healthy babies are easier and more fun to take care of.

-- Mother can breastfeed and bottlefeed the baby. Start out breastfeeding for the first few weeks at home, then switch to a bottle when mother needs to be away. Mother can still breastfeed when they're together.

-- It's nice to be needed, to have a special job that no one else can do for the baby. The breastfed baby will have absolutely no doubt about who the mother is.

-- Remember that a baby is little for only a few short months. Compared to the rest of their life (75 to 80 years on average), breastfeeding doesn't last long. The truth is, before very long, your baby will be all grown up and independent, and you will miss that very brief period when the baby needed you so much.

D. Concerns About Dietary and Health Practices.

* Mothers might say:

-- *"I drink. I smoke. I'm taking medicine."*

-- *"I don't want to have to watch what I eat."*

-- *"They say you can't eat onions, garlic, jalapenos....My life is too complicated."*

* Mothers may have these concerns:

-- Many women feel that breastfeeding will require them to change many dietary or health practices. They are unwilling or unsure of their ability to:
  - give up smoking
  - give up drinking alcohol
  - drink enough milk
  - give up junk food and/or spicy food
  - get enough sleep
  - be relaxed.

* Mothers might appreciate hearing the following information:

-- A long time ago, there were no nutritionists telling people what to eat, and everybody breastfed just fine.

-- Women in other countries often have very poor diets, yet they breastfeed their babies for two, three, or more years.

-- There are no foods that you need to avoid in order to breastfeed. Think of women in Mexico or India. They eat very spicy foods and still breastfeed. Don't listen to what everyone says about chocolate or cabbage or pizza.

-- It is important for all of us to eat healthy foods all through our lives. If you eat right, you'll look and feel better, but what you eat doesn't have much to do with your ability to breastfeed.

-- It is not good to smoke whether you breastfeed or bottlefeed. Second-hand smoke causes many health problems in babies and children.

-- Women who tend to be tense and "hyper" can breastfeed just fine. In fact, the hormones your body makes help you relax and feel calm and peaceful.

-- If breastfeeding were as difficult and involved as many restrictions as some people think, nobody would do it.

-- Your doctor can usually find a type or prescription drug or recommend a medicine that you can take that will not interfere with breastfeeding.

E. Influence of Family and Friends.

* Mothers might say:

-- *"I've never seen anyone breastfeed."*

-- *"My mother couldn't breastfeed."*

-- *"My boyfriend doesn't want me to breastfeed."*

* Mothers may have these concerns:

-- Many women, especially young women who are pregnant for the first time, rely on their own mothers for advice and support with child care, including infant feeding.

-- In many families, the mother's husband or her boyfriend has a strong influence on her choice. His opinions are especially important when he lives in the same household or has regular contact with the mother.

-- Because bottlefeeding was the norm for many years, relatives and friends are more likely to advise women to bottlefeed than breastfeed.

* Mothers may appreciate hearing the following information:

-- It is positive for mothers to talk to other mothers who are breastfeeding or who have breastfed their babies. This includes La Leche League meetings, women's church groups or perhaps other mothers from the WIC clinic. Mothers need reassurance of knowing someone else who has succeeded at breastfeeding before them.

-- Many fathers are really proud of their baby's mother for providing"his" baby with the best. You have a powerful ally if you can win over the father.

-- Invite grandmothers and fathers to clinic for the discussion sessions. Expose them to other fathers and grandmothers who have positive points of view.

-- Remind the mother that she probably hasn't always done everything her mother told her to do. This might be another of those decisions she needs to make for herself.

Back when most of us were born, hardly anyone breastfed their babies and nobody was around to help. Things are different now. Sometimes our mothers think that if we decide to breastfeed, we are telling them we think they didn't do a good job of raising us. It is important to acknowledge that we know those mothers who bottlefed did what they thought was best for their babies. Twenty to thirty years ago, doctors thought bottlefeeding was best, but now they know breastfeeding is best.

There are lots of things to do with babies besides feeding. The baby's father or grandmother could be the one who bathes or plays with the baby when they get fussy. Sometimes, breastfed babies are more playful with their dads than their moms because they associate mom with eating. When dad has them, they know something different, something fun is coming.

INDIVIDUAL CONSULTATION

A Chance to Ask Questions and Talk with the Nutritionist.

OBJECTIVE:

WIC participants will receive individualized counseling based on the clients special needs during pregnancy.

BACKGROUND INFORMATION:

All sources listed in the prenatal curriculum may be relevant. Depending on the needs of the woman, the provider may be a source for information, referral and support. "Counseling the Nursing Mother" may be a useful reference.

METHOD:

The WIC nutritionist will use active listening skills to address the participant in a one-to-one discussion that targets particular concerns of each individual woman. The nutritionist will review client information, note possible areas of need and provide information, referrals, and follow up scheduling as necessary.

MATERIALS NEEDED:

The following should be kept on hand and used where appropriate:

1) Local referral sheet for health and other services.

2) Weight gain grids and information.

3) Kitty Franz hand expression video.

4) Nipple chart.

5) Baby doll, breast shells, breast shell handout, manual pump.

6) Fetal growth and development chart.

7) Nutrition and breastfeeding information handouts.

8) Information on smoking, alcohol, and drugs.

QUESTIONS AND DISCUSSION TOPICS (See also Session Outline below):

1) Open session with self-introduction and confirmation of client's gestational status. This is good neutral ground to start the discussion.

2) Quickly review records and notes for any identified risks needing intervention or reassessment. Along with concerns voiced by the woman at the meeting, these factors will determine the direction of the discussion.

3) Go through question format relating to health care history and current needs defined by client. Make notes if needed and listen to responses for leading this inquiry.

4) Clarify need for information to support breastfeeding, adequate weight gain, healthy choices, and taking care of self and family. Utilize materials as indicated.

5) Summarize strategies discussed and check with client to see if plans are appropriate and in agreement with their needs.

SESSION OUTLINE:

Open the session with individual eye contact (if culturally appropriate) and confirmation of client's gestational status. This can be an opening to assess the client's awareness and knowledge base of pregnancy. Comments referring to the poster of fetal development like "The baby can hear pretty well now", or "The baby weighs about a pound now", the number of weeks/months to go, and general questions about other pregnancies can help the client feel comfortable and provide an opportunity for the nutritionist TO LISTEN to the participant.

POSSIBLE DISCUSSION TOPICS:

1) Risk factors identified on certification form or chart notes.

* Inadequate Weight Gain:

-- *"How have you been feeling?"*

-- *"What has your doctor said?"*

-- *"What have other people told you?"*

-- *"What do you think about your weight gain?"*

-- *"What are some reasons to gain weight? How much?"*

-- *"What do you think would be most helpful?"*

(See Session P-2 for additional suggestions relating to weight gain and involve the participant in another diet recall as appropriate).

* Diabetic:

-- *"How are you feeling?"*

-- *"When was your blood sugar last checked?"*

-- *"How is management of your blood sugar going?"*

-- *"Who is helping you with management of your diet and blood sugar?"*

-- *"What do you know about risks to you and the baby related to your diabetes?"*

-- *"What has your doctor said?"*

* Social situations:

-- *"Does your apartment still not have a refrigerator?....heat?...."*

-- *"How are you getting around without a car?"*

-- *"How is it going with finding a place to live?...a job?...maternity clothes?...baby things?"*

-- *"What are your plans for after the birth?"*

2) Prenatal care.

* Ask the client if she is receiving prenatal care. If she is not, make an immediate referral.

* If she is, topics to ask include:

-- *"Where?"*

-- *"When?"*

-- *"For how long?"*

-- *"Any questions about what the doctor or nurse has said?"*

-- *"Tell me about finding:*
- a doctor or midwife
- a place to deliver
- pre-admission
- a pediatrician
- child care."

-- *"What do you think about:*
- childbirth classes
- parenting classes?"

-- *"Where will you:*
- get your postpartum check up?
- take the baby for well child check-ups and immunizations?"

3) Breastfeeding.

* *"What have you thought about breastfeeding?"*
(See Session P-3 for additional suggestions for helping clients to make informed choices about infant feeding).

* If the client is definitely opposed to breastfeeding, offer positive statements that leave a neutral and open-ended situation:

-- *"It is a decision only you can make. Some mothers go ahead and try it for a while before they decide for sure."*

-- *"You are always welcome to talk more about it here or with _____"*

-- *"We recommend breastfeeding and can help you with that choice. We like to support it as the best choice for mother and baby."*

* If the client is interested in breastfeeding, guide her with possible strategies for support:

-- *"Who would you call if you needed help with breastfeeding?"*
(use local referral sheet with BF support numbers: local WIC nutritionist, nurse, hospital nursery, peer counselor, La Leche League, etc.)

-- *"Who can help you with breastfeeding now and after the baby is born?" (mother/sister/husband/friend/mentor...)*

-- *"What are your plans for after the birth?" (job/school/home/adoption...)*

-- *"What have you heard about giving the baby a bottle?"*

-- *"What have you heard about expressing milk from your breasts now or after the baby is born?"*

Optional: Manual expression demonstration or Kitty Franz tape at current or later session.

Non-extendable nipples are often overlooked in the prenatal exam, but can make all the difference to successful breastfeeding. Identify if this concern needs to be addressed:

-- *"What has your doctor/midwife said about breastfeeding?"*

-- *"What changes have you noticed in the nipple area?"*

-- *"Now is a good time to see if your nipples are ready for the baby to grasp. Here is a chart of common nipple shapes. Which one looks most like yours?"*

(As relevant: tests for non-extendable nipples, or preparation necessary for non-extendable nipples, breast shell issuance and instruction).

Optional: prenatal breast exam.

4) Closing the Session.

-- Summarize the topics discussed.

-- Confirm that strategies are still agreeable to the participant.

-- Identify if there are any more questions or need for referrals.

-- Inquire if the participant would like more one-on-one or group sessions.

-- Reinforce that the nutritionist is available when future needs arise.

-- Thank the participant for her time.

(Note: In the future, peer counselors may be available to all. This might be an appropriate time to introduce the mom to the peer counselor plan.)

KEEPING YOUR BABY SAFE BEFORE IT IS BORN

OBJECTIVE:

WIC participants will be made aware of avoidable prenatal hazards and of helpful resources in the community for avoiding these hazards.

BACKGROUND INFORMATION:

The following are excellent sources of accurate information which can be reviewed on an ongoing basis and referred to when participants have questions:

1) HHSD Substance Abuse Booklet.

2) "Nutrition Management of the Pregnant Adolescent" ed. Mary Story.

3) "Nutrition During Pregnancy and Lactation", 4th Edition, B. S. Worthington-Roberts.

METHOD:

Involving participants in a facilitated group discussion.

MATERIALS NEEDED:

1) Community Referral List.

2) Sample labels from soft drinks and over-the-counter medicines.

POSSIBLE DISCUSSION TOPICS:

Session Outline follows.

SESSION OUTLINE:

1) Opening the Session.

* Introductions: Introduce yourself. Give everyone the opportunity to know a little about each other, and to practice speaking to the group. Since these topics can make people feel uncomfortable, it is not necessary for participants to give their names. Due dates, number and ages of other children can be shared instead.

* Icebreaker Exercise (optional -- see earlier section on "Facilitating WIC Discussion Groups", page Intro-7).

2) Ask general, non-specific, open-ended questions to open the discussion:

-- *"How is your pregnancy going?"*

-- *"What are some physical changes you've experienced now that you are pregnant?"*

-- *"What do you like best about being pregnant?"*

Questions to increase participants' comfort level with discussing avoidable hazards:

-- *"What advice have you received about medicines or drugs and pregnancy?"*

-- *"Have you made any changes in your activities now that you are pregnant?"*

-- *"What activities are most appealing to you now that you are pregnant?"*

-- *"What activities do you think are good for you and the baby?"*

-- *"What help concerning pregnancy do you need the most?"*

-- *"What do you not like about being pregnant?"*

-- *"Have you heard anything about pregnancy that you've been wondering or worrying about?"*

-- *"Is there anything about being pregnant that you wish was different?"*

-- *"What conflicting or confusing advice have you received about being pregnant?"*

-- *"What old wives' tales have you heard about medicines or drugs and pregnancy?"*

3. Specific Topics.

* **Knowledge of Harm:**

-- *"What have you heard about what a pregnant woman can do that might be harmful to her baby before it is born?"*

-- *"What have you heard about:*
- drugs (cocaine, speed, heroin, etc.)
- alcohol
- marijuana
- nicotine
- caffeine
- artificial sweeteners
- over-the-counter medicines."

-- *"What have you heard about what pregnant women should do about these things?"*

-- *"What have you heard about what pregnant women should not do?"*

-- *"What have you heard about what might happen to the baby when a pregnant woman uses:*
- drugs (cocaine, speed, heroin, etc.)
- alcohol
- marijuana
- nicotine
- caffeine
- artificial sweeteners
- over-the-counter medicines."

-- *"What happens to a person's appetite when using:*
- drugs (cocaine, speed, heroin, etc.)
- alcohol
- marijuana
- nicotine
- caffeine
- artificial sweeteners
- over-the-counter medicines."

-- *"How is appetite important to a pregnant woman?"*

* **Behavior Change:**

-- *"What are some ways that it might be very hard to stop using:*
- *drugs (cocaine, speed, heroin, etc.)*
- *alcohol*
- *marijuana*
- *nicotine*
- *caffeine*
- *artificial sweeteners*
- *over-the-counter medicines."*

-- *"How is it that we can know we are taking a risk but we choose to do so anyway?"*

-- *"Can you think of anyone you know who was pregnant and had problems with the baby because of:*
- *drugs (cocaine, speed, heroin, etc.)*
- *alcohol*
- *marijuana*
- *nicotine*
- *caffeine*
- *artificial sweeteners*
- *over-the-counter medicines."*

-- *"How is it that it can be so easy to give other people advice but hard to change ourselves?"*

* **Safe Resources for Information and Support for Change:**

-- *"What can one of us do if she has questions about:*
- *drugs (cocaine, speed, heroin, etc.)*
- *alcohol*
- *marijuana*
- *nicotine*
- *caffeine*
- *artificial sweeteners*
- *over-the-counter medicines."*

-- *"What have you heard about (local community agencies)?"*

-- *"What have you heard about what can happen to the children of a pregnant woman who is having problems with illegal drugs?"*

4. Closing the Session.

-- Summarize the key points of the discussion.

-- Close the meeting and thank everyone for coming and sharing with the group.

AM I READY TO BREASTFEED?

OBJECTIVE:

WIC participants will receive information on how to breastfeed.

BACKGROUND INFORMATION:

The following books and manuals are excellent sources of accurate breastfeeding information:

1) "Breastfeeding: A Problem-Solving Manual".

2) "Bestfeeding: Getting Breastfeeding Right For You".

3) "Counseling the Nursing Mother".

4) "Breastfeeding for Healthy Mothers, Healthy Babies", Best Start Training Manual; State of Florida Department of Health. (Copy of Training Manual is attached following Session B-2, below).

METHOD:

1) Involving participants in a facilitated group discussion.

2) Showing video: "Yes, You Can Breastfeed".

MATERIALS NEEDED:

1) Video: "Yes, You Can Breastfeed".

2) Baby doll.

3) Breastfeeding pamphlets.

4) Breast models, examples of breast shells, bras, bra pads, pumps, and other breastfeeding aids.

POSSIBLE DISCUSSION TOPICS:

Session Outline follows.

SESSION OUTLINE:

1) Opening the Session:

* Introductions: Introduce yourself. Give everyone the opportunity to know a little about each other, and to practice speaking to the group. Begin by having each person introduce themselves. They can give their name, their children's names and ages, their due date if pregnant, or other information you or they think of.

* Icebreaker Exercise (optional -- see earlier section on "Facilitating WIC Discussion Groups", page Intro-7).

2) Optional Video: "Yes, You Can Breastfeed".

3) Ask general, non-specific, open-ended questions to open up the discussion and to elicit clients' concerns, as well as strategies for addressing their concerns during the discussion:

*** Successful Breastfeeding.**

-- *"What do you feel is successful breastfeeding?"*

-- *"How do you think breastfeeding makes the mother feel?"*

-- *"How does breastfeeding keep your baby healthy?"*

-- *"How long do you think a woman should breastfeed?"*

Define successful breastfeeding. Discuss the baby's first immunization and emphasize that any length of breastfeeding is good, and that it's worth a try.

*** Concerns of Breastfeeding the First Few Weeks.**

-- *"What are some ways to position or hold your baby while feeding?"*

-- *"How often do you think you should nurse a newborn?"*

-- *"How do you know your baby is hungry?"*

-- *"How do you know your baby is satisfied or full?"*

-- *"When would you want to give your baby supplements of formula?"*

AM I READY TO BREASTFEED?

OBJECTIVE:

WIC participants will receive information on how to breastfeed.

BACKGROUND INFORMATION:

The following books and manuals are excellent sources of accurate breastfeeding information:

1) "Breastfeeding: A Problem-Solving Manual".

2) "Bestfeeding: Getting Breastfeeding Right For You".

3) "Counseling the Nursing Mother".

4) "Breastfeeding for Healthy Mothers, Healthy Babies", Best Start Training Manual; State of Florida Department of Health. (Copy of Training Manual is attached following Session B-2, below).

METHOD:

1) Involving participants in a facilitated group discussion.

2) Showing video: "Yes, You Can Breastfeed".

MATERIALS NEEDED:

1) Video: "Yes, You Can Breastfeed".

2) Baby doll.

3) Breastfeeding pamphlets.

4) Breast models, examples of breast shells, bras, bra pads, pumps, and other breastfeeding aids.

POSSIBLE DISCUSSION TOPICS:

Session Outline follows.

SESSION OUTLINE:

1) Opening the Session:

* Introductions: Introduce yourself. Give everyone the opportunity to know a little about each other, and to practice speaking to the group. Begin by having each person introduce themselves. They can give their name, their children's names and ages, their due date if pregnant, or other information you or they think of.

* Icebreaker Exercise (optional -- see earlier section on "Facilitating WIC Discussion Groups", page Intro-7).

2) Optional Video: "Yes, You Can Breastfeed".

3) Ask general, non-specific, open-ended questions to open up the discussion and to elicit clients' concerns, as well as strategies for addressing their concerns during the discussion:

*** Successful Breastfeeding.**

-- *"What do you feel is successful breastfeeding?"*

-- *"How do you think breastfeeding makes the mother feel?"*

-- *"How does breastfeeding keep your baby healthy?"*

-- *"How long do you think a woman should breastfeed?"*

Define successful breastfeeding. Discuss the baby's first immunization and emphasize that any length of breastfeeding is good, and that it's worth a try.

*** Concerns of Breastfeeding the First Few Weeks.**

-- *"What are some ways to position or hold your baby while feeding?"*

-- *"How often do you think you should nurse a newborn?"*

-- *"How do you know your baby is hungry?"*

-- *"How do you know your baby is satisfied or full?"*

-- *"When would you want to give your baby supplements of formula?"*

-- *"When would you <u>not</u> want to give supplements?"*

-- *"What reason other than hunger would your baby want to nurse?"*

-- *"Do you know anyone who had sore nipples?"*

-- *"How can you avoid sore nipples?"*

-- *"What if you need to leave your baby for a short time?"*

-- *"What if you have a c-section?"*

-- *"What if you need medication?"*

-- *"What have you heard about birth control while breastfeeding?"*

-- *"What birth control methods have been recommended to you while breastfeeding?"*

-- *"What do you expect it to be like when you first start to breastfeed?"*

-- *"How long do you think it will take for you and your baby to learn to breastfeed?"*

-- *"Who are the people that are going to be around you when you breastfeed?"*

-- *"What do they think now about your breastfeeding?"*

-- *"How do you think they'll act when you're breastfeeding?"*

-- *"What would you like them to do? How can they help you?"*

Issues Concerning Doctors, Midwives, Nurses, and Hospitals.

-- *"What have you discussed with your doctor or midwife about breastfeeding your baby?"*

-- *"What if you decide to breastfeed and the nurses at the hospital give your baby a bottle?"*

-- *"What do you think happens when you decide to "top the baby off" with a bottle after breastfeeding?"*

*** Prenatal Breast Exam.**

-- *"What have you heard about breastfeeding and breast size?"*

-- *"What are some things you have heard that will help prevent sore nipples?"*

-- *"Does anyone have (or know someone who has) flat or inverted nipples?"*

-- *"What can you do if you have inverted nipples?"*

-- *"How do your breasts feel now that you are pregnant?"*

*** Closing Questions.**

-- *"Do you feel you have the information you need to start breastfeeding?"*

-- *"Who would you call if you had questions or concerns about breastfeeding?"*

4) Closing the Session.

-- Summarize the key points of the discussion.

-- Thank everyone for coming and sharing with the group.

BREASTFEEDING DISCUSSION SESSION: B-1

CERTIFICATION

OBJECTIVE:

The WIC participants will receive individualized counseling from a nutritionist and identify a nutrition goal to improve their diet within the nutritionist's recommendations. The client will describe at least one way to know if the baby is getting enough milk, recognize when she may need professional help with her breastfeeding, and know the risks involved with caffeine, smoking, alcohol, and drug use while breastfeeding.

BACKGROUND INFORMATION:

1) "Facilitating WIC Discussion Groups" at the beginning of this document (page Intro-1).

2) All sources listed in the Breastfeeding Study Guides may be relevant.

3) "Goal Setting" -- see page CH-6.

METHOD:

The WIC nutritionist will use active listening skills to address the participant in a one-on-one discussion that targets particular concerns of each individual woman. The nutritionist will review client information, note possible areas of need, and provide information, referrals, and follow-up scheduling as necessary.

MATERIALS NEEDED:

1) Food Guide Pyramid: A Guide to Daily Food Choices (Poster).

2) Baby Doll.

3) Food Frequency Tool.

4) Optional: Breast pump, supplemental nursing system, funnel, and breast shells.

SESSION OUTLINE:

1) Opening the Session.

   -- Assess diet.

   -- Assess other risk factors.

   -- Describe risks to client and describe intake assessment using the Food Guide Pyramid. Write in number of servings on Food Guide Pyramid.

   -- Develop nutrition plan for participant.

2) Ask general, non-specific, open-ended questions to stimulate the participant and to focus on their diet and goal-setting:

   -- *"Given what you've told me about your diet, what are some ideas you may have for working on it?"*

   -- *"If you could do one very small thing to change your diet, what would you do?"*

   -- *"When you think of healthy eating and breastfeeding, what comes to mind?"*

   -- *"What is a healthy eating style during the time you breastfeed?"*

   Help the client choose one achievable goal to address for their certification period. Be sure that client's goal is realistic. This entails taking only a small part of their long-term goal for the next few months. Be **SUPPORTIVE** and **NON-JUDGEMENTAL**. Document goal on Food Guide Pyramid and on Food Frequency Form. Refer to "Goal Setting" (Appendix). Explain how WIC foods will help to improve client's diet and the importance of eating the food.

3) Explain to the parent or guardian the importance of attending the nutrition discussion sessions.

4) Choose the discussion sessions the client would like for that certification period.

   Note: if the client is a high risk client (for example, Priorities I-III), suggest that they a attend the appropriate sessions tailored to their risk factors.

5) Refer other (lower-risk) program categories to WIC facilitated session summaries for their first session.

6) Summarize the key points of the goal set by the client.

BREASTFEEDING SUPPORT GROUP DISCUSSION SESSION: B-2

SUCCESSFUL BREASTFEEDING

ALTERNATIVE TITLES:

"Answers for Your New Questions About Breastfeeding."

"Sharing Your Thoughts and Experiences about Breastfeeding With Other Mothers."

"Update on Breastfeeding."

"So How's It Going? Discussing How You're Doing With Breastfeeding."

"So How's It Going? Discussing What It's Like to Be A Mother Who Breastfeeds."

"Sharing Breastfeeding Joys and Solving Breastfeeding Problems."

"Keep Up the Good Work! Answers for Your New Breastfeeding Questions."

SUMMARY:

So you've breastfed your baby. Good for you! Many new mothers find that they have more questions about breastfeeding at this time. Some other mothers want to share their positive experiences about breastfeeding or get help from other mothers in solving breastfeeding problems. This class serves as a discussion group for these concerns and a way for breastfeeding moms to get support in facing the challenges of breastfeeding.

OBJECTIVE:

WIC participants will receive breastfeeding information and support through a group discussion.

BACKGROUND INFORMATION:

The following books and manuals are excellent sources of accurate breastfeeding information which can be reviewed on an on-going basis and referred to when participants have questions:

1) "Breastfeeding: A Problem-Solving Manual."

2) "Bestfeeding: Getting Breastfeeding Right For You."

3) "Counseling the Nursing Mother."

4) "Breastfeeding for Healthy Mothers, Healthy Babies", Best Start Training Manual; State of Florida Department of Health (copy attached following this section).

METHOD:

Involving participants in a facilitated group discussion.

MATERIALS NEEDED:

1) Reference books/manuals listed above.

2) Baby doll.

3) Breastfeeding pamphlets (to provide to participant on the basis of individual needs). See Appendix (page AP-1).

4) Breast models, examples of breast shells, bras, bra pads, breast pumps or other recommended breastfeeding aids.

POSSIBLE DISCUSSION TOPICS:

Session Outline follows.

SESSION OUTLINE:

1) Opening the Session.

* Introductions: Give everyone the opportunity to know a little about each other, and to practice speaking to the group. Begin by having each person introduce themselves. They can give their name, their children's names and ages, their due date if pregnant, or other information you or they think of.

* Icebreaker Exercise (optional): Pair-up each participant with a partner. Give each partner 3 or 4 minutes of time to talk to the other partner about whatever they are thinking, feeling, or experiencing about breastfeeding; while one partner talks, the other "just" listens and cannot interrupt or respond back verbally. The listening partner gives all their attention to listening and focusing on what the person talking is saying. Have the partners switch their roles, so that each experiences the 3 or 4 minutes as both the speaker and the listener.

  Then have everyone join back into one group, and ask them how they felt about it, what it was like to be the speaker or listener, what kinds of things they talked about and/or what they might have learned from it.

  You can vary this exercise by giving the partners different topics to talk about (for example, an abbreviated version of their life story or a more specific issue about breastfeeding, etc.) or let them talk about anything they want to.

2) Ask general, non-specific, open-ended questions to open up the session and focus the discussion on any of the following topics:

*** Neutral Approach:**

-- *"How is breastfeeding going?"*

-- *"What did you expect about breastfeeding, and what has actually happened?"*

-- *"What did you think life would be like with your baby, and what is it really like?"*

-- *"How do you feel about breastfeeding so far?"*

-- *"What new breastfeeding experience/occurrence have you had in the last month?"*

-- *"What advice have you been given about feeding your baby?"*

-- *"What kinds of reactions do you get from other people about your breastfeeding?"*

-- *"What are some of the changes regarding breastfeeding that you expect to happen?"*

-- *"At what point did you finally feel comfortable nursing your baby?*

-- *"When did things fall into place?"*

* **Addressing Positives:** (especially good to use if pregnant women attend)

-- *"What made you want to breastfeed?"*

-- *"What are some reasons you think women choose to breastfeed?"*

-- *"What do you think are some ways breastfeeding is good for your baby and for you?"*

-- *"What are some good things that are happening with you because you're breastfeeding?"*

-- *"What do you like best or enjoy most about breastfeeding?"*

-- *"What had you read or heard about breastfeeding that attracted you to it?"*

-- *"What pleasures and joys have you found in breastfeeding?"*

-- *"Can you think of some pleasant suprize you've discovered about breastfeeding?"*

-- *"Do you think a mother would really miss something if she decided not to nurse?"*

-- *"How has breastfeeding influenced the way you parent your baby?"*

-- *"How does breastfeeding help you understand your baby's needs?"*

-- *"Describe a situation where you were especially glad you were breastfeeding?"*

-- *"What do you as a mother get out of breastfeeding, and how does this affect the rest of your family?"*

-- *"How has breastfeeding saved you money?"*

*** Addressing Worries or Concerns:**

-- *"What help concerning breastfeeding do you need most?"*

-- *"Is there anything that you don't like about breastfeeding?"*

-- *"Have you heard anything about breastfeeding that you've been wondering or worrying about?"*

-- *"Is there anything that is concerning or worrying you about breastfeeding?"*

-- *"What are some of the reasons some mothers decide not to breastfeed?"*

-- *"Is there anything about breastfeeding that you wish you'd have done differently?"*

-- *"What conflicting or confusing advice have you received on caring for your baby?"*

-- *"What old wives tales or myths have you heard about breastfeeding?"*

-- *"What breastfeeding difficulities did you think you might have, and what did you do to avoid them?"*

-- *"What is the worst advice you received about breastfeeding?"*

3) Examples of open-ended questions that can help focus the group discussion on a topic area or specific issue:

*** Early Breastfeeding:**

-- *"How often do you breastfeed?"*

-- *"How can you tell that your baby is getting enough milk?"*

-- *"What are some of the ways your baby lets you know he/she is getting enough?"*

-- *"How have you handled leaking?"*

-- *"How do you hold your baby to breastfeed?"*

-- *"Have you tried other breastfeeding positions?" (e.g. football hold, lying down, etc.).*

-- *"How does let-down feel to you? What helps your milk to let down?"*

-- *"What was the best piece of advice someone gave you for the early weeks of breastfeeding?"*

-- *"What have you done or are you doing to help breastfeeding get off to a good start?"*

-- *"What made you anxious about breastfeeding in the early days?"*

-- *"Who gave you support when you were nursing for the very first time? What did they do or say that helped?"*

-- *"What have you heard about breastfeeding a baby that is jaundiced?"*

-- *"What special needs did you and your baby have at first?"*

-- *"How many had a less-than-perfect beginning to breastfeeding that turned out all right in the end? Could you please share this with us?"*

-- *"Is there something you did while you were pregnant that helped make the early weeks of breastfeeding easier?"*

-- *"How have you or others you've talked to handled baby's growth spurts?"*

-- *"At what ages has your baby had a growth spurt?"*

*** Breast Care/Sore Nipples:**

-- *"How do your breasts feel when you are nursing?"*

-- *"What have you heard about breastfeeding and breast size?"*

-- *"What do you feel is the best way to take care of your breasts while pregnant and breastfeeding?"*

-- *"What have you heard about:*
- putting ointments or lotions on your nipples?
- putting soap on your nipples?
- "preparing" your nipples?"
- drying out, or exposing nipples to sunlight?"

-- *"Has anyone used breast pads? How did this help you? Can you suggest any certain types to use?"*

-- *"Has anyone experienced sore nipples? Can you tell us about it and what you found to be helpful?"*

-- *"What are some things that will help prevent sore nipples?"*

-- *"How about breast engorgement? What helps prevent and relieve it?"*

-- *"Does anyone have (or know someone who has) inverted or flat nipples? If so:*
- how and when did you know your nipples were this way?"
- what kinds of things can help make breastfeeding easier?"

-- *"What have you heard about breast infections? What seems to cause them? What kinds of things can you do to relieve the pain/heal the infection?"*

*** Emotional/Family-Oriented Issues:**

-- *"What kind of things can a new mother do to pamper/take care of herself?"*

-- *"What are some ways for a new mother to relax?"*

-- *"What do you do when you get really worn out and tired?"*

-- *"Can you share a way to simplify a household task, such as the cooking, laundry, shopping or cleaning?"*

-- *"Have you had any problems nursing with others around?"*

-- *"How does your family feel about your breastfeeding?"*

-- *"What kinds of support for breastfeeding are you getting at home?"*

-- *"What does your family expect of the new baby? and of you?"*

-- *"How does your family want to feed the baby?"*

-- *"Has anyone encouraged you to give your baby formula or baby food? How have you handled that?"*

-- *"How has your family (or husband) helped make breastfeeding easier for you?"*

-- *"How do you (and your husband) feel about having the baby in bed with you?"*

*** Miscellaneous Management Issues:**

-- *"How does your baby let you know he/she is hungry?"*

-- *"What are some reasons why babies cry?"*

-- *"What happens when your baby cries?"*

-- *"What are some techniques you've used or heard about to soothe a fussy or colicky baby?"*

-- *"What have you heard about using birth control while breastfeeding?"*

-- *"What birth control methods have been recommended to you to use while you are still breastfeeding?"*

-- *"Has anyone heard that you can't get pregnant as long as you're breastfeeding? What do you think about that?"*

-- *"If you've had problems with breastfeeding, how have you handled them?"*

-- *"If anyone has had a problem such as a plugged duct, breast infection, an illness, etc., can you share how you handled it?"*

*** Alternate Feedings/Expressing Breastmilk:**

-- *"What do breastfeeding mothers do when they're going to be away from the baby during a time when the baby will need to be fed?"*

-- *"In what kind of situations might mothers need to express their milk?"*

-- *"How do you feel about leaving your baby with someone else (such as a caregiver, husband, grandmother, etc.)? What do you think will happen?"*

-- *"What do you do when you want (or need) to leave your baby behind?"*

-- *"What are some ways of expressing breastmilk?"*