

Module 7 – Talking With Mothers About Breastfeeding...During Pregnancy

Overview

This seventh module introduces peer counselors to the various physical and emotional changes that occur throughout a woman's pregnancy as well as the way her body is preparing for breastfeeding. The module enables peer counselors to better address a woman's questions and concerns during pregnancy and provides strategies for talking with mothers effectively.

Learning Objectives

Upon completion of this module, peer counselors will be able to:

- Formulate an open-ended question to ask a mother at each of the three trimesters of her pregnancy.
- Name at least two breast changes that help prepare a mother for breastfeeding.

Time Allowed: 1 hour

Background Information

Mothers experience pregnancy in different ways. Their varied experiences, questions, and concerns can change throughout their pregnancies. Peer counselors have limited experience with understanding pregnancies other than their own. They need counseling strategies to help support each mother's unique situation.

Providing strategies for beginning the conversation with mothers during various stages of pregnancy can give a peer counselor confidence in building a relationship. This relationship will enable mothers to trust her counselor with issues that arise after the baby is born.

Checklist

- AV Equipment
 - PowerPoint or overhead projector
- Teaching Tools
 - Flip chart and markers
 - Breast model
- Handouts
 - Handout #7A – Opening the Conversation with Mothers During Pregnancy
 - Handout #7B – How the Breast Changes During Pregnancy
 - Handout #7C – How to Know a Nipple is Inverted
 - Handout #7D – When to Contact Mothers

- Resources
 - “Fathers Supporting Breastfeeding” pamphlets available from USDA.

Additional Learning Opportunities

- Provide opportunities for peer counselors to shadow a WIC designated breastfeeding expert who is in the process of counseling a new mother during pregnancy. Use the Shadowing Breastfeeding Experts: Peer Counselor Log provided in the “Continuing Education of Peer Counselors” section as a guide.
- Read “Preparing the Breasts for Breastfeeding” and “Prenatal and Postpartum Breast and Nipple Care” in Amy Spangler’s *Breastfeeding: A Parent’s Guide*.
- Attend a WIC breastfeeding class.

Module 7 – Trainer Notes

- Slide #1** **Module 7: Talking With Mothers About Breastfeeding... During Pregnancy**
- Slide #2** **Learning Objectives**
Upon completion of this module, peer counselors will be able to do the following:
- Formulate an open-ended question to ask a mother at each of the three trimesters of her pregnancy.
 - Name at least two breast changes that help prepare a mother for breastfeeding.
- Slide #3**
[Activity] **Oh, Baby!**
Learning Objective: To help peer counselors appreciate the various ways mothers may respond to a pregnancy.
- Time:* 4 minutes
- Directions:*
- Ask peer counselors to come up with one word that could describe how a mother might feel when she finds out she is pregnant.
 - Write the words on a flip chart.
 - *For large training groups*, consider dividing peer counselors into small groups to discuss.
 - *For small training groups*, conduct as a general group discussion.
- [Key Talking Points]
- Pregnancy can be an exciting time of preparation and anticipation for mothers.
 - It is important not to make assumptions about a mother's feelings.
 - A woman's concerns change throughout her pregnancy.
- [Instructional Guidance]
- Remind peer counselors that mothers can respond to a pregnancy in many different ways. Some examples of reactions to pregnancy include:
- Some feel joyous and are very excited almost from the first moments they learn they are expecting a baby.
 - Some are excited but worry about being a good parent.
 - If the pregnancy was not planned, some may feel stressed.

- Some women feel anxious about pregnancy because of their personal living situation.
- Some women feel anxious because of medical needs.

Slide #4

Stages of Pregnancy

Because peer counselors have been through a pregnancy themselves, they can relate well to new mothers as they help them address their questions about breastfeeding.

[Activity]

Learning Objective: To increase awareness of the various issues new mothers experience throughout each trimester.

Time: 15 minutes

Directions:

- Divide peer counselors into three groups.
- Assign each group to one of the three trimesters of pregnancy.
- Explain that a pregnancy is divided into “trimesters,” or three sets of three months, and that many changes occur throughout each of these periods of time.
- Ask peer counselors to think back on their own pregnancies or those of friends or family members. Ask them to recall some of the changes, thoughts, and feelings they experienced.
- Ask the group members to share these experiences with one another related to the stage of pregnancy to which they are assigned.
- They should discuss the following types of changes they recall:
 - Emotional
 - Physical
 - Worries
- Ask the group to identify at least two open-ended questions they could ask a woman at that stage of pregnancy.
- Have each group report as you cover each trimester in the remainder of the class.

[Instructional Guidance]

- *For small training groups*, conduct this as a general group discussion or with a partner.
- *For large training groups*, consider having more than one group discuss each trimester to avoid having groups larger than six to eight each. During the reporting, allow one group to report and then ask the other group with the same topic to add any additional comments.

Slide #5

The First Trimester of Pregnancy

[Allow the first trimester group(s) to report.]

The first three months of pregnancy can bring mixed feelings to a new mother. As her hormone levels change, she may feel both excited and scared.

[Key Talking Points]

- Some women do not know they are pregnant in the first weeks.
- The baby may not seem real in this trimester.
- She may experience nausea and extreme fatigue.
- Her breasts will get ready for breastfeeding by getting larger and feeling more tender.
- Some women will be uninterested in talking about breastfeeding at this time.
- Women who make the decision to breastfeed early in their pregnancy tend to breastfeed longer than late deciders.
- Use your contact opportunities to establish a relationship with the mother and talk about breastfeeding.

Slide #6

Talking With Mothers During the First Trimester

Discussion:

- What are some open-ended questions you could ask a mother during the first trimester?
- What topics might you discuss when she replies to these questions?

Handout: #7A – Opening the Conversation with Mothers During Pregnancy

[Instructional Guidance]

- Ask peer counselors to use Handout #7A – Opening the Conversation with Mothers during Pregnancy, to record possible questions they could use in establishing a relationship with mothers at each of the three stages of pregnancy.
- Some possible questions during the first trimester include:
 - How is your pregnancy going?
 - Tell me about the changes you have noticed in your breasts?
 - What do you know about breastfeeding?
 - What does your family say about breastfeeding?
- Write down the counseling topics identified by the group on the flip chart. Have the peer counselors write these ideas down on their handouts.

Slide #7

The Second Trimester of Pregnancy

[Allow the second trimester group(s) to report.]

[Key Talking Points]

Physical changes continue during the second trimester.

- Many women begin to feel better during this time.
- Their clothes begin to be tight, and they may begin to wear maternity clothes.
- Many feel energetic or “glowing” during this period.
- They may feel better, so they may be more willing to discuss breastfeeding.

Slide #8

Talking With Mothers During the Second Trimester

Discussion:

- What are some open-ended questions you could ask a mother during the second trimester?
- What topics might you discuss when she replies to these questions?

[Instructional Guidance]

- Some possible questions to ask during the second trimester include:
 - How is your pregnancy progressing?
 - What kinds of things are people telling you about breastfeeding?
 - What kinds of things are you doing to prepare for your baby and breastfeeding?
 - What concerns are you feeling about your breasts?
- Write down the counseling topics identified by the group on the flip chart. Have the peer counselors write these ideas down on their handouts.

Slide #9

The Third Trimester of Pregnancy

[Allow the third trimester group(s) to report.]

[Key Talking Points]

- As the baby grows, the pregnancy may seem more real to a mother.
- The mother may be excited about preparing for the birth of her baby. She may be preoccupied with getting the nursery and the baby’s things prepared.
- The mother may be interested in learning about breastfeeding and how to get ready.
- As the mother’s belly grows larger, she may feel tired and uncomfortable. She may have trouble sleeping at night.
- She may have false labor contractions.

- She may worry about lifestyle changes that might be needed.
- She may wonder what the birth experience will be like.
- Be cautious about sharing your own birth stories. Each woman has a different experience.
- Let her talk about her hopes and dreams as well as her fears and concerns.

Slide #10

Talking With Mothers During the Third Trimester

Discussion:

- What are some open-ended questions you could ask a mother during the third trimester?
- What topics might you discuss when she replies to these questions?

[Instructional Guidance]

- Some possible questions to ask during the third trimester of pregnancy include:
 - How are you preparing for the hospital?
 - How are you preparing for labor?
 - What does your family say about breastfeeding?
 - What do you know about how to position and latch your baby for breastfeeding?
 - What do you know about rooming in with your baby?
 - What have you told your doctor about your decision to breastfeed?
 - What has your doctor/hospital told you about how they will accommodate your breastfeeding needs?
- Write down the counseling topics identified by the group on the flip chart. Have the peer counselors write these ideas down on their handouts.

Slide #11

How the Breast Changes During Pregnancy

During pregnancy, a woman's body begins getting ready to breastfeed.

[Key Talking Points]

- Common breast changes that occur during pregnancy include:
 - Breasts enlarge.
 - Nipples become more elastic to be able to conform to the shape of the baby's mouth.
 - Fatty tissue begins storing up in her breasts to protect milk-producing tissue and provide calories for breastfeeding.
 - The areola darkens. This may help provide a target to help the baby find the breast.
 - Bumps called *Montgomery glands* appear on the areola.

- Montgomery glands produce anti-bacterial oils that sanitize the breast and keep it moisturized.
- The breast begins making colostrum, baby’s first milk, as early as 20 weeks of pregnancy.
- All of these changes can make the breast feel tender and are signs that her breasts are getting ready to feed her baby.
- If the mother does not notice tenderness or breast changes, this does not mean she will not make milk.
- Some mothers do not experience breast changes until after their babies are born. Others experience changes but simply do not notice them.
- If a mother does not notice breast changes, encourage her to consult her doctor for an evaluation.

[Instructional Guidance]

- Use a breast model to demonstrate as you explain how the breast works.
- Refer Peer Counselors to Handout #7B – How the Breast Changes During Pregnancy, for later reference.

Slide #12

Too Big? Too Small?

Most women worry about whether their breasts are the right size, and whether they will be able to make milk.

[Key Talking Points]

- Breasts come in a wide variety of shapes and sizes.
- Nipples also come in many different shapes and sizes.
- Most women have one breast that is slightly larger than the other breast.
- Most breasts can make milk.
- The size of a woman’s breasts depends on the fat deposits that are in her breasts.
- If a woman seems very concerned about the size or shape of her breasts or nipples, yield to the WIC designated breastfeeding expert. Sometimes the shape or size of the breasts or nipples may make breastfeeding harder or easier.

Slide #13

Nipple Variations

Although babies can usually latch on well to most nipples, some nipples may be more difficult for babies than others.

[Key Talking Points]

- Some mothers have flat or inverted nipples. A true “inverted” nipple is very rare.
- In most cases, mothers can still breastfeed.

- Yield to your WIC designated breastfeeding expert who can assist the mother with drawing out the nipple.
- The mother can do the simple compression test during her pregnancy to determine if she has an inverted nipple.
- A mother should be aware that as her pregnancy progresses and her nipples become more elastic, an inverted nipple may no longer be inverted by the end of her pregnancy.
- Another nipple variation can be a secondary nipple that can occur next to a main nipple. Some mothers have extra breast glandular tissue located in other areas of the breast or even near the underarm. This tissue may produce milk.
- Remind mothers that babies do not “nipple feed.” They breastfeed. Most babies can draw out an inverted nipple and breastfeed with secondary nipples.

Slide #14
[Activity]

Peer Counselor Skills Checklist

Learning Objective: To help peer counselors understand the difference between an erect nipple and one that is inverted.

Time: 5 minutes

Directions:

- Pass the cloth breast model to each peer counselor.
- Have each peer counselor practice the nipple compression test for a normal erect nipple, flat nipple, and an inverted nipple.
- When you are sure she understands each concept, sign and date her Peer Counselor Skills Checklist Card, Module 7 – Identifying Inverted Nipple section.

[Key Talking Points]

- Women can do a simple compression test (also known as a “pinch test”) during pregnancy to be sure they have an erect nipple. Here’s how:
 - Have the mother place her thumb and first finger behind the base of her nipple near the edge of the areola (“where the dark meets the light”).
 - Press her thumb and finger together.
 - If the nipple pushes out, it is not inverted.
 - If her nipple does not move, it may be flat.
 - Most babies can draw out a flat nipple because they “breastfeed,” not “nipple feed,” and therefore take in lots more breast tissue than just the nipple.
 - If the nipple sinks in like a dimple when compressed, it may be inverted.

[Instructional Guidance]

- Refer Peer Counselors to Handout #7C – How to Know a Nipple is Inverted, for later reference.

Slide #15

Helping Mothers Prepare for Breastfeeding

Discussion:

- What kinds of things did you do during your pregnancy to learn more about breastfeeding?

[Key Talking Points]

- Mothers can get valuable information on breastfeeding from WIC through attending WIC breastfeeding classes, reading WIC breastfeeding materials, and talking with the WIC nutritionist and peer counselor.
- The WIC “Fathers Supporting Breastfeeding” and “*Loving Support*© Makes Breastfeeding Work” materials can provide new mothers with ideas on how family members can support their decisions to breastfeed.
- Mothers can bring their family members to WIC breastfeeding classes to improve their support for breastfeeding.
- Mothers can read simple books provided by WIC and watch breastfeeding videos.
- Mothers can learn from other mothers who have breastfed. WIC and other community organizations such as La Leche League may have mothers’ groups.
- Encourage her to talk to family members. This may include her mother, the father of the baby, and other important family members. This is her support network after the baby is born.

[Instructional Guidance]

- As peer counselors provide ideas for ways they prepared for breastfeeding, post them on the flip chart. Discuss the ideas under Key Talking Points that were not mentioned.

Slide #16

Breast Care During Pregnancy

Proper care during pregnancy can help mothers prepare their breasts for breastfeeding.

[Key Talking Points]

- Avoid tight fitting bras:
 - Wearing a bra during pregnancy is not necessary, but some women prefer to because it supports their breasts.
 - Bras that are too tight can cause plugged milk ducts.
 - Cotton bras allow air circulation to the tissues.

- Wait until the last few weeks to purchase a nursing bra and choose a loose fitting one since the breasts enlarge during pregnancy and after delivery.
- Look for nursing bras that will easily unfasten with one hand.
- Avoid lotions and potions:
 - “Toughening up” nipples or using special creams during pregnancy is not necessary. This can actually harm sensitive breast tissue.
 - If breast skin is extremely dry, she can use a small amount of modified lanolin such as Lansinoh© or Pure Lan© daily.
- Wash with plain water:
 - Soaps and alcohol dry out the skin on the breast and remove the lubricating oils excreted from the Montgomery glands.
 - Air dry the breasts well before putting on a bra.
- Manage leaking:
 - It is normal for some women to leak colostrum in the last few weeks of pregnancy or during intercourse.
 - If leaking is a problem for her, have her wear reusable cotton or disposable nursing pads inside her bra.
 - Change pads when they become damp.
 - Air dry the breast before redressing.

Slide #17

Yield

Remember that your role as a peer counselor is to talk with mothers about breastfeeding. As she grows to trust you, she may tell you other things about her health. Refer a mother to her healthcare provider if she tells you about any of the following:

- Spotting or bleeding
- Excessive vomiting and nausea
- Swelling
- Contractions/premature labor
- Baby stops moving
- Other troublesome medical situations

[Instructional Guidance]

- Peer counselors can say, “My training is in the field of breastfeeding support. It would be best if you phoned your doctor to tell him or her about this. He or she will know the best thing to do.”

Slide #18

Empty Arms

Loss of a baby at any time during pregnancy is upsetting and can be challenging for the peer counselor, especially if it is the first time a peer counselor talks to the mother. Thinking through ways

you might respond now will help you feel prepared when you are faced with this situation.

[Key Talking Points]

- Mothers respond to grief in many different ways.
- Many emotions are associated with loss. These emotions might be shock, denial, anger, and sadness.
- It is not your job to fix her feelings but to listen to her and let her know you care about her.
- Yield to her health professional and tell her about any pregnancy loss support groups available in your community.
- What **not** to say to a mother who has lost a baby:
 - “It’s for the best.” Nobody believes that. It will only compound her sadness.
 - “Be thankful that you have other children.” Of course she is thankful for her other children...but she loved this baby too.
 - “I know how you feel.” Don’t say this unless you have lost a baby yourself.
 - “I lost a baby, too. Let me tell you all about it.” This is not the time to tell her the details of your story.

Slide #19

Empty Arms: What You Can Say

[Key Talking Points]

- What can you say to a mother who has lost a baby?
 - Open-ended questions:
 - How do you feel?
 - What does your doctor tell you?
 - Affirming statements:
 - “I am so sorry.”
 - “I lost a baby, too. I know how hard it is.”
 - Education:
 - Suggest talking with other mothers who have lost a baby.
 - Discuss how to deal with her milk that may come in.
 - Provide contact numbers for local support groups.

Slide #20

When to Contact Mothers During Pregnancy

Regular contacts throughout the mother’s pregnancy helps peer counselors establish a positive relationship with her. This builds trust and helps open the mother to her education about breastfeeding.

[Key Talking Points]

- Follow the WIC agency protocol for obtaining lists of pregnant WIC mothers to contact. This can include getting printouts of newly certified WIC mothers, receiving referrals from WIC staff who talk with new mothers, as well as receiving referrals from health providers in the community.
- As a peer counselor, you will reinforce the information about breastfeeding being given to WIC mothers from the WIC nutritionist or other staff who counsel new mothers.
- Peer counselors help mothers explore their barriers to breastfeeding, answer common questions, and prepare mothers by helping them get a good start with breastfeeding.
- Contact a pregnant woman as soon in her pregnancy as possible. This is important since breastfeeding duration is increased the earlier a mother makes the decision to breastfeed.
- Continue contacting mothers monthly to build a relationship with the mother and to help her with questions that change throughout her pregnancy.
- Contact the mother weekly in the last month so you can “catch” her as soon as she delivers to offer support.

[Instructional Guidance]

- Refer Peer Counselors to Handout #7D – When to Contact Mothers, for later reference.

Slide #21

Final Thought

“Before my daughter was born I signed up for WIC. It was the best thing I could have done. I didn’t know much about breastfeeding, but thought I ‘might’ breastfeed. After attending a WIC breastfeeding class and talking with my peer counselor, that ‘might’ became a ‘must.’”

WIC Mother