

# Prenatal Breastfeeding Education Classes

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**Who:** Pregnant women participating in WIC. Fathers and other support persons are encouraged to attend this class. The class is offered to all pregnant women.

**Why:** Many pregnant women have limited knowledge of breastfeeding and may have heard positive or negative stories related to breastfeeding from friends and family. The goal of these classes is to help moms learn the basics of breastfeeding so she is able to successfully breastfeed her child.

**Time:** Each class 30 – 60 minutes, depending on discussions

**Setup:** Hollow Square with chairs arranged in circle or around a table.

## Three Class Outline

1. Breastfeeding Basics
  - a. Breastfeeding Benefits (Breastfeeding in a Bag)
  - b. Breastfeeding Myths
  - c. First Milk- Colostrum
  - d. Milk Transition- Colostrum to Mature Milk
  - e. Breastfeeding Support
2. Getting Off to a Good Start
  - a. Arizona Baby Steps to Breastfeeding Success
  - b. Is my Baby Getting Enough
  - c. Baby Behaviors
3. The Art of Breastfeeding
  - a. Positioning
  - b. Latch
  - c. Engorgement/ Hand Expression

**\*\* Please note: You may hold three separate classes or complete all three parts in one class.**

# Class One: Breastfeeding Basics

## Handouts/teaching tools:

- Breastfeeding-in-a-Bag materials
- Facts About Colostrum Handout
- Breastfeeding Keep It Simple book
- Sheets of paper and basket/box
- Red and Green Flags (handmade)
- Pens

### 1. Introduction

Welcome! My name is \_\_\_\_\_. I am a WIC (your position). Is everyone ready to get started? In today's class we will learn about breastfeeding benefits, talk about breastfeeding myths, learn more about your breastmilk and find out ways to get breastfeeding support. Please turn to the person beside you and introduce yourself. Share your due date and one concern or question you have about breastfeeding. To make sure that we address your questions and concerns, write down your concern or question on a piece of paper and place it in the basket provided. Questions/concerns will be anonymous so you don't have to write your name on them. We will make sure that all of the questions are answered at the end of the class.

The American Academy of Pediatrics supports breastfeeding as the preferred feeding method for at least the first year of life, and longer as mutually desired by mother and child. The World Health Organization recommends that women breastfeed for 2 -3 years. You may breastfeed as long as you wish.

### 2. Breastfeeding Benefits (Breastfeeding-in-a-Bag)

*Refer to the Breastfeeding-in-a-Bag document.*

Have participants pick out an item from the bag and begin activity.

### 3. Breastfeeding Myths

Have participants hold up a green flag if they think the myth is true and a red flag if they think the myth is false.

#### *"Breastfeeding hurts" (red flag- false)*

- Breastfeeding is a common and natural way to feed baby. A few small tips and pointers can help get you off to a great start. It is important to remember that intense pain is not normal and WIC advises mothers to get help right away from our breastfeeding experts (reference BF lead, RD and/or the BFPC program) or your doctor if you are experiencing pain. Pain and discomfort may be caused by an improper latch. Minor discomfort at the beginning of a feeding is normal.

#### *"If I don't eat a perfect diet I can't breastfeed" (red flag- false)*

- As a breastfeeding mother, your nutrition needs increase-you do not need to maintain a perfect diet in order to provide quality milk for your baby. In fact, research tells us that the quality of a mother's diet has little influence on her milk. Mother's milk is designed to provide for and protect baby even in times of hardship and famine. A poor diet is more likely to affect the mother than her breastfed baby. Women throughout the world make good amounts of quality milk while eating diets composed almost entirely of rice or a tiny amount of vegetables and occasional meat.
- It is recommended that you listen to your body, eat when you are hungry and drink water when you are thirsty. As a breastfeeding mother, nutrition needs increase, so for mother's own well-

being, it is important to make healthy choices. Choose lean meats/proteins/dairy, snack on low-calorie fruits and vegetables, choose whole grains and avoid empty calorie foods such as chips and candy.

***“I can’t eat the foods I love when breastfeeding” (red flag- false)***

- There are **NO** foods that you should avoid simply because you are breastfeeding. It is generally recommended that a nursing mother eat whatever she likes, whenever she likes, in the amounts that she likes and continue to do this *unless* baby has an obvious reaction to a particular food. It is a good idea to limit caffeine and alcohol.

***“I do not need to toughen up my nipples before breastfeeding” (green flag- true)***

- Correct, there is no need for preparing your nipples or body to breastfeed; your body is preparing itself and you can actually damage breast tissue or the nipple with some of these practices.

***“I can’t make enough milk to exclusively nurse my baby” (red flag- false)***

- Remembering a few simple things will help you maintain an ample milk supply. The more often and effectively your baby nurses, the more milk you will have. Nursing often (at least 8-12 times a day) in the beginning days and weeks will have a great effect on your milk supply later down the road.

**4. First milk- Colostrum (Pass out the “Facts about Colostrum” handout)**

Have participants look at the colostrum handout and follow along.

- Colostrum is the first milk that your body produces; it has a yellow tint because of the high level of carotene (form of Vitamin A). Colostrum is produced in a limited amount, because a newborn only takes a very small amount at each feeding. It is high in fat and protein and very easy for your baby to digest. You may start producing colostrum as early as the second trimester of pregnancy.
- Colostrum coats your baby’s gut and protects its intestines; it helps expel stools and eliminate meconium to reduce the risk of jaundice.

**5. Milk Transition- Colostrum to Mature Milk**

Several days after your baby is born your breasts will begin to produce larger quantities of milk. This milk is thinner, whiter and higher in calories. You can encourage this increase by nursing your baby soon and often after birth.

**6. Breastfeeding Support**

WIC wants to support your breastfeeding goals and your successful breastfeeding experience. We will provide breastfeeding support to you on the phone or in person. To help make sure you have enough breastmilk to feed your baby, WIC will not provide formula to breastfed babies in the first month of life. WIC also provides additional food for women breastfeeding, along with small incentives. Manual or electric breast pumps are available for moms, based on need.

**7. Breastfeeding Keep it Simple**

Give the Breastfeeding Keep it Simple book to participants. Encourage moms to use the book as a resource if they are unable to come to the next prenatal breastfeeding class.

## 8. Closing

Now, let's look at the questions you had at the beginning of the class. Have we answered them? If any unanswered questions- please answer them. Also, please share anything new you have learned in today's class.

Are there any new questions?

We hope this class has helped you to think more about how you are going to feed your baby. Breastfeeding is a wonderful experience for you and your baby. Thank you for attending the class today. We look forward to seeing you in the next two classes that we offer, covering breastfeeding after delivery, positioning and latch of baby so that we can help you get off to a good start. You may pick up any breastfeeding handouts on your way out.

## Class Two: Getting Off to a Good Start!

### Handouts/teaching tools

- Arizona Baby Steps to Breastfeeding Success handout
- Arizona Baby Steps to Breastfeeding Success slips of paper (See Step 2)
- Belly Balls
- The Scoop on Poop bookmark
- Signs That Your Baby is Well Fed/Signs That Your Baby May Not Be Getting Enough to Eat bookmark
- How do I know if I am making enough MILK? handout
- Breastfeeding Keep It Simple book

### 9. Introduction

Welcome! My name is \_\_\_\_\_. I am a WIC (your position). Is everyone ready to get started? In today's class we will learn about ways to know your baby is getting enough breastmilk, the size of your baby's growing belly and steps to ensure breastfeeding success in the hospital.

Please turn to the person beside you and introduce yourself. Share your due date and one concern or question you have about breastfeeding. Write down on a piece of paper and place piece of paper in a basket or box provided. Let participants know that questions/concerns will be kept anonymous and will be answered at the end of the class.

### 10. Arizona Baby Steps to Breastfeeding Success

Explain there are five key steps in helping to achieve breastfeeding success after delivery. Have each participant pick out a slip of paper from a container/basket and read out loud what is on the slip of paper. Each slip of paper will list one step out of the five steps for Arizona Baby Steps to Breastfeeding Success. After each person reads the step aloud, elaborate more on what the step is about. Refer to information below:

*Step 1: Initiate breastfeeding within the first hour after birth- newborn babies are ready to feed right when they are born.*

- Holding baby skin to skin on your chest directly after birth helps you and your baby get to know each other and gives baby a chance to practice feeding at the breast. You can add this to your birth plan and talk to your doctor about your plans to breastfeed directly after delivery.
- The benefits of skin to skin contact.
  - Baby is more likely to latch on
  - Maintains baby's body temperature
  - Maintains his heart rate, respiratory rate and blood pressure
  - Baby is less likely to cry
  - Baby is more likely to breastfeed exclusively and breastfeed longer

*Step 2: Avoid giving infants fluids or solids other than breastmilk unless medically necessary.*

- Breastmilk provides complete nutrition for your baby. Giving your baby other fluids or formula can interfere with breastfeeding. It is recommended to give baby only breastmilk for the first 6 months and introduce solids thereafter.

*Step 3: Promote 24 hour rooming in.*

- Having your baby near you during the hospital stay will allow you to bond, provide lots of skin to skin contact and to feed baby often.

*Step 4: Avoid the use of pacifiers or artificial nipples during the hospital stay and until breastfeeding is well established.*

- This will help avoid the possibility of nipple confusion or skipped feedings. It is important to remember to offer your breast to the baby when they are showing you early signs of hunger such as putting hands to mouth, turning their head to the side (rooting), or licking their lips. Waiting to nurse a very hungry baby can lead to latch difficulties and be frustrating for mom and baby.

*Step 5: Call for support at first signs of difficulty or pain.*

- It is important to remember that breastfeeding may be hard at first. Stay patient, be persistent and know that there is a light at the end of the tunnel. If at any time you need support or help, utilize your breastfeeding resources such as the peer counselor, lactation consultant, and breastfeeding hotline or just simply come into the WIC office.

**11. Is my baby getting enough?** *(Use belly balls, “Signs That Your Baby is Well Fed/ Signs That Your Baby May Not Be Getting Enough to Eat” and the “Scoop on Poop” bookmarks)*

Nursing baby at every sign of hunger will help establish your milk supply and helps the baby learn to breastfeed. Most babies nurse 8 or more times in 24 hours. Milk production begins as soon as the baby is born and it increases daily in amounts to match the baby’s increasing stomach size.

*Explain supply and demand concept, more milk out equals more milk the body makes.*

- Tummy size *(pass out belly ball kit to the group)*
  - **Day 1:** The baby’s stomach is very small at birth, about the size of a marble and your milk is produced in that amount as well. A newborn’s stomach can hold about 5 to 7 ml per feeding.
  - **Day 3:** As the baby gets many more of these small feedings, the stomach expands to about the size of a ping pong ball to hold more milk.
  - **Day 10:** The stomach is the size of a large chicken egg.

Ask: How do you think you will know your baby is well fed? *(Pass out the “Signs That Your Baby is Well Fed/ Signs That Your Baby May Not Be Getting Enough to Eat” bookmark)*

- Can you hear swallowing during the feedings?
- Do your breasts feel full before feedings and softer after feedings?
- Does your baby have 6-8 wet diapers a day after the first few days?
- Does your baby have 3 or more stools (dirty) diapers after the first few days?
- Is baby gaining weight?
- Is the latch comfortable? At any sign of a painful latch throughout the feeding or concern about baby’s milk intake, please get help immediately.

Discuss what the baby’s dirty diapers might look like the first few days. *(Pass out the Scoop on Poop bookmark)*

Ask: What signs might your baby show during a “growth spurt”?

- When your baby is going through a growth spurt he will need to feed more often. Growth spurts last 1 – 2 days and usually occurs between 10 and 21 days, 6 weeks, 3 months and between 4 to 6 months. Feeding often during a growth spurt will make sure you have enough milk for your baby’s needs.

## 12. Baby Behaviors

Having a baby can be an exciting time! Learning about baby behavior can help you understand your baby’s needs.

Ask: What do you think are some hunger and satiety cues?

Hunger cues

- Newborn babies must be fed often because of their small stomachs. Knowing and responding to hunger cues will be very helpful and lead to breastfeeding success.
- When your baby is hungry, he may:
  - Keep his hands near his mouth
  - Bend his arms and legs
  - Make sucking noises
  - Pucker his lips
  - Search for the nipple
- Responding to hunger cues early can prevent your baby from becoming too upset. It will be much easier to feed your baby when he is calm.

Satiety cues

- When babies are full, they show signs of fullness, also known as satiety.
- When your baby is full, he may:
  - Slow down suckling
  - Stop sucking
  - Relax arms and fists
  - Push away
  - Fall asleep

Sleep Patterns

- Newborn babies wake often to feed, this is normal and healthy
- They will sleep for only a few hours at a time and wake up frequently.
- Sleep patterns can be unpredictable for the first 6 weeks.

Crying

- Babies cry for many reasons, not just because they are hungry.
- Be patient
- Hold baby skin to skin

*(Pass out the “How do I know if I am making enough MILK?” handout and highlight both sides as a review)*

### **13. Breastfeeding Keep it Simple**

Give the Breastfeeding Keep it Simple book to participants. Encourage moms to use the book as a resource if they are unable to come to the next prenatal breastfeeding class.

### **14. Closing**

Now, let's look at the questions you had at the beginning of the class. Have we answered them? If any unanswered questions- please answer them. Also, please share anything new you have learned in today's class.

Are there any new questions?

We hope this class has helped you to think more about how you are going to feed your baby. Breastfeeding is a wonderful experience for you and your baby. Thank you for attending the class today. We look forward to seeing you in the next class that we offer, covering positioning and latch of baby so that we can help you get off to a good start. You may pick up any breastfeeding handouts on your way out.

# Class Three: The Art of Breastfeeding

## Handouts/Teaching Tools:

- “Ouch vs Ahh” bookmark
- Cloth breast model
- Baby Doll/Stuffed Animal
- Access to internet to show videos (optional)

### 1. Introduction

Welcome! My name is \_\_\_\_\_. I am a WIC (your position). Is everyone ready to get started? In today’s class we will learn about different positions you can nurse your baby, signs of a good and bad latch and how to relieve engorgement once your milk comes in.

Please turn to the person beside you and introduce yourself. Share your due date and one concern or question you have about breastfeeding. Write down on a piece of paper and place piece of paper in a basket or box provided. Let participants know that questions/concerns will be kept anonymous and will be answered at the end of the class.

Let me ask you all a question. If two different couples were to take dancing lessons to learn how to salsa dance, two-step or tango, do you think the first couple would dance exactly like the second couple?

*Allow participants time to answer*

Probably not, most likely, each couple would have their own dancing style and learn at a different pace. Breastfeeding is very much like that. It’s a dance that mother and baby learn together and it’s unique to each mother and baby. There is no one right way to breastfeed, however, there are techniques that make learning the dance of breastfeeding easier.

### 2. Breastfeeding Positions

It is important to remember that there are many ways to breastfeed. Try to find the most comfortable hold for you and baby. Try breastfeeding in your bed with pillows, a rocking chair or your favorite spot on the couch. If you are comfortable, your baby will feel more secure and latching will be much easier. Once you feel comfortable and the baby nurses effectively with your favorite hold, you may want to experiment with other positions.

Would anyone like to show us what your favorite nursing position was?

Demonstrate each of the common breastfeeding positions with a baby doll, mention it is good to remember to bring the baby to you, not to lean in and bring the breast to the baby.

- Cradle (most commonly used)



- Football hold (helpful for moms with large breasts, newborns, twins, C-sections)



- Cross cradle (useful for newborns because it allows the mom to control the baby's head)



- Side lying (helpful for moms with C-sections, large, heavy breasts)



- Laid back position (reclining position- great for skin-to-skin contact, useful if mom has fast letdown)



Optional: Kangaroo Care Video (9:00 minutes) <http://vimeo.com/21118877>

### 3. Latch Checklist

Pass out the “Ouch vs Ahh” bookmark to participants.

Demonstrate the wide open mouth latch with the *cloth breast model*

It is important to be able to recognize the difference between a good latch and a bad latch.

Here is a list of things to check for when making sure you have a good latch:

- Baby’s lips “flanged” or turned out, not rolled in over the gums
- Tummy to tummy
- Neck slightly tilted (head tipped up)
- Wide open mouth
- Lower jaw below nipple (nipple under baby’s nose)
- Fingers holding breast is parallel with baby’s lips (same direction as baby’s mouth)
- Chin pressed into breast more than nose
- Listen and watch for deep jaw movement and swallows

### 4. Signs of a Poor Latch- When to call for help

The baby does NOT have a good latch if:

- Baby’s head is turned to the side to reach the breast
- Baby is sucking only on the tip of the nipple
- Baby’s lips are turned in
- You hear clicking or smacking noises
- Baby’s cheeks are dimpled in with each suck

Breastfeeding takes time, patience and determination. If you are experiencing signs of pain or discomfort throughout the feeding, please call for help. Here are some resources you can contact for more help with breastfeeding:

- Lactation Consultant
- WIC staff
- 24 hour Breastfeeding Hotline
- Pediatrician/Doctors office

### 5. Engorgement

Ask: What do you know about engorgement?

- Engorgement happens when the breasts become swollen and overly full from milk and fluids.
- IV fluids in the hospital can increase the severity of engorgement
- Delaying feedings, supplementing with bottles of formula and using a pacifier can increase engorgement.

How to prevent engorgement

- Feed baby often
- Avoid bottles and pacifiers in the early days after baby is born

## How to help mom feel better

- Use cold compresses after feedings to relieve swelling on the breast.
- Stand in the shower or use warm compresses on breast before feeding to stimulate milk to leak out  
Massage the breast and use gentle hand expression to stimulate milk release.

Optional: How to Video (7:33 minutes): Stanford University hand expression and breast massage

<http://med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html>

## 6. Closing

Now, let's look at the questions you had at the beginning of the class. Have we answered them? If any unanswered questions- please answer them. Also, please share anything new you have learned in today's class.

Are there any new questions?

We hope this class has helped you to think more about how you are going to feed your baby. Breastfeeding is a wonderful experience for you and your baby. Thank you for attending the class today. You may pick up any breastfeeding handouts on your way out.