Goals and Benefits of Breastfeeding
Lesson 10.1
Lesson 10.1

Goals and Benefits of Breastfeeding

Lesson Instructions

Suitable For: Any client.

Time Frame: Anytime in the late third trimester or as soon as possible after the baby is born.

Lesson Objective: To help your client understand the benefits of breastfeeding and to determine your client's goals for breastfeeding.


*Questions to discuss with your client are bolded and italicized.*

Homework: Copy homework pages and give to client along with the brochure Why Breastmilk Is Best.

Supplies: DVD: Simply Breastfeeding; brochure: Why Breastmilk Is Best

Length of Video: 31 minutes

Note: You do not need to remove the master sheets from the protective plastic to copy. You can copy right through the plastic. Start with the last page first and move forward so your copies will come out in order.

Your breastmilk is an outward extension of the nutrients you fed your child during pregnancy.
Lesson 10.1
Goals and Benefits of Breastfeeding

Fill in the answers based on the DVD presentation.

1. American Academy of Pediatrics recommends
   Exclusively breastfeed for the first __________ months.
   No food, water, or ____________________.
   Introduce solids after ________ months.
   Continue to breastfeed until ________ year of age.

2. World Health Organization recommends:
   Extend breastfeeding to ______ years.
   Formula as a ________________ resort for infant feeding.

3. Benefits for Your Baby:
   Increased ____________________.
   Reduced risk of chronic constipation, ________________, and other stomach upsets.
   Lower incidence of obesity and diabetes.
   Reduced risk of heart disease.
   Proper ________ and ____________ development.
   Lower incidence of allergies, eczema, and asthma.
   ________________ with Mom.
   Increased_____.
   Lower incidence of ________________.
   Lower incidence of ________________.

4. Benefits for Mom:
   Decreased post-partum ________________.
   Faster, easier ________________ loss.
   Reduced risk of breast, ovarian, and uterine cancer.
Goals and Benefits of Breastfeeding

Supply and Demand
In the beginning, your baby will eat very small amounts, very often. As his appetite grows, so will your supply of milk. Your body is built to respond to your baby's needs. Amazing, isn't it? You are the perfect delivery system – just the right food, in just the right amount.

Reduced incidence of post-partum _________________.
Cost _________________.
Decreased risk of osteoporosis later in life.
______________ with baby.

5. On Day 1, your baby's stomach is about the size of a _____________.

6. On Day 3, your baby's stomach is about the size of a baby's _________.

7. On Day 10, your baby’s stomach is about the size of a _____________
_______________.

8. How to Deal with Engorgement
Express some milk with your ________________ or your ________________.
Gently massage the breast in the direction of the _________________.
Apply ________________ leaves.

Oh my! Her heart beating against my breast, her breath upon my skin, her hand clutching at me.
Lesson 10.1

Goals and Benefits of Breastfeeding

Fill in the answers based on the DVD presentation.

1. American Academy of Pediatrics recommends
   - Exclusively breastfeed for the first 6 months.
   - No food, water, or formula.
   - Introduce solids after 6 months.
   - Continue to breastfeed until 1 year of age.

2. World Health Organization recommends:
   - Extend breastfeeding to 2 years.
   - Formula as a last resort for infant feeding.

3. Benefits for Your Baby:
   - Increased immunity.
   - Reduced risk of chronic constipation, colic, and other stomach upsets.
   - Lower incidence of obesity and diabetes.
   - Reduced risk of heart disease.
   - Proper jaw and mouth development.
   - Lower incidence of allergies, eczema, and asthma.
   - Bonding with Mom.
   - Increased IQ.
   - Lower incidence of SIDS.
   - Lower incidence of cancer.

4. Benefits for Mom:
   - Decreased post-partum bleeding.
   - Faster, easier weight loss.
   - Reduced risk of breast, ovarian, and uterine cancer.
   - Reduced incidence of post-partum depression.
   - Cost savings.

Breast Is Best
Breastfeeding really is best for your child – and for you, too. It is actually an outward extension of the nutrients you provided her during pregnancy. Just the right food at each stage of her development. Always ready, at just the right temperature. No waste, no running out, and it's free!
Supply and Demand

In the beginning, your baby will eat very small amounts, very often. As his appetite grows, so will your supply of milk. Your body is built to respond to your baby's needs. Amazing, isn't it? You are the perfect delivery system – just the right food, in just the right amount.

Decreased risk of osteoporosis later in life.

**Bonding** with baby.

5. On Day 1, your baby's stomach is about the size of a **thimble**.

**Some may answer marble.**

6. On Day 3, your baby's stomach is about the size of a baby's **fist**.

7. On Day 10, your baby's stomach is about the size of a **golf ball**.

**Some may answer egg.**

8. How to Deal with Engorgement

Express some milk with your **pump** or your **hand**.

Gently massage the breast in the direction of the **armpit**.

Apply **cabbage** leaves.
Engorgement is your body’s signal that the supply and demand of breastfeeding is out of sync. Engorgement often happens during the first few weeks of breastfeeding, but can happen anytime you and baby are out of balance. The swelling and filling can make your breasts rock hard and extremely painful. When your breasts are engorged, the nipples flatten and can prevent your baby from latching on. Your areola, the dark area around the nipple, can also become hard and swollen.

* Have you had a baby before? Did you become engorged? If so, tell me about what it felt like to become engorged in those first days. If not, imagine your breasts feeling like you are wearing two bricks on your chest.

**Reverse Pressure Softening (RPS)**

If you do become engorged, understand that engorgement goes away within 1 or 2 days even without any treatment, but can be uncomfortable during that time. Continue to breastfeed the baby, making sure he gets on well and nurses well, and the engorgement will resolve.

However, if you should get engorged to the point where the baby is not able to take the breast, or if there is more than minimal discomfort in the breast and/or areola, then there is a simple way to temporarily move swelling away from the areola.

A technique that can help is reverse pressure softening. Reverse pressure softening, or RPS, softens the areola to make latching and removing milk easier. If your areola is soft enough to change shape while feeding, it helps your baby gently extend your nipple deep inside his mouth, so his tongue and jaws can press on milk ducts under the areola. It is not the same as hand expression, although it is okay if some milk does come out.

*Do you understand why you wouldn’t want to express a lot of milk? Your goal is to regulate the supply of milk to your baby’s demand. Expressing more milk than your baby needs slows down your body’s response to the signal that you have produced too much milk.*

**When Is It Helpful?**

Try reverse pressure softening in the early days after birth if you begin to notice firmness of the areola, latching pain, or breast fullness. This full feeling is only partly due to milk. Delayed or skipped feeding may also cause the tissue around your milk ducts to hold extra fluid, much like a sponge does. This fluid never goes to your baby.

Feel your areola and the tissue deeper inside it. Is it soft and easy to squeeze,
Other Benefits, Too
In addition to relieving the pain you’re experiencing, RPS can provide a supply of milk you can refrigerate for use in emergency bottle feedings (when you must be away from your baby, when you’re ill, etc.). Additionally, RPS signals your breasts to start moving milk from their back to front where your baby’s tongue can reach it.

Discussion Sheet, Page 2

Why Does It Work?
Reverse pressure softening briefly moves some swelling backward and upward into your breast to soften your areola so it can change shape and extend your nipple. It sends a special signal to the back of your breasts to start moving milk forward (let-down reflex) where your baby's tongue can reach it. It also makes it easy to remove milk with your fingertips or with short periods of slow gentle pumping, combined with gentle forward massage of the upper breast, if you need to remove milk for your baby.

Where Should I Press?
It is most important to soften the areola in the whole one-inch area all around where it joins your nipple. Soften even more of the areola if you wish. You may also want to soften a place where your baby's chin will be able to move easily against the breast. Reverse pressure softening should cause no discomfort.

How Do I Do Reverse Pressure Softening?
Developed by K. Jean Cotterman RNC-E, IBCLC
Try this if pain, swelling, or fullness creates problems during the early days of learning to breastfeed. The key is making the areola very soft right around the base of the nipple, for better latching.

* A softer areola projects the nipple deep in baby’s mouth, helping his tongue remove milk better. Mothers say curved fingers work best.

* Press inward toward the chest wall and count slowly to fifty.
Discussion Sheet, Page 3

**Reaching A Balance**

In the early days when you are just beginning breastfeeding, your breasts can become engorged because you are producing more milk than your baby needs. This condition will last only a day or two, but it can be uncomfortable while it lasts. Continue to breastfeed your baby, making sure he latches on properly and gets his fill, and the engorgement will resolve itself.

* Pressure should be steady and firm, and gentle enough to avoid pain.
* If you wish, someone else may help, using thumbs.
* For long fingernails, try another way shown below.

* If breasts are quite large or very swollen, count very slowly, while lying down on your back. This delays return of swelling to the areola, giving more time to latch.
* Soften the areola right before each feeding (or pumping) till swelling goes away. For some mothers, this takes 2-4 days.
* Make any pumping sessions short, with pauses to resoften the areola if needed.
* Use medium or low vacuum, to reduce the return of swelling into the areola.

Used with permission from Newman Breastfeeding Clinic and Institute
K. Jean Cotterman RNC, IBCLC
Illustrations by Kyle Cotterman, Dayton, Ohio
Breastfeeding is just a continuation of what your body is providing your baby while you are pregnant. The nurturing is the same; it is just on the outside. Your body is creating your breastmilk, a food that is perfectly designed for your baby. Breastfeeding can be one of the most pleasurable and rewarding experiences of your life. Spending time, skin to skin, with your precious baby will help you to create an inseparable bond. The skills you will need to be able to breastfeed will be only 2 percent of your success while 98 percent will come from your confidence and your commitment to the process.

The presentation you watched asked you to take a moment and think about your breastfeeding goals.

What does success look like to you?

How long do you want to breastfeed?

Do you want to exclusively breastfeed?

Did your thoughts about breastfeeding change after watching the DVD?

Read the brochure *Why Breastfeeding Is Best* and answer the following questions.

1. Why is breastmilk best?
2. Name the four components of breastmilk.
3. What is colostrum?
4. Is breastmilk easier for your baby to digest?
5. Do babies prefer breastmilk?
6. Name three benefits of breastfeeding.
Homework, Page 2

Cabbage Leaves

Cabbage leaves may also be used to help decrease the engorgement, as can ice packs and cold compresses. Some studies suggest cabbage may accomplish this more quickly. If you are unable to get the baby latched on, apply cabbage leaves, begin expressing your milk, and give the expressed milk to the baby by spoon, cup, finger feeding, or eyedropper and get help quickly. We will discuss hand expression at your next scheduled appointment.

1. Use green cabbage.
2. Crush the cabbage leaves with a rolling pin if the leaves do not take the shape of your breast.
3. Wrap the cabbage leaves around the breast and leave on for about 20 minutes. Twice daily is enough. It is usual to use the cabbage leaf treatment less than two or three times. Some will say to use the cabbage leaves after each feeding and leave them on until they wilt. Some are concerned that using them too often will decrease the milk supply.
4. Stop using as soon as engorgement is beginning to go away and you are becoming more comfortable.
5. You can use acetaminophen (Tylenol™ others) with or without codeine, ibuprofen, or other medication for pain relief. As with almost all medications, there is no reason to stop breastfeeding when taking analgesics.
6. Ice packs also can be helpful.
7. Some women get a large lump in the armpit about 3 or 4 days after the baby’s birth. Cabbage leaves may be used in that area as well to help the lump go away.

When you face breastfeeding problems, seek assistance and find support. A good source for breastfeeding support can be found by calling La Leche League International at 1-800-LA-LECHE.
Breastfeeding is just a continuation of what your body is providing your baby while you are pregnant. The nurturing is the same; it is just on the outside. Your body is creating your breastmilk, a food that is perfectly designed for your baby. Breastfeeding can be one of the most pleasurable and rewarding experiences of your life. Spending time, skin to skin, with your precious baby will help you to create an inseparable bond. The skills you will need to be able to breastfeed will be only 2 percent of your success while 98 percent will come from your confidence and your commitment to the process.

The presentation you watched asked you to take a moment and think about your breastfeeding goals.

What does success look like to you?

How long do you want to breastfeed?

Do you want to exclusively breastfeed?

Did your thoughts about breastfeeding change after watching the DVD?

Read the brochure Why Breastfeeding Is Best and answer the following questions.

1. Why is breastmilk best?

   Breastmilk is, by design, the best food for your baby.

2. Name the four components of breastmilk.

   Breastmilk is made up of fats, proteins, vitamins, and carbohydrates.

3. What is colostrum?

   Colostrum is the first milk you produce.

4. Is breastmilk easier for your baby to digest?

   Yes.

5. Do babies prefer breastmilk?

   Yes.

6. Name three benefits of breastfeeding.

   Answers will vary but may include weight loss, bonding, and breast cancer risk reduction.
Get Plenty of Sleep
When you're tired and irritable, you're not the best mother you can be. Feeding baby every two or three hours, day and night, can result in too little sleep for Mom. To combat this problem, sleep when he is sleeping. Take the phone off the hook and put a “don’t disturb” sign on the door. The rest of the world can do without you for the brief time your brand-new baby will be keeping you awake at night.

Homework Key, Page 2

Cabbage Leaves

Cabbage leaves may also be used to help decrease the engorgement, as can ice packs and cold compresses. Some studies suggest cabbage may accomplish this more quickly. If you are unable to get the baby latched on, apply cabbage leaves, begin expressing your milk, and give the expressed milk to the baby by spoon, cup, finger feeding, or eyedropper and get help quickly. We will discuss hand expression at your next scheduled appointment.

1. Use green cabbage.
2. Crush the cabbage leaves with a rolling pin if the leaves do not take the shape of your breast.
3. Wrap the cabbage leaves around the breast and leave on for about 20 minutes. Twice daily is enough. It is usual to use the cabbage leaf treatment less than two or three times. Some will say to use the cabbage leaves after each feeding and leave them on until they wilt. Some are concerned that using them too often will decrease the milk supply.
4. Stop using as soon as engorgement is beginning to go away and you are becoming more comfortable.
5. You can use acetaminophen (Tylenol™, others) with or without codeine, ibuprofen, or other medication for pain relief. As with almost all medications, there is no reason to stop breastfeeding when taking analgesics.
6. Ice packs also can be helpful.
7. Some women get a large lump in the armpit about 3 or 4 days after the baby’s birth. Cabbage leaves may be used in that area as well to help the lump go away.

When you face breastfeeding problems, seek assistance and find support. A good source for breastfeeding support can be found by contacting La Leche League International at 1-800-LA-LECHE.
Techniques and a Good Latch
Lesson 10.2
Lesson Instructions

Suitable For: Any client.

Time Frame: Anytime in the late third trimester or as soon as possible after the baby is born.

Lesson Objective: To teach your client proper breastfeeding techniques and how to prevent sore nipples.

Instructions: Play Chapters 5, 6, and 7: Breastfeeding Techniques, Keys to a Successful Latch, and Preventing Sore Nipples of the DVD Simply Breastfeeding. Approximately 29 minutes. Copy the DVD worksheet.

* Questions to discuss with your client are bolded and italicized.

Homework: Copy homework pages and give to client along with the brochure How to Breastfeed.

Supplies: DVD: Simply Breastfeeding; brochure: How to Breastfeed; nursing pillow and lifesize newborn doll

Length of Video: 24 minutes

Note: You do not need to remove the master sheets from the protective plastic to copy. You can copy right through the plastic. Start with the last page first and move forward so your copies will come out in order.

Note: Your client will be stopping and starting the DVD several times during this presentation to practice the techniques that are being taught.
1. The most common reasons people give for not breastfeeding are: “I was too sore,” “It hurt too much,” “I just couldn’t do it,” OR “I didn’t _______ _______.”

2. A slight difference in the way you latch will make a big difference in whether or not you’re going to be successful in breastfeeding. If you’re not latched right, your nipples are going to get sore within a couple of days and that soreness can lead to ___________ ___________.

3. Name the four nursing positions:
   - The ________________ position, or the football position – the baby is tucked under your arm to the side.
   - The ________________ position – the baby is across your body cradled with one arm. This often becomes the favored position for an older baby.
   - ________________ – the baby lies next to you as you nurse, not recommended for a newborn.
   - The ________________-cradle position – the best position for a newborn – the baby lies across your chest while you hold the baby’s head with the opposite hand (of the breast you are feeding with) and support your breast with your other hand.

4. Keys to a Successful Latch
   - Sit ____________ in a high-back chair with good support.
   - Support your ____________.
   - Knees bent higher than your ____________.
   - Use a breastfeeding pillow.

* Now is a good time to stop the DVD. You will be using the doll and the nursing pillow. Resume playing the DVD. Watch closely and then pause as needed to practice the techniques you are learning.
DVD Worksheet, Page 2

**Things Are Looking Up**

Your baby needs to be looking up at you while she’s nursing. Otherwise, she’s liable to make a poor latch. And she may well be unable to breathe properly or unable to swallow. Obviously, if she can’t breathe and/or swallow, she’ll be unable to receive nourishment and that will leave her hungry and may leave you sore and worn out.

Baby’s face and body are aligned in the __________ direction.

Baby’s head, shoulder, and hips should be in a __________ line.

Line the baby’s __________ up to your nipple.

Baby’s face is looking up at your __________.

*Stop the DVD and practice these techniques.*

5. If the Baby Is Not Looking Up

Poor _________________.

Unable to _________________.

Unable to _________________.

6. Preventing Sore Nipples

______________ positioning at the breast.

Good nipple ________________ used right from the first feeding.

______________ the length of feedings in the early days.

7. How Long Should the Feeding Last?

Day 1 – ______ minutes on each side

Day 2 – ______ minutes on each side

Day 3 – ______ minutes on each side

Stop the DVD at Is My Baby Getting Enough. We will continue at your next scheduled appointment.
Techniques and a Good Latch

Look to the Latch
Making sure of the connection — the “latch” you make with your baby — is all important. Get it right and all will be well. Get it wrong and you’ll experience sore nipples and an unsatisfied baby. Be sure you are comfortable and in a proper position to support your baby correctly. Then, make sure he’s properly aligned and looking up at you.

DVD Worksheet Key, Page 1

1. The most common reasons people give for not breastfeeding are, “I was too sore,” “It hurt too much,” “I just couldn’t do it,” OR “I didn’t make enough milk.”

2. A slight difference in the way you latch will make a big difference in whether or not you’re going to be successful in breastfeeding. If you’re not latched right, your nipples are going to get sore within a couple of days and that soreness can lead to giving up.

3. Name the four nursing positions:
   - The clutch position, or the football position – the baby is tucked under your arm to the side.
   - The cradle position – the baby is across your body cradled with one arm. This often becomes the favored position for an older baby.
   - Lying down – the baby lies next to you as you nurse, not recommended for a newborn.
   - The cross-cradle position – the best position for a newborn – the baby lies across your chest while you hold the baby’s head with the opposite hand (of the breast you are feeding with) and support your breast with your other hand.

4. Keys to a Successful Latch:
   - Sit upright in a high-back chair with good support.
   - Support your breast.
   - Knees bent higher than your hips.
   - Use a breastfeeding pillow.

* Now is a good time to stop the DVD. You will be using the doll and the nursing pillow. Resume playing the DVD. Watch closely and then pause as needed to practice the techniques you are learning.
Things Are Looking Up
Your baby needs to be looking up at you while she’s nursing. Otherwise, she’s liable to make a poor latch. And she may well be unable to breathe properly or unable to swallow. Obviously, if she can’t breathe and/or swallow, she’ll be unable to receive nourishment and that will leave her hungry and may leave you sore and worn out.

He is my son. The future of our family. An extension of his father.

DVD Worksheet Key, Page 2

Baby’s face and body are aligned in the **same** direction.

Baby’s head, shoulder, and hips should be in a **straight** line.

Line the baby’s **nose** up to your nipple.

Baby’s face is looking up at your **elbow**.

*Stop the DVD and practice these techniques.*

5. If the Baby Is Not Looking Up

Poor **latch**.

Unable to **breathe**.

Unable to **swallow**.

6. Preventing Sore Nipples

**Proper** positioning at the breast.

Good nipple **cream** used right from the first feeding.

**Limit** the length of feedings in the early days.

7. How Long Should the Feeding Last?

   - Day 1 – **Five** minutes on each side
   - Day 2 – **Seven** minutes on each side
   - Day 3 – **Ten** minutes on each side

Stop the DVD at Is My Baby Getting Enough. We will continue at your next scheduled appointment.
Breastfeeding is just a continuation of what your body is providing your baby while you are pregnant. The nurturing is the same; it is just on the outside. Your body is creating your breastmilk, a food that is perfectly designed for your baby. Breastfeeding can be one of the most pleasurable and rewarding experiences of your life. Spending time, skin to skin, with your precious baby will help you to create an inseparable bond. The skills you will need to be able to breastfeed will be only 2 percent of your success while 98 percent will come from your confidence and your commitment to the process.

Read the brochure *How to Breastfeed* and answer the following questions.

1. List four ways to have a successful start with breastfeeding.

2. What will happen if your baby is too low while feeding?

3. What will happen if your baby has an improper latch?

4. How should you break the suction when you end a feeding?

5. True or False. It is the frequency of breastfeeding more than the length of time your baby feeds that stimulates your milk production.

6. What is the principle of supply and demand?

7. How do you know if your baby is eating enough?
Techniques and a Good Latch

Is He Getting Enough to Eat?

Don’t worry about quantity. If he’s hungry, he’ll suck and the more he sucks, the more milk you will produce. And when he’s full he’ll stop sucking. Babies don’t eat if they’re not hungry. If he’s fussy and doesn’t want to eat, he may have a wet or dirty diaper. Or he may just need some “mommy time.”

Breastfeeding is just a continuation of what your body is providing your baby while you are pregnant. The nurturing is the same; it is just on the outside. Your body is creating your breastmilk, a food that is perfectly designed for your baby. Breastfeeding can be one of the most pleasurable and rewarding experiences of your life. Spending time, skin to skin, with your precious baby will help you to create an inseparable bond. The skills you will need to be able to breastfeed will be only 2 percent of your success while 98 percent will come from your confidence and your commitment to the process.

Read the brochure How to Breastfeed and answer the following questions.

1. List four ways to have a successful start with breastfeeding.
   
   **Answers will vary.**

2. What will happen if your baby is too low while feeding?
   
   **He will pull on your breasts, causing friction, which will make your nipples sore.**

3. What will happen if your baby has an improper latch?
   
   **Your nipples will become sore.**

4. How should you break the suction when you end a feeding?
   
   **Slip your pinky into the corner of your baby’s mouth.**

5. True or False. It is the frequency of breastfeeding more than the length of time your baby feeds that stimulates your milk production.
   
   **True.**

6. What is the principle of supply and demand?
   
   **The more your baby sucks, the more milk you produce.**

7. How do you know if your baby is eating enough?
   
   **Baby has 6-8 wet diapers and 1 or 2 bowel movements a day and he is gaining weight.**
Lesson 10.3

Getting Enough Milk

Lesson Instructions

Suitable For: Any client.

Time Frame: Anytime in the late third trimester or as soon as possible after the baby is born.

Lesson Objective: To prepare your client for potential breastfeeding complications and to understand how the breast produces milk.


* Questions to discuss with your client are bolded and italicized.

Homework: Copy homework pages and give to client along with the brochure Breastfeeding Problems.

Supplies: DVD: Simply Breastfeeding; brochure: Breastfeeding Problems

Length of Video: 12 minutes

Note: You do not need to remove the master sheets from the protective plastic to copy. You can copy right through the plastic. Start with the last page first and move forward so your copies will come out in order.
Getting Enough Milk

Why Is She Losing Weight?
During pregnancy, babies become “fluid-overloaded.” So, during the first week following birth, it is normal for her to lose about 10 percent of her birth weight. Don’t worry. She’s losing only fluids that are unnecessary to her growth and development.

1. Is My Baby Getting Enough?
   The breast feels ____________ and emptier.
   You can hear audible _______________.
   The baby has at least ___ – ____ wet diapers in 24 hours.
   The baby appears ________________ after the feeding.

2. Why do babies lose 10 percent of their birth weight in the first week after birth?

3. What are they losing in the 10 percent – fat or fluid (water)?

4. True or False? Breastfeeding has nothing to do with time.

5. The ________________ milk is like water or skim milk.

6. The ________________ milk is where all the fat and calories are.

7. Babies have normal growth spurts at:
   _______ weeks _____________ weeks
   _______ months _____________ months.

8. The only way to keep up with your baby’s demand is to feed the baby ________________ so your body can respond and make what your baby needs to eat.

9. Do not supplement during a _____________________________.
   Allow your baby to feed as often and as much as your baby wants.
**DVD Worksheet Key**

1. Is My Baby Getting Enough?
   - The breast feels softer and emptier.
   - You can hear audible swallows.
   - The baby has at least 6 – 8 wet diapers in 24 hours.
   - The baby appears satisfied after the feeding.

2. Why do babies lose 10 percent of their birth weight in the first week after birth?
   - *When a baby is born, they’re born fluid-overloaded.*

3. What are they losing in the 10 percent – fat or fluid (water)?
   - Fluid.

4. True or False. Breastfeeding has nothing to do with time.
   - True.

5. The fore milk is like water or skim milk.

6. The hind milk is where all the fat and calories are.

7. Babies have normal growth spurts at:
   - 3 weeks and 6 weeks
   - 3 months and 6 months.

8. The only way to keep up with your baby’s demand is to feed the baby more so your body can respond and make what your baby needs to eat.

9. Do not supplement during a growth spurt. Allow your baby to feed as often and as much as your baby wants.
Breastfeeding is just a continuation of what your body is providing your baby while you are pregnant. The nurturing is the same; it is just on the outside. Your body is creating your breastmilk, a food that is perfectly designed for your baby. Breastfeeding can be one of the most pleasurable and rewarding experiences of your life. Spending time, skin to skin, with your precious baby will help you to create an inseparable bond. The skills you will need to be able to breastfeed will be only 2 percent of your success while 98 percent will come from your confidence and your commitment to the process.

Read the brochure *Breastfeeding Problems* and answer the following questions.

1. True or False? Your nipples will get sore from breastfeeding too often.

2. True or False? You should avoid using soap on your nipples.

3. What should you do if you think you have a breast infection?

4. What should you do if you feel your milk supply is lacking?

5. True or False? You should stop breastfeeding if your breasts become engorged.

Homework

Begin an introduction of bottle feeding to your baby one week after you bring him home.

**Cabbage Patch Doll?**

Believe it or not, there is evidence to support the notion that cabbage leaves are a useful treatment for engorgement. Along with ice packs and pain remedies (like acetaminophen, codeine, or ibuprofen), an application of cabbage leaves has been shown to relieve pain and actually reduce swelling.
Homework Key

Breastfeeding is just a continuation of what your body is providing your baby while you are pregnant. The nurturing is the same; it is just on the outside. Your body is creating your breastmilk, a food that is perfectly designed for your baby. Breastfeeding can be one of the most pleasurable and rewarding experiences of your life. Spending time, skin to skin, with your precious baby will help you to create an inseparable bond. The skills you will need to be able to breastfeed will be only 2 percent of your success while 98 percent will come from your confidence and your commitment to the process.

Read the brochure *Breastfeeding Problems* and answer the following questions.

1. True or False. Your nipples will get sore from breastfeeding too often. **False.**

2. True or False. You should avoid using soap on your nipples. **True.**

3. What should you do if you think you have a breast infection?
   - *Call your doctor.* *Take prescribed antibiotics.* *Apply moist heat.* *Nurse.* *Stay in bed and drink lots of fluids.*

4. What should you do if you feel your milk supply is lacking?
   - *Tell your doctor.* *Have your baby weighed.* *Massage your breasts.* *Increase the frequency of your feedings.* *Relax.* *Spend more time with your baby.* *Avoid negative people.*

5. True or False. If your breasts become engorged you should stop feeding. **False.**
Lesson Instructions

Suitable For: Any client.

Time Frame: Anytime in the late third trimester or as soon as possible after the baby is born.

Lesson Objective: To help your client understand how to recognize growth spurts and to give them an understanding of the tools they will need in order to be the most successful at breastfeeding.

Instructions: Play Chapter 9: Introducing the Bottle of the DVD Simply Breastfeeding. Approximately 5 minutes. Copy the DVD worksheet and discussion sheet. Go over the discussion sheet with your client.

* Questions to discuss with your client are bolded and italicized.

Homework: Copy homework pages and give to client with the brochure Breastfeeding Problems. There is no answer key for this homework.

Supplies: DVD: Simply Breastfeeding; brochure: Breastfeeding Problems

Length of Video: 5 minutes

Note: You do not need to remove the master sheets from the protective plastic to copy. You can copy right through the plastic. Start with the last page first and move forward so your copies will come out in order.

How perfect! Breastfeeding is natural ... it's best for your baby and it's the most economical, too!
1. Most experts will tell you to wait six weeks before introducing your baby to a bottle to avoid nipple confusion. Why is her advice different?

2. Introduce your baby to the bottle __________ week after delivery.

3. Wait until your baby has established breastfeeding and your milk is in. If you are having issues with breastfeeding, what should you do instead?

4. Pump half an ounce first thing in the __________ when your milk supply is the most. Feed on one side and pump a half ounce from the other. Put that milk into the refrigerator.

5. Feed your baby the milk that you pumped in the morning around 6 or 7 at night. It is not supplemental feeding. It is only half an ounce. Let your baby have the pumped milk and then finish the baby at the breast. Do this consistently every single day for the first __________ weeks so that your baby will always take a bottle.

6. After __________ weeks you can begin to supplement a whole feeding.

7. Breastmilk is good for ________ to ten hours at room temperature. It can last up to ________ days in the refrigerator. You can freeze it for three to four months.

8. She encourages you not to store up a ton of freezer milk. What will your freezer stash be used for and why?
1. Most experts will tell you to wait six weeks before introducing your baby to a bottle to avoid nipple confusion. Why is her advice different?

*In her experience 50 percent of breastfed babies will never take a bottle and that will make for a really difficult year. Once the baby rejects a bottle, it is very hard to make them go back to it.*

2. Introduce your baby to the bottle one week after delivery.

3. Wait until your baby has established breastfeeding and your milk is in. If you are having issues with breastfeeding, what should you do instead?

*See a lactation consultant.*

4. Pump half an ounce first thing in the morning when your milk supply is the most. Feed on one side and pump a half an ounce from the other. Put that milk into the refrigerator.

5. Feed your baby the milk that you pumped in the morning around 6 or 7 at night. It is not supplemental feeding. It is only half an ounce. Let your baby have the pumped milk and then finish the baby at the breast. Do this consistently every single day for the first six weeks so that your baby will always take a bottle.

6. After six weeks you can begin to supplement a whole feeding.

7. Breastmilk is good for eight to ten hours at room temperature. It can last up to eight days in the refrigerator. You can freeze it for three to four months.

8. She encourages you not to store up a ton of freezer milk. What will your freezer stash be used for and why?

*Emergencies, it is not as good as fresh milk.*