

OREGON WIC PROGRAM

Breastfeeding Peer Counseling



Group Prenatal Series Guide

Version 1.0

OREGON WIC BREASTFEEDING PEER COUNSELING PROGRAM

Group Prenatal Series Guide

© Oregon WIC Program
800 NE Oregon Street • Suite 865
Portland, OR 97232
Phone 971.673.0040 • Fax 971.673.0071

Version 1.0 Revised September 8, 2011

Contributors:

State WIC Office:
Julie Reeder, PHD, MPH, CHES
Kelly Sibley, MPH, RD, IBCLC
Niani Dünner

Local WIC Agencies:
Korina Skaff, IBCLC, Jackson County
Leah Brunson, IBCLC, Linn County
Mary Wachsmuth, IBCLC, Multnomah County
Jeanette Howard, IBCLC, Washington County

Table of Contents

The Need for a New Model for Providing Breastfeeding Support.....	1
Breastfeeding Support for Duration and Exclusivity	2
A Public Health Approach to Lactation Support	4
Meeting Women’s Prenatal Care Desires.....	6
A Comprehensive Team Approach to Prenatal Breastfeeding Support	7
General Flow of Enrollment in Prenatal Groups.....	8
An Overview of the Group Series	10
Documenting Group Attendance and Individual Contacts or Attempted Contacts	11
Navigating the Group Series Guide	11
Group Session One	13
Group Session Two	20
Group Session Three	27
Group Session Four	37
Group Session Five	48
Appendix	53



Comprehensive Prenatal Breastfeeding Support

Mixing facilitated discussion, self-reflection, rapport building and peer support to increase breastfeeding duration and exclusivity.

Welcome to the Oregon WIC peer counseling group prenatal series guide. This guide provides a background on the comprehensive breastfeeding support model, the basic flow of the model, as well as complete, scripted lesson plans for 5 prenatal group sessions.

The Need for a New Model for Providing Breastfeeding Support

The Oregon WIC Program has historically enjoyed high rates of breastfeeding amongst its participants. Over 90% of Oregon WIC mothers initiate breastfeeding, a rate almost 30 percentage points higher than the national average for WIC participants. In addition Oregon enjoys one of the smallest gaps in breastfeeding rates between WIC participants and the general population. These high rates hold steady across racial/ethnic groups with 83.3% of Black Oregon WIC mothers initiating breastfeeding. In addition, the Maternity Practices in Infant Care (mPINC) survey ranked Oregon 7th highest out of 52 states and territories with the State excelling in the number of birthing facilities that allow mothers and infants to stay together (room-in) during their stay.

Yet by six months, less than half of Oregon WIC mothers who initiated breastfeeding still do so. Data from Oregon's peer counseling study showed that 30% of infants were introduced to formula within the first week of life.

**ACCESS OREGON'S
MATERNITY CARE SURVEY
SCORES AT**
[WWW.CDC.GOV/BREASTFEEDING/
DATA/MPINC](http://WWW.CDC.GOV/BREASTFEEDING/DATA/MPINC)

Telephone interviews with a statewide sample of Oregon WIC mothers in 2010 confirmed these findings and re-emphasized the need to help mothers to find alternatives to infant formula for dealing with the issues common to new mothers and getting started with breastfeeding.

A quick review of the Healthy People 2020 breastfeeding goals finds that Oregon WIC will need to increase the number of participants who are partially breastfeeding at six-months by almost 20 percentage points and to reduce the number of infants receiving formula in the first two days by 5 percentage points. A closer look at the mPINC scores shows that Oregon's #7 ranking is based on a "C" score of 74 out of 100, that 61% of Oregon birthing facilities offered breastfeeding infants supplements of formula, glucose water or water, and that only 31% of facilities offered discharge care for continued breastfeeding support.

Clearly while the breastfeeding situation in Oregon seems sunny at first glance, a deeper look finds a less glowing reality. To tackle these substantial challenges, Oregon WIC needs a bold new approach to providing breastfeeding promotion and support.

Knowledge about the benefits of breastfeeding helped initiation but not duration

There is no significant relationship between very early discontinuation and breastfeeding problems

The Fact is, you can't 'fact' someone into long term exclusive breastfeeding

Breastfeeding Support for Duration and Exclusivity

A quick review of the literature on provision of breastfeeding support finds the bulk of studies focus on initiation or short term duration. While every mother has the right to be fully informed about the benefits of breastfeeding and the risks of infant formula, education on benefits alone will not increase long-term exclusive breastfeeding. Rather, a mother's own individual motivations combined with the dynamics within her family will more greatly influence the course of breastfeeding. Key findings from studies centered on duration and exclusivity are summarized in the tables below.

WHAT MAKES A DIFFERENCE IN DURATION: PSYCHOLOGICAL FACTORS

<p>Mother's Priorities and Mothering Self-Efficacy: Mixture of a woman's confidence in her mother ability and the placement of the baby in her life priorities.</p>
<p>Faith in Natural Superiority of Breast milk: Trust in the natural processes of one's body or an inherent distrust of infant formula.</p>

Attitudinal barriers are more important than structural barriers with breastfeeding duration

Adaptability and Flexibility: Transition to motherhood is a period of rapid change. Greater flexibility and adaptability of the mother leads to longer breastfeeding

Stress Recognition and Management: Breastfeeding mothers seem to recognize stress as a threat and develop ways to combat it. Formula feeding moms see breastfeeding as another stressor.

O'Brien et al. Exploring the Influence of Psychological Factors on Breastfeeding Duration: Phase 1, Perceptions of Mothers and Clinicians. J Hum Lact 25(1) 55-83.

WHAT MAKES A DIFFERENCE IN DURATION: FAMILY CHARACTERISTICS

Extrinsically motivated women were least likely to continue breastfeeding even with support and instruction

Importance of Maintaining Good Relationship with Partner: Women who had stopped breastfeeding reported significantly greater relationship stress than those who continued breastfeeding.

Finding Help for Household Duties: Those who stopped breastfeeding had more responsibility for a greater number of household tasks than those who continued.

More Time with Baby Increases Breastfeeding: Women who cited greater responsibility for infant care tasks had lower odds of quitting breastfeeding.

Role of the Father: Men's support for breastfeeding (especially exclusive) during pregnancy predicted the mother breastfeeding for a longer time.

Sullivan, et al. Family characteristics associated with duration of breastfeeding duration early infancy among primiparas. J Hum Lact 20(2); 195-205.

The key difference between extrinsically and intrinsically motivated women was their strong emotional attachment to breastfeeding

We believe that the concept of confidence in breastfeeding should be addressed in any program aimed at promoting breastfeeding and the mother should be allowed open discussion of this doubt or confidence. This method of intervention may help a woman to find the reason behind the discrepancy between her idealized desire to continue breastfeeding and her lack of confidence that she can actually continue. Understanding this may help increase her confidence in her intended behavior.

-Ertem, et al. The timing and predictors of the early termination of breastfeeding. Pediatrics, 2001; 107: 543-546.

Richetin, et al.
Not doing is not the opposite of doing: Implications for attitudinal models of behavioral prediction. Personality & Social Psychology Bulletin; 37(1): 40-54.

A final study that helped inform our revised model of comprehensive support looked at the different mental pathways that lead to doing or not doing a particular behavior (avoiding meat, doing vigorous exercise, breastfeeding). Rather than confirming the commonly

held belief that not doing something is the result of a weak intention to do the desired behavior, the study found that doing and not doing a behavior have separate and not necessarily opposite mental processes. Commonly cited reasons for wanting to breastfeed include infant health, naturalness, and bonding, while reasons for formula feeding include wanting to involve the father, concerns about the baby getting enough milk, and balancing life, work and breastfeeding. What determines the direction an individual will go in is how well the behavior connects to other important goals. Therefore, a successful approach to increasing long term breastfeeding will allow for mothers to individually explore both sides of the intended behavior as well as how breastfeeding supports other goals of importance to her.

A Public Health Approach to Lactation Support

The literature on increasing breastfeeding duration and exclusivity shows a complex and interconnected front for intervention. To adequately address the numerous issues that impact long-term exclusive breastfeeding, a multifaceted approach is required. Thankfully WIC’s unique role as a *public health* nutrition program provides a fertile ground for initiating a public health lactation program.

To consider what a public health lactation program would look like, it’s helpful to clearly define public health. The side bar (left) offers two well accepted definitions of the term. While the definitions differ somewhat, both focus on working at the community level and on the larger issues that impact health. This differs from a clinical approach which centers on the more immediate medical issues of individuals. The distinctive characteristics that define public health are listed below.

DEFINING CHARACTERISTICS OF PUBLIC HEALTH PROGRAMS

Focus on prevention	Grounded in science
Basis in social justice	Recognizes political nature of health
Dynamic and ever expanding agenda	Mixed culture of public health workers

Turnock, B. *Public Health: What it is and how it works.* Aspen Publishers, Maryland, 1997.

Two Definitions of Public Health

“Fulfilling society’s interest in assuring conditions in which people can be healthy.” (IOM, 1988)

“The science and art of preventing disease, prolonging life, and promoting health and efficiency through organized community effort.” (Winslow, 1920)

How do the unique characteristics of a public health program help build the framework for a comprehensive breastfeeding support program? First, the emphasis is very much on prevention. This is evident in the amount of contacts the model calls for while participants are still pregnant. After the baby is born, the goal is to contact mothers early and often, heading off problems before they start. In other words, a public health lactation program is *not* meant to primarily address clinical breastfeeding issues or to put most of its time and resources in clean-up and recovery from breastfeeding disasters that have already occurred. Although the model certainly provides for extensive postpartum breastfeeding support for individuals, a greater proportion of time is allotted for prevention efforts aimed at groups of mothers-to-be.

While public health differs from the medical model in its focus on prevention at the population level, it still shares a similar grounding in science. In fact every aspect of the comprehensive breastfeeding support model strives to be evidence-based to the extent of the knowledge currently available. However, as suggested in the second definition of public health, the practice is a balance of science and art, meaning that public health uses multiple methods and channels for delivering its work.

As it also recognizes that politics impact health and that health is interconnected to social justice, a public health program reaches beyond the clinic walls to bring about changes in health. From a practical standpoint that means moving from simply educating on the technical aspects of breastfeeding to helping to facilitate ah-ha moments so mothers can make their own breastfeeding discoveries. It also means working to form community-wide collaborations to make conditions more favorable for breastfeeding mothers, and strengthening alliances with other organizations that serve the same population. Finally, it can mean advocating for changes in the political realm to strengthen legal supports for lower-income families.

The last aspect of a public health program is that it draws people from multiple personal and professional backgrounds into its practice. This lends itself well to our approach to lactation support because the needs are varied and the solutions are complex. Pulling together a team of people with different perspectives and experiences with breastfeeding strengthens our ability to provide effective support.

Meeting Women's Prenatal Care Desires

Pregnancy can be a time of mixed emotions for many mothers-to-be, with almost all feeling a combination of excitement, uncertainty, and occasionally fear. The quality of the interactions women have with their prenatal care team can be a critical factor in building a mother's confidence in her ability to deliver, as well as breastfeeding her baby in the way she envisioned. In her review of 36 articles on women's experiences with prenatal care, Novick identified the following aspects to be positively identified with desirable prenatal care.

*Novick, G. (2009)
Women's Experience of
Prenatal Care: An
integrative review. J
Midwifery & Women's
Health; 54:226-237.*

- Reasonable wait times and unhurried visits
- A series of comprehensive and coordinated visits
- Information that is tailored to their needs
- A welcoming environment for their significant others
- A strong relationship with their care providers
- The chance to be a more active participant in their own care
- Opportunities to meet with other pregnant women

Unfortunately these same studies showed that many women's prenatal care experiences were less than ideal. One study found one-third of women reported wait times of 60 minutes or more for prenatal appointments. Five other studies discovered that many women found prenatal care to be impersonal, describing their experience as mechanistic and that every visit seemed repetitive. Women became frustrated with their care when they felt that providers had not listened to them, treated their questions as unimportant, or gave inadequate explanations or answers. Not surprisingly, women preferred seeing the same provider or team at each visit. Three large studies found that satisfaction with prenatal care was related to the amount, range, and adequacy of information received. Women wanted specific information about 1) what to expect in pregnancy, 2) self-care, 3) labor and birth, 4) infant care, 5) family planning, 6) dealing with stress and conflict, and 7) partner's role. Overall, women want less formal, more intimate relationships with care providers, a welcoming environment where they can get answers to questions that meet their needs, and an opportunity to be active participants in their own care.

A Comprehensive Team Approach to Prenatal Breastfeeding Support

Delivering on these desires is quite a challenge given the typical prenatal environment, whether it is in a busy doctor's office or WIC clinic. Our current model of an all purpose new pregnant certification appointment followed by an hour long breastfeeding class doesn't allow us to address the underlying issues that influence breastfeeding, take a public health approach to our work, or deliver the kind of prenatal services women want. Even with the addition of telephone calls from a peer counselor, it is hard to deliver a truly comprehensive experience, which leads us to explore other possible methods. Looking to the literature once again, we find Centering Pregnancy as a promising approach for reshaping our prenatal support.

Schindler Rising, S, et al.. (2004) Redesigning Prenatal Care through CenteringPregnancy. J Midwifery & Womens Health; 49:398-404.

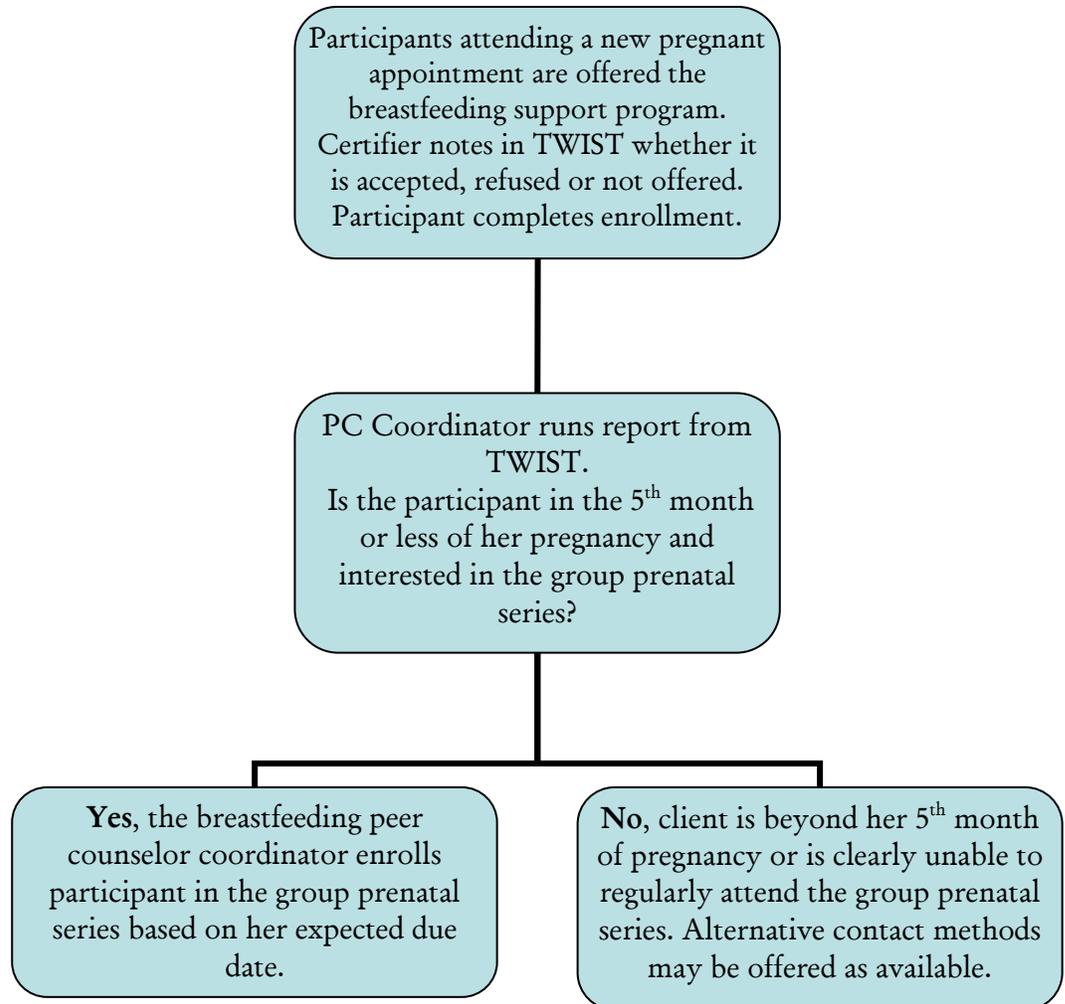
Centering Pregnancy™ is a model for prenatal care provision that substitutes one-on-one care visits for ten, 2-hour group sessions. The groups begin at 3 to 4 months of pregnancy, with women with similar due dates grouped together. In this model, the participant is seen as an equal partner in her care and she works actively with her care providers to develop goals and appropriate means to reach these goals. Groups center on women doing their own self-care and assessment (blood pressure, weight) and consist of facilitated discussions around pregnancy, birth and parenting. More invasive physical exams are conducted in a screened off area to provide a measure of privacy. Initial trials of this model with high risk urban mothers showed significant improvements in birth outcomes. More recent trials with a greater diversity of populations have showed mixed results. With the more recent studies, it has been suggested that complete substitution of individual prenatal care with groups may leave gaps, but adapting this approach in allied settings (such as WIC) has promise.

Our group model has half as many sessions, and runs for only an hour, but the focus is the same. While our staff work as facilitators, it is the women themselves that act as primary teachers. As we learned during our participant centered education training, the most important change talk is what you hear *yourself* say, not what you hear from others. Allowing sufficient time for reflection and self-discovery keeps participants as equal partners in the learning process. The other participants serve as teachers as well. Studies show that women enjoy hearing from other pregnant women in that it assures them they aren't the only ones who are experiencing something and it helps them know they aren't crazy! Ample opportunities for group and partner sharing allow for women to teach each other. In addition, the groups include a Mother's Journal to allow the opportunity for extensive reflection.

General Flow of Enrollment in Prenatal Groups

Women attending a new pregnant appointment should be offered the comprehensive breastfeeding support program, unless the caseload maximum for your agency has been exceeded. To track the characteristics of women who accept, refuse or are not offered the breastfeeding support program, a mandatory question has been added to the prenatal health history questionnaire, where the certifier will select the corresponding option from the drop down menu. A corresponding report can be run by the peer counselor coordinator from TWIST, giving a convenient list of who would like to enroll. The peer counselor coordinator will use the assign peer counselor button on the enrollment screen to officially place the participant in the peer counseling program and assign her a peer counselor. The coordinator will then schedule the woman into an appropriate class series based on her due date. Attendance at group sessions will be recorded by marking show or no show on the group NE screen. Individual contacts will be tracked with the BF tracking tabs.

THE BREASTFEEDING SUPPORT PROGRAM ENROLLMENT FLOW



Important!
Enrollment
deadline for
program
participation

As the aim of the comprehensive breastfeeding support model is to work intensively with mothers during their pregnancy to build their breastfeeding self-efficacy and prevent problems before they happen, women should **not** be enrolled in the group series beyond the end of their 5th month of pregnancy.

An Overview of the Group Series

40% of Oregon WIC participants enroll in the 1st trimester. 70% are enrolled by the end of the 2nd trimester. The majority of women are enrolled prior to our end of 5th month deadline.

Participants can miss Session 1 if they enroll in the 5th month of their pregnancy

The five sessions in the prenatal group series begin at the 4th month of pregnancy and end in the 8th month. The classes can be primarily led by the peer counselor coordinator with the peer counselors always present and playing a significant role in greeting the participants, facilitating activities, carrying out role plays, and doing one-on-one counseling with mothers. In addition, between each of the five monthly group sessions the peer counselor will make a follow up contact with the group participants. These contacts can check in on topics discussed in the previous group, dive deeper into issues a participant doesn't feel comfortable discussing with the group, provide more detailed information or referrals, and serve as an invitation to the next group. A group telephone call is another option, if appropriate, and may be a good way of reconnecting women back to the group if they have missed a class. If desired and approved by the local agency, Facebook or another social media site may be used to interact with the group.

Group 1: Congratulations, You're Pregnant! Now What?

Group 2: Your Amazing Body and Fascinating Baby!

Group 3: And Baby Makes Three but What about Me?

Group 4: Mommy: A Baby's Natural Habitat

Group 5: The Pre-Party before the Big Event!

*Dennis, CL. (1999)
Theoretical
underpinnings of
breastfeeding confidence:
A self-efficacy
framework. J Hum Lact;
15 (3):195-201.*

The primary goal of the group sessions is to increase the breastfeeding self-efficacy of participants. Self-efficacy is a cognitive process of individuals' confidence in their perceived ability to regulate their motivation, thought processes, emotional states, and social environment in performing a specific behavior. Self-efficacy has been shown through decades of research to be predictive of health behaviors. When selecting, doing, and maintaining a particular behavior, people consider four types of information; 1) performance accomplishments, 2) vicarious experiences, 3) verbal persuasion, and 4) their interpretation of situations that cause emotional arousal.

Each session is structured to subtly touch on each of the four areas that influence behavior choice. Taking performance accomplishments as an example, session two aims to address this by showing how much each participant's body has succeeded in preparing itself for breastfeeding and adds value to this achievement by discussing the complexity of what has occurred. The concept of vicarious experiences is met by our multi-disciplinary team and the group format. Mothers can observe how others deal with the same issues common to pregnancy and new

motherhood. The model also allows for regular verbal persuasion in that lactation consultants, peer counselors, and fellow group participants can provide praise for new skills or goals made. The final concept, interpretation of situations that cause emotional arousal, is covered in each class by inviting participants to reflect upon and plan for the inevitable tough spots that come along with pregnancy and breastfeeding. By planning ahead and seeing how others deal with a situation, hopefully a mother can have a more positive reaction when the situation arises. To further assist the process of individual reflection and planning, a Mother's Journal is a core part of the groups. In addition to serving as a place to write down appointments and important memories, the Journal has reflective questions corresponding to each of the group sessions.

Documenting Group Attendance and Individual Contacts or Attempted Contacts

The group prenatal series will be entered into TWIST in the same way that other group nutrition education classes are currently scheduled. If you would like, you can make a separate topic area for breastfeeding peer counseling and then make add the names of each of the 5 group sessions. Keep in mind that you'll need a way to distinguish which group is which, as you'll have multiple groups of women at different places in the series at the same time. To help keep these different groups straight you might want to add specific names such as "rosebud group" or "May moms" to the class name. As with current nutrition education classes, you will use the group scheduler function to show or no-show a participant based on her attendance. Individual contacts or attempts will be tracked using the Breastfeeding Tracking tab.

Navigating the Group Series Guide

The following five sections contain detailed, scripted outlines for each of the group sessions. To help make the scripts easier to read and move through, different sections are marked with the icons in the table below. It is important to note that the dialogue in the scripts is **not** meant to be followed word for word. They are simply there to give you ideas about what language you **MIGHT** use to introduce, transition and close topics. Feel free to take the script and make it match with your natural style of speaking. While the class content is carefully structured to meet the objectives of each session, there is no one right way to do it. Bottom line; have fun with it and make it your own!

Icon Key

	Facilitator Dialogue
	Group Discussion
	Group Activity
	Mother's Journal Exercise
	Video Clip
	Homework
	Gift



Group Session One

CONGRATULATIONS, YOU'RE PREGNANT! NOW WHAT?

GROUP DESCRIPTION: From the moment you first realized you were pregnant you've been making choices about everything from prenatal care to baby items. With so many opinions about what is "best," how do you sort it all out? In this session we strip away the hype from the marketing campaigns of the baby-product industry; giving you the straight-up facts on the decisions you're facing right now.

AUDIENCE: Women in the 4th month of pregnancy

OBJECTIVES:

- 1) Normalize the act of breastfeeding and introduce importance of skin to skin
- 2) Explore the differences between breast milk and formula in terms of health and developmental impacts for mother and infant
- 3) Help facilitate the exploration of each mother's individual motivations for breastfeeding, her breastfeeding goals, strengths, and challenges
- 4) Analyze the differences between exclusive and partial breastfeeding
- 5) Build relationships among group members
- 6) Create excitement for attending the remaining session

WELCOME AND INTRODUCTION OF THE WIC SUPPORT TEAM



Good morning/afternoon and welcome to your first group for mothers-to-be. My name is _____ and I'll be leading our discussions on getting ready for the birth of your baby and breastfeeding. I'd also like to introduce (peer counselor(s)) who will be working with me to facilitate the groups and will be checking in with you during your pregnancy and after the baby is born to see how things are going. (You can mention training or credentials, personal experience of staff if desired). (If appropriate, mention other WIC or external staff who will contribute to the group series).

EXPLAINING THE PURPOSE AND LOGISTICS OF THE GROUPS



If you'll notice we're sitting in a circle today, and that's because the goal of our group is to *work together* to help everyone have a good pregnancy and make a strong connection with their baby. Everyone here is due about the same time, so as you go forward in your pregnancies you'll be having a lot of the same experiences. This is handy because so many times moms feel like they're the only one having that pain or crazy dreams, and I think through each other, you'll find what you think is only you, is actually almost everybody.

Our goal for these groups is to cover the things that aren't in books, on websites, or in typical childbirth education classes. Over the years we've seen the most common things that trip people up during their pregnancies and in the first six months after their baby is born.

The truth is there's so much more to becoming a parent than just understanding the labor process or how to change a diaper. Since we knew that we couldn't fit everything you need to know in just a single one hour class, we put together a series of 5 groups to give enough time to really explore the things most people never really think of.

Once a month, the same group of us will get together (at this place, time) and share what's happening now in our pregnancies, learn amazing things about our body and baby that hardly anyone knows, explore ways to keep our relationships together after the baby, learn about practices in the hospital that can help or hurt early bonding with your baby, and of course we'll talk about breastfeeding. Another plus of coming together once a month is that it gives you the chance to break away from all your other responsibilities and have dedicated time just to think about how you want

things to be with your baby. So with that long introduction, I'll pause a minute for any questions you have.

SETTING THE GROUND RULES



One last thing I wanted to mention is that I know there is a wide range of experiences among our group. Some of you are first time mothers and some of you are quite experienced. Everyone has different opinions about what to do during pregnancy and how to feed and raise your baby when it's born. We're going to talk about a lot of different things during our time together, so I would ask that if someone has an opinion that's different than yours, that you respect their feelings on the topic. I want to be sure that everyone feels safe to share their true thoughts and concerns with the group. How does that sound to everyone?

Well I think I've talked enough. If it's all right with you, I'd like to get started with our discussion for today? I can't wait to get to know each one of you and hear about the plans you have for your baby!

GROUP INTRODUCTIONS/GETTING ACQUAINTED



To get us going, I'd ask each of you to turn to the person to your right and share your first name, when you're due, and something interesting or surprising that has happened in your pregnancy so far.

Now I'd like you to turn to the person on your left, tell her your name and due date, but this time since we're in WIC and we're a nutrition program, share one good thing you've heard about breastfeeding.

EXPLORING THE BENEFITS OF BREASTFEEDING

Who would like to share some of the good things they've heard about breastfeeding? (Jot down answers on board or flip chart)

It seems as though a lot of you know about the health benefits of breastfeeding and some of you thought about the money it saves you too. What are some other reasons a mother might want to breastfeed beyond the health benefits and savings (jot down other ideas)?

REFLECTING ON PERSONAL BREASTFEEDING HOPES AND MOTIVATIONS



Now we've generated this great list, I wanted to give each one of you a Journal that's yours to keep. Not only does it have a lot of neat information and resources, it helps you keep track of your appointments and it has little exercises that we'll do together when we meet. They give you a chance to quietly think to yourself about different things and then write down your answer. If you turn to Session 1, page 3, you'll see a spot for you to write down how long you're hoping to breastfeed and what your main reasons are for wanting to breastfeed. Remember this is just for you, and if you don't know right now that's okay too. I'll give you a couple minutes to do this and then we'll come back and explore together how much formula and breast milk are the same or different. I think there's a lot of things we'll find are surprising about the two.

DISCOVERING THE DIFFERENCES BETWEEN BREAST MILK AND FORMULA



Use grab bag full of Legos, index cards, sticky notes that will adhere to a flip chart or any other method you'd like to explore the contents of formula vs. breast milk. Have participants draw out a Lego or index card and then guess whether both formula and breast milk have that element or only breast milk has it. You can draw a matrix with formula on one side, breast milk on the other and visually mark whether an element is in one or both. Also use the opportunity to explore the different forms of elements that are in both breast milk and formula, marking with an asterisk when there are important differences between the sources of an element. For example:

- Carbohydrates: yes, both formula and breast milk have them, but are they the same kind of carbohydrates and does it matter?
- Proteins: yes, both have proteins but again are they the same kind? Who has heard of a formula that claims to have "comfort proteins?" What do you think they really mean by that?
- Fats: yes, both have fats, but (and I bet you're catching on by now), are they the same? Who has heard about the fats DHA and EPA? If the DHA in breast milk comes from your body, where do you think the DHA in formula comes from?
- Vitamins and minerals: present in both, but differ in how well your baby can absorb them. Example: iron absorbed 5 times as well from human milk than cow's milk.
- Anti-infective properties: things called immunoglobulins protect your baby against infection; only breast milk
- Growth factors: help mature the lining of the gut

- Different flavors: yes the foods you eat flavor your milk
- Changes in composition from feed to feed and within a feed: in fact the breast milk of a preterm infant's mother has higher amounts of protein and fat, matching it exactly to the needs of her baby.
- White blood cells: protect your baby from getting sick by destroying the cell walls of viruses
- Lactobacillus (Like the stuff in yogurt): promotes growth of good bacteria in your baby's gut
- Enzymes: help your baby with digestion
- (Add your favorites as desired)



So after our activity, what are your thoughts about the differences between breast milk and formula? (allow time for short discussion)

The list we went through was just a quick look at how different breast milk and formula really are. The poster I'm hanging up right now really shows you the difference. (Then can unfurl the big breast milk vs. formula poster and invite people to look at it at the end of the group.) What are your first thoughts on seeing this? (open for comments)

Seems like breast milk is pretty powerful stuff. What have you heard about how long to breastfeed? (Gather responses then share AAP, WHO recommendations).

REFLECT ON NEW INFORMATION ABOUT BREAST MILK VS. FORMULA



With all we've just talked about, I'd like to give you a minute to go back to your Journal and write down anything new about what your hopes are for breastfeeding or your reasons for wanting to do so. Then we'll have a chance to move around the room a bit.

EXPLORING BREASTFEEDING INTENTION AND CONFIDENCE



To give us a chance to get up and stretch a bit, I have a short activity that follows what we just wrote about in our Journal. You'll see that we've just put down different spots on the floor and they're numbered 1 through 10. Number one represents not wanting to breastfeed at all and only wanting to give formula, number five is that you're somewhere in the middle maybe giving equal amounts of formula and breast milk. Number 10 means that you are never, ever giving your baby formula. And the numbers in between represent those ideas to a stronger or lesser degree. Remembering that there is no right or wrong place to be, I'd love it if we could line up where we think we are *right now* in our decision about how to feed our baby.

Smith, Linda. Coach's Notebook: games and strategies for lactation education. Page 41-42, Feeding Line Game

You can buy numbered floor dots at www.spotdots.net

(Remind again about 1 to 10 scale as they move to position). Who's willing to share why they chose the number they did?

Now, to make it a little bit more interesting, I'd like you to take a walk in someone else's shoes for a minute. Not that you have to exchange shoes but I'm going to ask you to move to another place on the line and then think about what someone at that point in the line might be thinking about their decision about how to feed their baby. Now you've had a chance to get settled in your new spot, would anyone like to share what they think would be going through the mind of someone in your new spot? Who would like to share what they're thinking now they're in a different spot on the line?



Thank all of you for being so honest about where you are in your feeding decisions. What you feel today might not be what you feel tomorrow or next month, and that's okay. Again the goal of our group is to uncover little known facts about pregnancy, women's bodies, birthing practices, and infant feeding but it's also to give us a little time to think about how we feel about all these things.

CLASS WRAP UP/INCENTIVE ITEM/PLUG NEXT CLASS



In our last few minutes together I wanted to give you a sneak preview of what we'll be talking about next month. Of course we'll all share what's been happening in our pregnancies since we last met and taking a look at what your baby's doing in the fifth month. Then we're going to look at some little known but amazing abilities of your body. And you won't believe what your baby is up to while still in the womb that makes them so much more capable when they're born than you might have imagined. Let me just leave you by saying that after our next group, you'll never look at this part of your body (draw line in air from below breasts to head) the same again.



There are two things that I invite you to do before we see each other again next month. The first of course is to share the information we explored with the important people in your life and then ask your mother or someone else close to you about their experiences with breastfeeding. The second is to visit the website for La Leche league.

We've listed the link in the back of your Journal. They have a lot of great information about breastfeeding, cool videos and I think you'll really enjoy it.



(Peer counselor) will be calling before our next meeting to check on how things are going and answer any questions that might have come up. To close our group, I'd like to celebrate your pregnancy with a few beautiful images of where you are now and what's to come. (mom-baby slide show)



As we're looking at these, I have a little gift to give everyone here. This is a magnetic picture frame you can use to hold your ultrasound picture, which most of you should be having pretty soon.

I can't wait to see each one of you next month, to hear what has happened in the time between groups, and to have more fun with you talking about your amazing body and amazing baby. I think you're going to love it and I know (peer counselor) and I will love seeing all of you again.

Group Session Two

YOUR AMAZING BODY AND FASCINATING BABY!

GROUP DESCRIPTION: As your pregnancy has progressed you've likely noticed big changes in your body and with your baby too! In this session we reveal little known secrets about the extraordinary abilities of a woman's body and the fascinating behaviors of babies in the womb. You'll come away amazed by how mother and baby automatically make physical and emotional changes that help them adapt and thrive in pregnancy, birth and beyond.

AUDIENCE: Women in the 5th month of pregnancy

OBJECTIVES:

- 1) Familiarize mothers with the changes taking place in their bodies and how that helps them care for their baby
- 2) Introduce concept of skin-to-skin contact
- 3) Explore the presence and roles of colostrum
- 4) Discover baby behaviors that facilitate breastfeeding
- 5) Reflect on each mother's own strengths and perceived challenges for fulfilling her breastfeeding plans

WELCOME AND INTRODUCTION OF NEW GROUP MEMBERS



Good morning/afternoon and welcome back or welcome for the first time for those of you who are new. Everyone should be about in their month 5 now, so if we could just go around and introduce ourselves again and share one interesting thing that we're noticing at this point in our pregnancy, that will give our new moms a chance to get to know us all. (Peer counselor) and I can start, but we don't have any exciting pregnancy updates to share.

HOMEWORK CHECK-IN



At the end of our last group we talked about sharing the information you learned about the differences between breast milk and formula with your friends and family, and maybe talking with your mom about how she fed you. Who would like to share whether they did this and how it went?

We also gave you the link for the La Leche League website. How many took time to check it out? Who's willing to share something they liked?

LINKING LAST SESSION TO THIS SESSION



The last time we were together we took some time for you to think about what your hopes are for breastfeeding and your reasons for wanting to breastfeed. First we explored together the real differences between formula and breast milk. Then we lined up to show where we were in thinking about breastfeeding.



We also wrote down our hopes and reasons for wanting to breastfeed in our Journal. I wanted to give you a minute to let you revisit what you wrote and give those who are new a chance to write something too.

If you go to the next page in your Journal, you'll see that there are two more questions there. The first one asks you to list reasons why you think you and your baby will do well with breastfeeding. Take a minute and jot down a few of your ideas.

EXPLORING THE GAP BETWEEN DESIRED AMOUNT OF BREASTFEEDING AND ACTUAL LENGTH OF BREASTFEEDING



Seems like everyone was able to think of at least one reason why they'll do well at breastfeeding. When we met last time, we talked about the recommendation to exclusively breastfeed (giving no formula) for six months, and continuing to breastfeed beyond that for a year or more along with introducing foods.

Using your best guess, how many mothers actually do just give breast milk to their babies for the first six months? (answer 35% of Oregon WIC moms do).



What do you think happens with the other 65%? We know that since over 90% of Oregon WIC moms start out breastfeeding that it's something that they want to do, so what could be happening along the way that changes that? (open for short discussion, acknowledging each possibility).



Now that we've had a chance to talk about what might get in the way of other moms breastfeeding for as long as they want, I'd like us to go to our Journal once again and answer the second question on that page, about what might be some challenges for you.



I see that everyone has finished writing, and rather than having everyone share right now, I'd like to throw out a statement and have you tell me what your first thoughts are about it.

“Almost every mother can give her baby only breast milk (no formula) for the first year of her baby's life.”

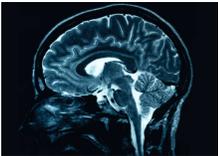
(open floor for discussion knowing that someone will point out not everyone can because of biological issues, back to work, separation from baby and so forth).

So I'm hearing that some of you mainly agree with this statement and others have experienced problems or know someone who felt like they couldn't exclusively breastfeed. Since we have a bit of controversy about this, I thought we could spend a little time talking about it. If it's alright with the group, I thought we might look at the biological part; how your body and your baby automatically get ready to breastfeed.

EXPLORING CHANGES IN MOTHER'S BODY TO HELP WITH BREASTFEEDING

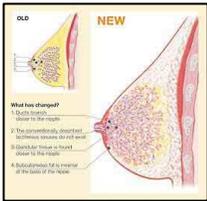


Let's start with an activity that explores what's happening right now with your body to help you with breastfeeding. What I have here are a series of pictures, and I'd love for us to guess as a group, what kind of change they represent.



(Hold up picture of a woman's head or a brain) And this is a picture of... Yes! Your brain, but this is your brain on baby. What do you think is already happening in your brain to help you get ready for breastfeeding?"

(Collect responses and add few key facts if not mentioned. But don't overdo here as it's not the main point of the class).



One important thing your brain is doing right now is producing lots of a hormone called prolactin. This hormone is not only responsible for making your breasts get bigger but it also helps change the structure inside your breasts so you can make milk. And since we've already brought up the bigger breast issue, let's think about what is happening with your breasts themselves.



To get us up and moving, I've posted in different spots around the room nine different breast changes and given each one of you a set of stickers. I'd like each one of you to place a sticker on the changes that you've seen happening with your breasts so far. Again, what happens from person to person and when it happens varies, so don't feel worried if you haven't seen all nine.

- Larger breasts and more visible veins: yes breast typically double in weight, its absolutely normal for one to be slightly bigger than the other
- Bigger areola: acts a visual target for baby
- Darker areola
- Bigger bumps around the nipple: Montgomery glands that secrete a fluid that helps moisturize the breast; fluid has same smell as amniotic fluid which helps baby find the breast
- Bigger nipples
- Tender breasts
- Tender nipples
- Breasts leaking colostrum

Let's use (these grapes, balloon where you draw on internal breast structure, breast model) to take a peak at what your breasts look like on the inside. Just like this bunch of grapes, your breast have little cluster of cells that are

connected to one another and make milk. When other cells push down on them the milk goes into a series of ducts (or connecting pipes) in your breasts.

So here's my question for you. How does the milk actually get out of your breast and inside your baby?

One idea many people have is that the nipple has only one opening, just like a straw and that the baby sucks milk out, again in a similar way that you do with a straw? Who has heard that it works that way?

I'd like to surprise you with the fact that you actually have around 10 openings in your nipple, and far from being sucked out like milkshake through a straw, your breast milk actually sprays out. We'll talk more a bit later about how the baby helps make this happen too.



For my last one I have something less obvious. Let's focus on this picture, specifically the skin on her upper chest. Does anyone want to guess what's magic about this part of you?"

Believe it or not, the skin on your upper chest is more accurate than an incubator in maintaining your baby's temperature. If your baby is placed on your chest, skin-to-skin, that part of your body can actually raise or lower by a couple degrees to heat or cool off your baby. Men have some ability to do this to, but their skin can only rise in temperature, not lower.

We're going to talk more about the importance of skin-to skin contact at another time but I wanted you to start thinking about how that might influence where you want your baby to be once its born.

COLOSTRUM: YOU'VE ALREADY GOT IT



I have a question for the group. If push comes to shove, how ready is your body to breastfeed right now, today? (open for discussion)

Believe it or not, after about the 16th week of pregnancy your body starts making milk. Some people leak some of this milk and others don't. Either way is totally normal.

Who has heard what this very first milk is called? (Colostrum)

How is it different than the milk you make later on? (thicker, yellowish, full of antibodies, comes out in little drops not big gushes).

What makes colostrum really important for you baby? (1st immunization)

EXPLORING BABY'S PREPARATION FOR BREASTFEEDING



Alright, we've talked about all the changes that your body undertakes all on its own. Let's talk about your baby. What behaviors are they doing while still in the womb that helps them to breastfeed? (Discuss thumb sucking, swallowing, etc)

Now thinking about your baby just after it's born, how well do you think they can breastfeed completely on their own? With no one directing them how or even placing them by the breast? (Collect comments quickly)

I have a brief video clip I'd like to show you, and then I'd like to get your opinion on that again. (Show breast crawl or biological nurturing video)

What are your thoughts after seeing this video? (open for discussion)

Let's take a minute and talk about a few other behaviors we saw the baby in the video do that helps a lot with breastfeeding (head bobbing, arm circling, mouth opens with touch of palette, etc).

What have you noticed about baby noses? How does that help with breastfeeding (they are flat so can have tight connection and breathe).

CLASS WRAP UP/INCENTIVE ITEM/PLUG NEXT CLASS



So we've seen from taking a closer look at what happens with your body and your baby that a good foundation for successful breastfeeding is already there. I want to acknowledge that there are mothers and babies who have certain surgeries or medical conditions that will make breastfeeding more challenging. But most moms start using formula for reasons that aren't really medical.



I know we've talked about a lot of things today, and I wanted to give you the chance to go back to your Journal one more time and look again at what you first wrote about why you think you'll be good at breastfeeding and what challenges you might have, and add to or make a note by what you had written before.

In our group today and the one before, we've gone over a lot of technical information about breast milk, your body, your baby and breastfeeding. Next month we're going totally switch gears and talk about how to better communicate with the important people in your life, how to help building a system of support for yourself so you're taken care of too, and how to

keep your relationship going with your partner once the baby arrives. The skills that we'll learn together next month could be the key in helping things go smoothly. (Peer counselor) will call you in between to see how things are going and answer any questions you have.



If you'd like to do some follow up from this class you can think more about the changes you see your body going through. You might also spend some time considering what your strengths will be for breastfeeding and what might get in the way. We've also given you a list of resources that are available in the community to help with some of the basic things you might need when you're expecting. There's a list of great websites as well if you'd like to learn more. (Optional: may provide information on getting fitted for maternity and nursing bras).

- ✓ www.breastfeeding.com/reading_room/nursing_bras/fitting.html
- ✓ www.medelabreastfeedingus.com/intimate-apparel-fit-video
- ✓ www.herroom.com/maternity-nursing-bras,943,30.html



We do have a little gift for you this month, a wonderful full-color pamphlet detailing what happens with you and the baby each month of the pregnancy. Plus now that you know that you're a woman who already has colostrum, we're giving everyone their own set of breast pads in case you start leaking.

Thank you again for coming. I hope you learned something new! I can't wait to see you again next month as you near your last trimester. I'm sure we'll have lots to tell each other about what changes have taken place.

Group Session Three

AND BABY MAKES THREE, BUT WHAT ABOUT ME?

GROUP DESCRIPTION: You're only a few months away from meeting your baby! There are so many things to get ready; who can help? In this session we help you explore how to build a network of support to get you through the rest of your pregnancy and the first months after birth. We also get real about how the arrival of a baby can change your relationships, and how to avoid the 4 most common mistakes that put couples at risk after becoming new parents. You'll leave with better ideas to tell each other what you need; making a more peaceful environment for welcoming your baby.

AUDIENCE: Women in the 6th month of pregnancy.

OBJECTIVES:

- 1) Explore how other people can impact their breastfeeding success.
- 2) Make decisions about what they want to tell their care providers and hospital staff about their birthing and breastfeeding wishes.
- 3) Consider what type of help they'll need once the baby arrives and who might give that help.
- 4) List who may be more or less helpful with supporting breastfeeding.
- 5) Identify the most common issues couples face after the birth of the baby and adopt strategies to overcome them.

WELCOME AND INTRODUCTION OF PARTNERS AND GUESTS



Good morning/afternoon and welcome back. I'd like to give a very special welcome to our guests who've come along just for our special group today, and give everyone a chance to introduce themselves once again. You're all starting your last trimester now, and I thought it might be nice to look at a quick video clip that shows how far you've come in your pregnancy and where you're going in these last 3 months.



Show 3-D animation clip from Babycenter.com,

- ✓ http://www.babycenter.com/2_inside-pregnancy-weeks-28-to-37_3658874.bc

Who would like to share what was most interesting or surprising from what we just watched?

HOMEWORK CHECK-IN



At the end of our last group we invited you to share what you learned about what's happening with your body and your baby. Who would like to share what they passed on to others and what their reaction was?

LINKING LAST SESSION TO THIS SESSION



At our last group we talked about the way your body is getting ready during pregnancy to breastfeed and what your baby is doing in the womb to get ready too. We also wrote about why we think we'll do well at breastfeeding and what challenges we might come across.

EXPLORING IMPACT OF BREASTFEEDING ON THE COMMUNITY



To start our thinking about how those around us can help or hurt in our efforts to breastfeed, and how breastfeeding impacts the larger community, we have a fun little activity. I'd like to ask you to break into a few small groups, and then do your best to answer the "why" when you read about who is glad you're breastfeeding. I'll give you a few minutes in your groups to come up with some answers, and then we'll get back together and share.

Handout "Who's Glad You're Breastfeeding?" *See Appendix.*

Smith, Linda. Coach's Notebook: games and strategies for lactation education. Page 22-23, Who's Glad You're Breastfeeding

Who is glad	Why they are glad
Garbage man	Less waste, diapers not as stinky
Mother nature	It's natural, protects environment
The Government	Saves money over time with health
Your OB/GYN or midwife	Faster recovery from birth
Your baby's pediatrician	Reduced risk for many diseases
Your favorite clothing store	Get back to skinny jeans faster
Your dentist	Strong jaw muscles and better teeth
WIC	We love breastfeeding!
Your bank account	Saves a lot of money
Your child's future teachers	Breastfeeding may boost IQ
Your boss or workplace	Healthier baby means fewer sick days
Your neighbors	Diapers not as stinky, may cry less
Your family	
Your friends	
Your partner	
You!	

Let's open the floor for sharing, and see what everyone came up with.

COMMUNICATING PLANS TO HEALTH CARE PROVIDERS



One thing we touched on in our 'who's glad your breastfeeding game' are reasons why a doctor/midwife might be excited that you're breastfeeding.



Opening up our Journal once again, you'll see on Session 3, page 4 there's a place for you to jot down what you think your doctor's/midwife's feelings are about breastfeeding and another spot for you to write down what you want to be sure to tell them about your plans. Let's take a minute so you can fill these out.



Starting the conversation with your doctor can be tough in the short time you normally have in an appointment. Sometimes it's hard to know just what to ask to find out where they really stand. Thankfully, the American Academy of Pediatrics has put out a series of questions you can ask to see how breastfeeding friendly your doctor really is. I'll pass that out and we'll talk together about what you might want to be listening for in their answers.

www.healthychildren.org/English/ages-stages/prenatal/decisions-to-make/pages/Finding-a-Breastfeeding-Friendly-Doctor.aspx

- Tell me about the training you or your staff have had in supporting mothers to breastfeed? (look for formal training, continuing education)

- What percentage of babies in your practice are breastfed? How about exclusively breastfed?
- How long do you encourage a mother and baby to breastfeed? When do you recommend introducing other foods?
- When do you recommend weaning? (should be as desired)
- Do you have a lactation consultant in the office if I need it? If not, do you have someone to refer me to?
- If I go back to work, what are some ways you can help me to continue breastfeeding? (breast pumps, letter to employer)
- What are some things I can do during labor to help me get a successful start to breastfeeding?
- If I have to take medications after birth, what sources would you use to determine whether or not the medicine was okay to use while breastfeeding? (Hale-Medications and Mother's Milk)



After looking through these questions I'll give you another second to write down anything you really want to ask next time you see your doctor or if you are deciding on a pediatrician.

One other nice resource we have for you is from Jack Newman, a doctor who has worked for a long time promoting breastfeeding. He offers some great tips on what to listen for to see if your doctor's really breastfeeding friendly or not. *See Appendix.*

BUILDING YOUR SUPPORT TEAM



Shifting gears a bit, so far we've spent our time looking at how those outside our day-to-day life can impact us. Now I'd like to move to those who are closer to you, your friends and family. On page 5 of Session 3, you'll see some questions about who can support you in your decision to breastfeed and what you want them to know.

Who would like to share one of the messages that you want to be sure to tell either your biggest supporter or your least supporter? (If no one wants to share that's ok too).



Now we've thought a bit about starting to talk with friends and family about our wishes, it's good to think about the role they can play once your baby arrives. One of the great things about being pregnant or new parents is that people really want to help you out. Often times we just brush off people's offers, but honestly, as new parents we can use all the help we can get. Being a new parent is very exciting and rewarding. At the same time it

can be tiring and stressful. Although you want to spend most of your time getting to know your baby, the other parts of your life don't stop. That's where friends and family come in. What I'm handing out now is a list of tasks that most people need help with after the arrival of their baby. I'll let you take a look and think more about what you'll need help with, and who that might be. (Based on the time available you can have them complete all this in the group or just do one or two and have them finish the rest at home). *See Appendix.*

TASK	WHO
------	-----

- DRIVE ME TO HOSPITAL TO DELIVER
- TAKE CARE OF MY OTHER KIDS WHILE I GIVE BIRTH AND AM AT HOSPITAL
- SPEAK OUT FOR WHAT I WANT DURING THE BIRTH
- NOTIFY FRIENDS AND FAMILY AFTER THE BABY'S BORN
- DO CROWD CONTROL AT THE HOSPITAL AND WHEN WE FIRST GET HOME SO I'LL HAVE QUIET TIME WITH MY BABY
- DRIVE US HOME FROM HOSPITAL
- DO SOME LOADS OF LAUNDRY
- DO AN EMERGENCY DIAPER RUN
- SHOP FOR GROCERIES
- FIX MEALS
- HELP CLEAN THE HOUSE
- LET ME TAKE A SHOWER
- LET ME GET A QUICK NAP
- HELP WITH MY PETS
- PLAY WITH MY OLDER CHILDREN
- GET MY OLDER CHILDREN TO SCHOOL
- DRIVE ME TO DOCTOR'S APPOINTMENTS
- TAKE CARE OF MY OLDER KIDS WHILE I GO TO THE DOCTOR
- HELP ME GET TIME TO EXERCISE

Who would like to share any of their plans from this? Were there any tasks on here that you hadn't thought about as something to ask for help?

KEEPING YOUR PARTNERSHIP STRONG

Keeping with our inward movement from the community, to health care providers, to your friends and family, let's move in one more level. It's time to talk about keeping your most intimate relationships together after the baby.



I have a pop quiz for you. In the first three years after their babies were born, 2/3rds of parents said the quality of their relationship: increased, decreased, or stayed the same? (Open for guesses)

As some of you guessed, their relationship satisfaction decreased. What are some of the reasons for that? (Open again for sharing, acknowledge each response)

John Gottman is a researcher who looks at couples and relationship styles and is able to predict very accurately who will split and who will stay together. He has found four behaviors that are the strongest predictors of a relationship not making it. Shall we take a look at what those are?

See Appendix.

1. **Criticism:** attacking our partner's personality by pointing out their defects (you always, you never, you're lazy, you're a slob)
2. **Defensiveness:** what we do when we feel criticized. Either we attack back, proclaim our innocence, whine like a victim, or act put-out and resentful.
3. **Contempt:** giving insults that focus on how we're superior. This can take the form of yelling out insults, rolling our eyes, calling each other bad names, or talking down to our partners.
4. **Stonewalling:** when we don't like what our partner is saying we become like a stone wall and give no response at all. 85% of stone wallers are men.



I won't ask for an actual show of hands, but silently, how many of you think that you've done one or more of these things sometime during your relationship?

How do you think these behaviors can make or break how well you work as a couple to adjust to having a new baby?

You've hit it right on the head that reacting in these ways when conflict arises is just going to make things more difficult. Thankfully, John Gottman also offers an alternative way of communicating when there's a conflict. What are the three steps to follow when bringing up an issue? (may have responses laminated or on a large poster page)

1. Say what you feel
2. Describe the problem neutrally with no blame
3. Say what you need (not what you don't need)

Let's work through one together. How could we soften up something like, "You don't care about me! You only care about yourself! You are just wrapped up in your own little world, with your face in the computer all the time!" (write statement on white board or poster paper)

Let's start with saying what you feel. What do you think the feelings are in this statement? (I feel hurt, I feel disappointed, I feel lonely...)

Now let's try to describe the problem neutrally with no blame. (by your looking at your computer/phone at dinner and our not talking)

And finally let's say what you need and not what you don't need. (Would you talk with me so I can ask how your day was and you can hear about mine?)



Now we've done one together as a group, I am going to hand out some cards with the same kind of strong statements. Get together with your partner or another person and try changing it using the three steps we just went over. I will give you a couple of minutes and then we'll share with the group. It takes a lot of practice to change what we tend to say. Just have fun with it.

Examples for cards:

- You're so rigid. Your ideas about parenting are ridiculous.
- You just want to be at work all the time and never be home with us!
- You just don't care about the baby!
- You think just because I'm young that I don't know what I'm doing. You just go ahead and do things with the baby without asking me!
- You never want sex anymore. You're like ice.
- I'm sick of your mood changes every second. You're like a mine field.
- I'm sick of never going out. You never take me anywhere.

- She criticizes me all the time and you do nothing about it. You and your mother can go to...
- How can I ever trust you? You never come home when you say you will. Once you're out the door you just forget about us!
- You never ask me before doing something. You make all the decisions. You are so controlling.
- You go out all the time and I'm stuck here with the baby. You're so selfish!

How did it go with working to change these negative statements into something more positive? Who would like to start us off by sharing what their statement was and how they changed it?

You did a wonderful job with working through these statements. Conflict is going to happen in every relationship, and for new parents when they're stressed and tired, even more so. The secret is trying to make these arguments *constructive* and not *destructive*. At the very least, hopefully from our activity today you can recognize when you're doing one of the destructive behaviors and then do your best to turn it into something more positive.

Who has a question or comment before we move on to the last part of our discussion for today?

DADS ARE IMPORTANT TOO



The last two issues I thought we might cover today happen at the individual level. The first one has to do with dads. Sometimes when the new baby arrives, a lot of women come to help out mom. That is very wonderful because as we talked about before, having help is a great thing for new parents. At the same time, sometimes dads get kind of pushed aside, and I know that some moms worry that if they're breastfeeding, that dad won't have the opportunity to really bond with the baby. So as a group, I thought we might quickly brainstorm some ways that dads can really get to know and bond with their new baby (and help out mom too). (open for discussion)

- ✓ www.breastfeeding.com/reading_room/dad_help.html
(has a good article that you can use as a reference)

CARING FOR YOURSELF



Those are a lot of wonderful ideas! Thanks for sharing. Now I'd like to move on to thinking about *you* after the baby. As we've mention many times today being a new parent (or grandparent) is fantastic but you're also tired a lot and it's easy to get stressed out and feel overwhelmed. So as our final activity today, I'd like you to open up your Journal one more time, and answer the questions on page 6, about how you'll recognize and manage your own stress.

CLASS WRAP UP/INCENTIVE ITEM/PLUG NEXT CLASS



So we've seen spent our time today thinking about how those around us and ourselves can impact our success as new parents and with breastfeeding. Communicating our hopes and plans to others allows them to provide the kind of support we need and ultimately be more successful. Ask others for help and accept it when it's offered. Take the time to recognize when you're feeling stressed and overwhelmed and do your best to take care of yourself and your relationship. Hopefully we've gone over a few things today that can help you do just that.



If you'd like to do some follow up from this class you can work together to make a list of 10 things you don't want to change after the baby comes. It also might be good to start talking to friends and family about what help you're going to need before, during and after the birth. For those of you who are working now and plan to return to work after the birth, it's a good time to start the discussion with your employer about your plans. We've included some good websites that give you advice on how to start this conversation.



We do have a little gift for you this month, a door hanger that you can use to let people know if you want a little privacy when you're learning to breastfeed. We also have some cards that outline your right to breastfeed in public and rights for breastfeeding or pumping when you return to work.

Before we go, I'd like to give you a sneak preview of what we'll be talking about next month. As you're all aware, the big event is getting closer. What we'll cover next month are the most important factors for making the first few days with your baby fantastic. You'll come away with ideas about how to make the birthing experience go more smoothly for you, how to get an immediate bond with your baby, and the most effective ways to make this happen in the hospital.

Thank you again for coming and an extra thank you to our guests today. I hope you learned something new! I know it's always helpful for me to practice changing the negative statements into something positive. As always, we're here to answer any questions or concerns you may have.

Group Session Four

MOMMY: A BABY'S NATURAL HABITAT

GROUP DESCRIPTION: Everyone knows that building and keeping a healthy habitat is essential for plants and animals to thrive, but seldom do we think about the habitat we'd like to have to welcome our baby. In this session we cover the options for designing your labor and delivery experience, finding ways you can create a natural and healthy habitat for your labor and the first hours of bonding with your new baby.

AUDIENCE: Women in the 7th month of pregnancy.

OBJECTIVES:

1. Identify the key components for building a healthy habitat for birth.
2. Reinforce importance of skin-to-skin contact after birth and beyond.
3. Discuss hospital practices that can help or hinder breastfeeding.
4. Explore participants' feelings about the birth process.

WELCOME



Good morning/afternoon and welcome back. I'm so glad to see each and every one of you. You're all in your 7th month now, and I'm betting that you're noticing even more changes as your body gets ready for delivery. Who'd like to share what they've noticed about themselves since the last time we met? (can probe if necessary about trouble sleeping, early "practice" contractions, etc).

HOMEWORK CHECK-IN



At the end of our last group we invited you to work with your partner to come up with a list of 10 things you don't want to change after the baby arrives. We also encouraged those of you who are going back to work to start talking with your employer. Who would like to share a few of the 10 items they came up with or how it went talking with your employer?

LINKING LAST SESSION TO THIS SESSION



At our last group we had some fun with our Who's Glad You're Breastfeeding game, looking at how our feeding decisions can impact the larger community. We also did some thinking about telling other people about our breastfeeding plans, what kind of help we'll need once the baby arrives and who might provide that help. Finally we focused on keeping your relationship together while having the stress of being new parents and taking care of yourself. Today we're going to continue along those same lines by thinking about how you can create the ideal environment for welcoming your baby into the world.

INTRODUCING THE CONCEPT OF A HABITAT



To get us started, I thought we'd talk a bit about the title of today's group, Mommy: A Baby's Natural Habitat. When we say that mommy is a baby's natural *habitat*, what do you think we mean? (Open the floor for discussion)

This is great, all your ideas about mommy being the natural habit. To frame our discussion for today just a little bit more, I'd like to offer up three different definitions of the word habitat. (laminated or on poster board)

- 1) The natural conditions and environment in which a plant or animal lives.
- 2) The place in which a person or group is usually found.
- 3) A sealed, controlled environment in which people can live in unusual conditions such as under the sea or space

PRACTICING YOUR HABITAT DESIGN SKILLS



Now we have a few different definitions of habitat, let's take it a step further. I'm going to ask each one of you to imagine you've just gotten a call from the Oregon zoo, and they have a mother polar bear who is going to give birth in the next month. As I'm sure many of you have heard, polar bears are having a tough time right now, so having a successful birth and having the cub survive and thrive is really important. Staff at the zoo have heard what a wonderful mother you are and how good you are at planning for birth and parenthood, and they would like you to come and put into place the ideal habitat and support system for this polar bear birth.

So, with the fate of the world's polar bear population in your hands, I'd like you to (in small groups, pairs, or individually) come up with a quick list of the things you think would be most critical to having a successful birth and happy, healthy cub. You can use our definitions of habitat if you'd like to get you started. (give time to discuss, provide paper and pens for writing things down)

Now that we've had some time to think about what's most important for our polar bear birth, who'd like to share some of the things they came up with? (collect answers)

This is wonderful! You've come up with so many things. The zoo was right to call you for advice! Before we leave our polar bear scenario, I'd like to ask you one more thing. What are the signs you would look for to know whether or not things were going well with mommy and baby polar bear? (collect answers)

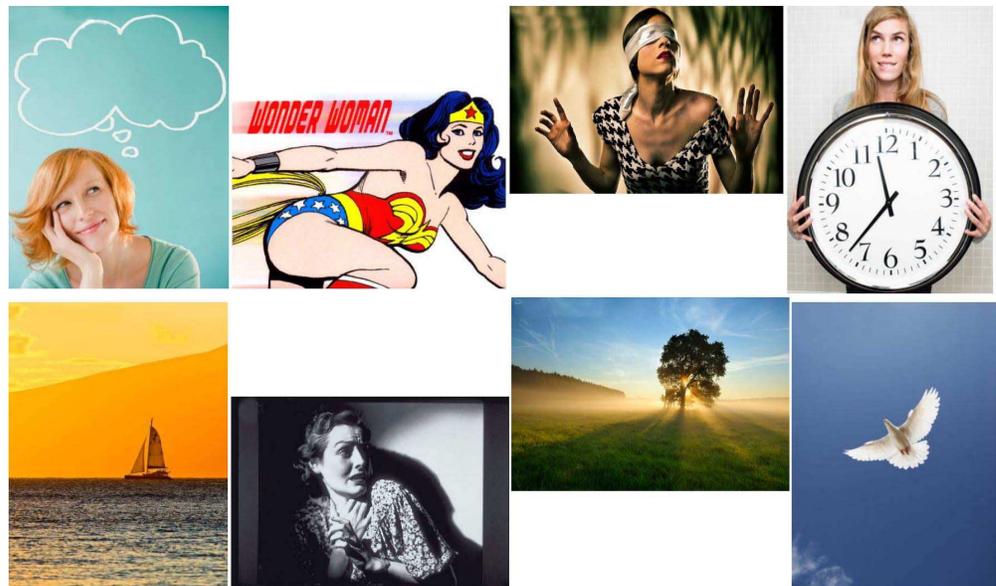
So there are a lot of signs from both mother and baby, things like bonding, feeding, and weight gain that you'd use to know whether things are going well. If it's alright with you, I'd like to take what we've done here and move to thinking about how this applies to us.

SHARING OUR FEELINGS ABOUT LABOR AND DELIVERY



Now that we've moved from talking about polar bears giving birth, back to ourselves, I thought we might do a quick activity find out how we're all feeling about the idea of going through labor and birth.

I've put out series of cards with different images on them. Take a look at the cards that are on the table, and choose the one that best represents your thoughts about labor and delivery right now. (Below are examples of different images you can use for the cards; just create a sample that can represent most common feelings). *See Appendix.*



Now that everyone has had a chance to pick a card, let's take a moment and share why you chose that one and what it means to you (open for sharing).



Thank you for being so honest about your fears, doubts and confidence about the upcoming birth experience. If you open up your Journal to page 4, of Session 4, you'll see a spot to jot down your feelings about labor and birth, what might help you if you're feeling worried, or what might keep you positive if you're feeling good about it (allow time for writing). Who would like to share some of their thoughts for staying positive or how they might overcome some of their fears?

BUILDING YOUR OWN HEALTHY HABITAT (INTRODUCTION)



One of the ways we can help control some of our concerns is by getting an accurate vision of what lies ahead (for first time moms) or maybe thinking about how things could be different this time around for our experienced moms. To do this, I hoped we could work together to think about 5 different aspects of the habit (your hospital room) where you'll go through the birth process and welcome your new baby. . So if it's alright with you, I'd like to bring up a quick video tour of a typical hospital labor and delivery room so we all get a picture of what to expect.

(Choose one of the online birth center tours to get people acquainted with the basics they'll encounter).

- ✓ www.fletcherallen.org/birthcenter/360/
- ✓ www.health.ucsd.edu/women/child/facilities/virtualtour.htm

After looking at this clip, what are some of your thoughts about the place where you'll be giving birth and greeting your new baby? Which definition of habitat does it most resemble? (Open for Discussion)

- What are some things you saw that you felt good about?
- What are some things you saw that you didn't feel good about?

BUILDING YOUR OWN HEALTHY HABITAT (KEY COMPONENTS)

So you've mentioned some of the good and not so good things about the basic environment you're given in a typical hospital delivery. Knowing that it's probably not the absolute ideal setting, we can help make it a more warm and welcoming place by thinking about those five pieces that I mentioned earlier. So what are the 5 pieces to consider when building a happy, healthy habitat for you and baby while you're in the hospital? (can post these up)

- 1) Space: area itself, what's in that space, and how you move around in it.
- 2) Temporal (time): how the space or your use of the space changes over time.
- 3) Overall environment: cleanliness, temperature, pollutants.

Optional Group Discussion

Comparison of Technocratic & Holistic Models of Birth

*Excerpted from the Association of
Labor Assistants and Childbirth
Educators (ALACE)*

Technocratic Model

*The body is imperfect and separate
from the self.*

Life is controllable.

The self should control the body.

*The pregnant body is a container
for the fetus, who is a separate
being.*

*Pregnancy is out-of-control and
therefore unpleasant.*

*Fetal growth is a mechanical
process in which the mother is not
actively involved.*

Birth is a mechanical process.

*Medical knowledge is
authoritative.*

*To be strong and powerful one
must be in control.*

Holistic Model

Self and body are one.

Life is not controllable.

The body cannot be controlled.

*Pregnancy is uncontrollable and
pleasurable.*

*Mother and baby are essentially
one, they form part of an
integrated system that can only be
hurt by cutting it into parts.*

Birth is hard work a woman does.

*Intuition/inner knowing are
authoritative.*

*Strength and power come from
letting go of control.*

- 4) Resources: food, water, shelter, light.
- 5) Competition: safety and security for you and baby, minimal interference while you and baby bond.

So if it's all right with you, I thought we'd plan and talk together about the different things that can influence the birth environment. Let's talk about your space and time first.

CONSIDERING THE BASICS (SPACE, TIME, ENVIRONMENT)

One of the most basic questions to start considering is who and what you want with you when you go to the hospital to give birth. Who and what are going to make it a more comforting and home-like environment for you and baby? Another piece to consider is how you'll keep yourself comfortable if you get hot and then cold and then hot again? If you're very picky about cleanliness, what are some things you might bring along to make you feel more at ease?

If you turn to Session 4, page 5 in your Journal, there are lines to fill in your first thoughts about what you want and don't want around you as you're moving through the process of labor. Keep in mind what you want may change over time.

Flipping forward to page 8, there's an option for those of you who like drawn your vision of what your ideal birth setting would look like. Let's take a few minutes to think about all this. Then we'll open it up for those who'd like to share their thoughts.

POSITIONS FOR LABOR AND DELIVERY (SPACE AND TIME)

The position that you're in for labor and delivery can also make a difference for you and baby. A classic study from the late 1970's showed that women who were upright in a semi-sitting position had 1/3 shorter first stages of labor, reported less pain, and had infants that were less likely to have "molded" heads after delivery. If you think about it, if you're trying to push something down and out of you, why wouldn't you want to be in a position where gravity can help?

In reality, kneeling or squatting can make a big difference. For example, if you begin labor with the baby's back towards your

back, something that will cause you more pain, simply being on your hands and knees for a while can help the baby spin around to a position easier for both of you. That's much less likely to happen if you're lying on your back unable to move.

Although many of you will either go to a childbirth education class or have given birth before, I thought we could briefly look at some alternative positions for labor.

✓ http://www.babycenter.com/0_positions-for-labor-and-birth_10309507.bc
(Positions to ease labor pain. Note: this is sponsored by Pampers).

- What are your thoughts on seeing these alternative positions?
- For those of you who have given birth before, which positions did you use?
- How did that change as your labor progressed?

Thank you for sharing your thoughts on these positions and some of your birth experiences. So one of the things for you to think about in your birth plan is how much you'd like to be able to walk around and change positions. If you'd like to do that, you'll need to make choices about things that can tie you down, like electronic fetal monitors, IV fluids, and of course medications or an epidural.



If you turn to Session 4, page 6 in your Journal, you'll see a place for you to write down your wishes about being able to move around during the labor process and for you to consider how medications or IV's might impact your ability to labor the way that you want to or affect your baby.

CARING FOR YOURSELF THROUGH LABOR (RESOURCES)

One aspect of the labor process that many moms don't consider is that, especially with first births, it can take a long time and it can become tiresome without proper food and drink. For those of you who've gone through it before, what are your experiences with being hungry or thirsty, or maybe being too nauseated to even think of eating?

What are your experiences with hospital policies about eating and drinking after your admitted? What are your thoughts on this?



On page 7 of Session 4 in your Journal, you can put down what you'd like to eat and drink as you progress through labor and if you haven't done so,

you might want to find out your doctor's feelings and this and what's typical where you're going to deliver.

ROLE PLAY: DEFENDING YOUR HEALTHY HABITAT (COMPETITION)

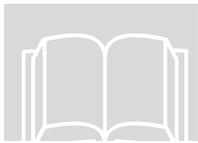


Now we've talked about the important components for building a natural and healthy habitat and the trade offs that come with each part of the birthing process, I thought we might practice how to respond to a number of things that might come along and disturb the habitat you've built. I'll have each one of you read a statement that you might hear after the birth, and the rest of us will think about how that might disturb your environment and what alternative you might offer. (Feel free to add any scenarios that you've frequently encountered to what is already listed).

Statements	How it might disturb	Alternatives
------------	----------------------	--------------

- "I think your baby looks jaundiced, you need to start giving him 2 ounces of formula every couple of hours."
- "Your baby seems a little shaky. She probably has low blood sugar. We should boost her up with some formula."
- "It's been ten hours and I don't see any milk coming out of your breasts. I think we need to supplement him until you get your milk in."
- "You look a little groggy from the medication, why don't I take her to the nursery for a little while so you can rest up?"
- "There's no way you're going to have enough milk to feed both babies. You better give them some formula if you don't want them to starve!"
- "Let's place your baby in the bassinet in the corner of the room and give her a pacifier so she won't bother you with her crying."
- "I don't think it's safe for you to breastfeed with the medications you had during the cesarean."
- "You're at 37 weeks now, why don't we just go ahead and induce you and get that baby out."
- "She'll keep her temperature a lot more stable if she's under the warmer instead of lying with you."

- “You need to be holding him in the cradle or cross cradle hold. I don’t think you’re doing it right.”
- “We need to just keep trying to push her onto the breast even though she’s crying and turning away.”
- “If you’re having a hard time getting her latched on why don’t I give you a nipple shield and that will make it better?”



Wow! You had some great ideas on what to say in response to things that might challenge your ability to bond with your baby and get breastfeeding going. I wanted to give you a minute to fill in the question on the bottom of page 7, to consider other things that might interfere with your plans and how you might deal with those as well.

SIGNS WE CAN USE TO SEE IF THINGS ARE GOING WELL (PROTEST-DESPAIR BEHAVIOR)

How do babies let us know that separating them from their mothers is not what they need? (pause briefly to see if someone responds)

Actually neuroscientists call the response that infants give when separated from their mothers the *protest-despair behavior*. During the protest phase, the infant will intensely try to seek their mother and then begin crying. In fact, separated infants make 10 times more crying signals than a baby held skin-to-skin. And this isn’t just any regular cry, as the baby is really letting you know it is in distress. After a while if the baby remains separated he’ll go into the despair phase. The baby will stop crying and show signs of withdrawal. Some researchers compare this to what we see as the signs of depression in adults.



So I would ask the group, even though the baby has stopped crying what sort of things do you think are going on inside its body?

You’re right the baby is not doing well. In fact, the baby in the despair phase has very high levels of stress hormones and a lower heart rate and temperature. This is not the way you want a fragile newborn to be.



Show short clip from Nils Bergman Kangaroo Care video highlighting temperature, respiration, and heart beat difference between nursery and kangaroo care infants. (Search YouTube.com for “Nils Bergman on Social and Emotional Intelligence”)

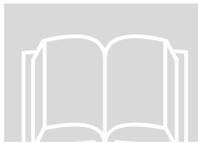
What are some of your thoughts after watching that clip?

BREASTFEEDING-MORE THAN DELIVERING NUTRITION (RESOURCES)

*Hofer, M. Psychobiological
Roots of Early Attachment.
Current Directions in
Psychological Science,
2006.15;2: 84-88.*

Since we're thinking about how important it is for mom to be baby's first habitat, I wanted to share something with you about the power of breast milk. I know we've already spent time talking about all its nutritional qualities, how much it differs from formula, how it sets up your baby's gut and immune system and so much more. But there's another secret about breast milk that I've been holding off on sharing until today. Believe it or not, we know from studies in newborn rats that mothers' milk is an important regulator of heart rate. This isn't just because the baby rat's stomach feels full or because of the basic nutrients in the milk. It's actually because certain components of mothers' milk have an effect on cells in the lining of the stomach that are connected to the brain. And that part of the brain helps regulate heart rate.

So we can see that babies who have skin-to-skin contact for an hour after birth have more stable skin temperatures, more normal heart rates and blood pressures, higher blood sugars, are less likely to cry, and more likely to breastfeed well than those who are separated. We'll talk a bit more at our celebration next month about how using the SOFT approach to welcoming your baby into the world can help make sure this happens.



In anticipation I thought our last activity would be turning to Session 4, page 9 of our Journal and imagining what our babies will be thinking the minute they're born and what we can do to help them make that big transition.

CLASS WRAP UP/INCENTIVE ITEM/PLUG NEXT CLASS

Today we've talked about a number of things that can make a more welcoming place for you to meet and bond with your baby. I'd invite you to keep thinking about how you'd like to build your special habitat and who you'll need to communicate your plans with. There are a number of good birth plan worksheets available. One you might visit is on Baby Center.com (or can use any birth plan you particularly like)

- ✓ http://assets.babycenter.com/ims/Content/birthplan_pdf.pdf



A gift that we have for everyone is the Labor Lab booklet (or other resource that outlines alternatives for labor). It gives a lot of ideas on how to deal with common issues in labor and gives you baby friendly alternatives.

The 12-page Labor Lab Booklet is available for \$2.50 per book from Noodle Soup. #1660
www.noodlesoup.com/1aborlabbooklet.aspx

Before we go I'd like to tell you about the party we'll be having in our next session. Not only will we celebrate how much we've learned together but we'll go over what to expect in those first few weeks with your baby. Plus we'll have time to go over last minute questions, concerns, and hopes.

As always, I'd like to thank each of you for attending and I can't wait to party with all of you next month!

Group Session Five

THE PRE-PARTY BEFORE THE BIG EVENT

GROUP DESCRIPTION: The Big Event is only a month away; time to celebrate. In this pre-party you are the guest of honor. Take advantage of one more chance to mix and mingle with your friends from your group while enjoying snacks and learning about what to expect with your newborn.

AUDIENCE: Women in the 8th month of pregnancy.

OBJECTIVES:

1. Celebrate how far we've come in our pregnancies and how much we've learned as a group.
2. Apply the SOFT approach for welcoming our baby to the world.
3. Help make the first hour with your baby a magical hour.
4. Address any remaining questions or concerns.

NOTE TO FACILITATORS:

The fifth and final session really *is* a celebration and therefore is meant to be customized to the interests, needs, and dynamics of each of your groups. As such, the fifth session differs from those which came before it in that there is no precise script to follow. Although specific objectives are listed for the session, what follows is a list of optional activities that you *can* include in your session. However, depending on the enthusiasm of your group, very little content may need to be introduced to have the session be a success. In addition, having a flexible final session better accommodates inclusion of a few participants with early births and gets participants acquainted with the more open format they'll experience in the postpartum groups. As with every session, make it your own and have fun with it! You have a LOT to celebrate

WELCOME



Good morning/afternoon and welcome to your party! I can see that some of you have brought guests, and I'd like the chance for everyone to get to know each other. And I see a couple of you have very special, little guests as well! (if any participants have already had their baby). If it is alright with you, I'd like everyone to say their first name and either what they're most looking forward to with the birth or what surprised you the most about the birth you just had (and of course introduce any babies).

LINKING PRIOR SESSIONS TO THIS SESSION



Thank you for introducing yourselves and sharing what you're most looking forward to with the upcoming birth. We've talked about so many things during our time together. What are some things that you remember the most? What sticks out in your mind? (Open for sharing)

Wow! You've remembered a lot! Fantastic! As you recalled, we ended our last session together planning for the hospital experience. I'd like to follow up on that idea today. But first, I'd like to ask whether there's anything else you'd like to be sure that we talk about today? I also have some topics left over from our 'stroller parking lot', and I'd like to know which ones you'd like to cover today as well? (Open for questions or stroller parking topics).

ACTIVITY OPTION ONE: SOFT APPROACH TO WELCOMING YOUR BABY



Going back to our last session, where we talked about labor and delivery issues, we also went over the importance of helping your baby make a comfortable transition from the womb to the outside world. To help make those first days more successful, labor and delivery staff from hospitals all over Oregon have started to receive training on the SOFT approach to helping mothers and babies bond after birth. Who would like to guess what each letter of SOFT might stand for?

Great guesses. Should I give you some visual hints? (provide corresponding graphics)

S= Skin to Skin: infant is naked on mother's naked chest and there is no bedding or clothing between them for a minimum of 15 minutes during the first two hours of life.

O= Open Eye to Open Eye: Both mother and Infant have eyes open and are making eye contact with each other at a distance no great than 12 inches. Mother is watching baby and baby is watching mother.

F= Fingertip Touch: Mother explores infant with her fingertips, spontaneously and without interruption. Baby has hands free to help explore mother's body and find the breast.

T= Time Together: Mother is given time to hold her unwrapped infant in an unhurried and uninterrupted environment for an unlimited period of time. During this time, no painful procedures are being done to the mother or baby.

What sounds good to you about the SOFT approach? What concerns do you have about it? How do you see it fitting in with your hospital experience?

ACTIVITY OPTION TWO: THE MAGICAL HOUR VIDEO



Keeping with our thoughts about the hours immediately after your baby is born, I'd like to show you a short video called the Magical Hour. Research shows that when held skin-to-skin, every baby goes through nine specific stages transitioning from the birth cry, to activity, to eventually finding the breasts, and then sleep. Using the SOFT approach we just discussed helps assure that moms and babies are able to take the time to go through these steps, which give a big boosts to baby's physical and psychological well being. Let's take a look at the video.

What are some of your thoughts after watching this? How do you see the magical hour fitting in with your birth plan?

ACTIVITY OPTION THREE: WRITE THE PARTY INVITATION FOR YOUR BABY



Before we move on to our celebration, I thought we might do one last writing activity in our journals. The name of this session is the Pre-Party Before the Big Event, and of course that big event is.....(open for answer). So with that in mind, I thought we should write an invitation to the guest of honor, and we have a premade invite to do just that on page 4 of your journals. Now this invitation isn't meant to be literal, so when you're filling out things like desired attire, and what food will be served, think about what we've talked about in our sessions together, and what you want your baby to look forward to. I'll give you some time to fill these out.

Would anyone like to share part of their invitation?

ACTIVITY OPTION FOUR: PREVIEW OF NEWBORN POOPS



As we transition into our party and having snacks, we've set up a few things around the room to help get acquainted with what comes with a normal newborn. One thing to familiarize yourselves with is how the diapers will look. We've set up a sample over here. (Can do other newborn "normal" demos as desired).

NON-OPTIONAL ACTIVITY: SNACK, PARTY AND MINGLE!

No scripting needed here, just have fun. If you'd like to incorporate the newborn 'what's normal' demos, you might intersperse those with the snacks. You might also enjoy taking photos of the group. This is a great time for reinforcing the bonds that will make moms want to notify after the baby's born and ask for help if needed.

WRAP UP AND INVITE TO POSTPARTUM SESSION

I hate to break up our party, but I need to bring our time together today to a close. I want to thank each and every one of you for being a part of our group and taking the time to learn with and from each other. I wish you all the best for your upcoming birth and know that (the PC's) and I would love to hear as soon as possible that your baby has arrived. If you haven't done so, please go ahead and put our contact numbers (email or texts) into your cell phone. The sooner you let us know that you've started breastfeeding, or even if it's not going quite like you thought, the sooner we can help you make your breastfeeding wishes come true.

Homemade Dirty Diaper Recipe

*1 teaspoon (or 2 packets)
yellow mustard*

2 teaspoons sesame seeds

1 tablespoon cottage cheese

1 empty baby food jar

*Put ingredients in the jar,
fill jar to the top with
water, put the top on and
swirl to mix.*

You might be wondering when we'll all get back together again as a group? The PC's will follow up with you individually after birth, and then at about 1 month we'll have our first group session so you can meet each other's babies and talk about how the birth went. We'll keep in contact with you in the weeks that follow and bring everyone together again when the babies are 2 and 3 months old. At the session we'll vote on the topics that group wants to cover that day, plus we'll share important development tips for your baby's age and stage. We'll also check back in on how things are going with our relationships and how well we're able to take care of ourselves. Overall the goal is to have fun, support each other, and have an open environment where we can talk about anything that comes up for new parents. I can't wait to see you there and to get to meet your new babies for the first time!

Appendix

HANDOUTS FOR ACTIVITIES

- A. Who's Glad You're Breastfeeding – Option 1
- B. Who's Glad You're Breastfeeding – Option 2
- C. How to Know a Health Professional is Not Supportive of Breastfeeding
- D. Help Wanted
- E. Cooling Down Conflict
- F. Labor & Delivery Feeling

Who's Glad You're Breastfeeding?

Who is glad

Why they are glad



wic

WIC

Healthier baby means fewer sick days, away from work



Your baby's pediatrician

We love breastfeeding!



The Government

Baby is less at risk for many diseases



Your OB/GYN or midwife

Strong jaw muscles & healthier teeth



Your neighbors

Less healthcare costs over a lifetime



Your favorite clothing store

You recover faster from birth



Your dentist

It's free! Saves a lot of money.



Garbage man

Get closer to pre-birth weight faster



Your bank account

It's natural, protects environment



Your child's future teachers

Baby may cry less, less stinky diapers



Your boss or workplace

Less waste, diapers not as stinky



Mother nature

Breastfeeding may boost IQ

Your family

Your friends

Your partner

You!

Who's Glad You're Breastfeeding?

Who is glad

Why they are glad



wic

WIC



Your baby's pediatrician



The Government



Your OB/GYN or midwife



Your neighbors



Your favorite clothing store



Your dentist



Garbage man



Your bank account



Your child's future teachers



Your boss or workplace



Mother nature

Your family

Your friends

Your partner

You!

How to Know a Health Professional is not Supportive of Breastfeeding

All health professionals *say* they are supportive of breastfeeding. But many are supportive only when breastfeeding is going well, and some, not even then. As soon as breastfeeding, or anything in the life of the new mother is not perfect, too many advise weaning or supplementation. The following is a *partial* list of clues that help you judge whether the health professional is supportive of breastfeeding, at least supportive enough so that if there is trouble, s/he will make efforts to help you continue breastfeeding.

How to know a health professional is **not** supportive:

1. **S/he gives you formula samples or formula company literature when you are pregnant, or after you have had the baby.** These samples and literature are inducements to use the product, and their distribution is called marketing. There is no evidence that any particular formula is better or worse than any other for the normal baby. The literature, CD's or videos accompanying samples are a means of subtly and not so subtly undermining breastfeeding and glorifying formula. If you do not believe this, ask yourself why the formula companies are using cutthroat tactics to make sure that your doctor or hospital gives out *their* literature and samples and not other companies'? Should you not also wonder why the health professional is not marketing breastfeeding?

2. **S/he tells you that breastfeeding and bottle feeding are essentially the same.** Most bottle fed babies grow up healthy and secure and not all breastfed babies grow up healthy and secure. But this does not mean that breastfeeding and bottle feeding are essentially the same. Infant formula is a rough copy of what we knew *several years ago* about breastmilk which is in itself only a rough approximation of something we are only beginning to get an inkling of and are constantly being surprised by. The differences have important health consequences. Certain elements in breastmilk are not in artificial baby milk (formula) even though we have known of their importance to the baby for several years—for example, antibodies and cells for protection of the baby against infection, and long chain polyunsaturated fatty acids for optimal development of the baby's vision and brain. And breastfeeding is not the same as bottle feeding, it is a whole different relationship. If you have been unable to breastfeed, that is unfortunate (though most times the problems *could* have been avoided), but to imply it is of no importance is patronizing and just plain wrong. A baby does not have to be breastfed to grow up happy, healthy and secure, but it *does* help.

3. **S/he tells you that formula x is best.** This usually means that s/he is listening too much to a particular formula representative. It may mean that her/his children tolerated this particular formula better than other formulas. It means that s/he has unsubstantiated prejudices.

4. **S/he tells you that it is not necessary to feed the baby immediately after the birth since you are (will be) tired and the baby is often not interested anyhow.** It isn't *necessary*, but it is very helpful. Babies can nurse while the mother is lying down or sleeping, though most mothers do not want to sleep at a moment such as this. Babies do not always show an interest in feeding immediately, but this is not a reason to prevent them from having the opportunity. Many babies latch on in the hour or two after delivery, and this is the time that is most conducive to getting started well, but they can't do it if they are separated from their mothers. If you are getting the impression that the baby's getting weighed, eye drops and vitamin K injection have priority over establishing breastfeeding, you might wonder about someone's commitment to breastfeeding.

5. **S/he tells you that there is no such thing as nipple confusion and you should start giving bottles early to your baby to make sure that the baby accepts a bottle nipple.** Why do you have to start giving bottles early if there is no such thing as nipple confusion? Arguing that there is no evidence for the existence of nipple confusion is putting the cart before the horse. It is the artificial nipple, which no mammal until man had ever used, and even man, not commonly before the end of the nineteenth century, which needs to be shown to be harmless. But the artificial nipple has not been proved harmless to breastfeeding. The health professional who assumes the artificial nipple is harmless is looking at the world as if bottle feeding, not breastfeeding, were the normal physiologic method of infant feeding. By the way, just because not all, or perhaps even not most, babies who get artificial nipples have trouble with breastfeeding, it does not follow that the early use of these things cannot cause problems for some babies. It is often a combination of factors, one of which could be the using of an artificial nipple, which add up to trouble.

6. **S/he tells you that you must stop breastfeeding because you or your baby is sick, or because you will be taking medicine or you will have a medical test done.** There are occasional, rare, situations when breastfeeding cannot

continue, but often health professionals only assume that the mother cannot continue and often they are wrong. The health professional who *is* supportive of breastfeeding will make efforts to find out how to avoid interruption of breastfeeding (the information in white pages of the blue Compendium of Pharmaceutical Specialties is *not* a good reference—every drug is contraindicated according to it as the drug companies are more interested in their liability than in the interests of mothers and babies). When a mother *must* take medicine, the health professional will try to use medication that does not require the mother to stop breastfeeding. (In fact, *very few* medications require the mother to stop breastfeeding). It is extremely uncommon for there to be only one medication that can be used for a particular problem. If the first choice of the health professional is a medication that requires you to stop breastfeeding, you have a right to be concerned that s/he has not really thought about the importance of breastfeeding.

7. S/he is surprised to learn that your 6 month old is *still* breastfeeding. Many health professionals believe that babies should be continued on artificial baby milk for at least nine months and even twelve months, but at the same time seem to believe that breastmilk and breastfeeding are unnecessary and even harmful if continued longer than six months. Why is the imitation better than the original? Shouldn't you wonder what this line of reasoning implies? In most of the world, breastfeeding to 2 or 3 years of age is common and normal.

8. S/he tells you that there breastmilk has no nutritional value after the baby is 6 months or older. Even if it were true, there is still value in *breastfeeding*. Breastfeeding is a unique interaction between two people in love even without the milk. But it is *not* true. Breastmilk is still milk, with fat, protein, calories, vitamins and the rest, and the antibodies and other elements which protect the baby against infections are still there, some in greater quantities than when the baby was younger. Anyone who tells you this doesn't know the first thing about breastfeeding.

9. S/he tells you that you must *never* allow your baby to fall asleep at the breast. Why not? It is fine if a baby can also fall asleep without nursing, but one of the advantages of breastfeeding is that you have a handy way of putting your tired baby to sleep. Mothers around the world since the beginning of mammalian time have done just that. One of the great pleasures of parenthood is having a child fall asleep in your arms, feeling the warmth he gives off as sleep overcomes him. It is one of the pleasures of breastfeeding, both for the mother and probably also for the baby, when the baby falls asleep at the breast.

10. S/he tells you that you should not stay in hospital to nurse your sick child because it is important you rest at home. It is important you rest, and the hospital that is supportive of breastfeeding will arrange it so that you can rest while you stay in the hospital to nurse your baby. Sick babies do not need breastfeeding *less* than a healthy baby, they need it *more*.

11. S/he does not try to get you help if you are having trouble with breastfeeding. Most problems can be cured, and most of the time the answer to breastfeeding problems is not giving formula. Unfortunately, many health professionals, *particularly physicians, and even more particularly paediatricians*, do not know how to help. But there is help out there. Insist on getting it. "You don't have to breastfeed to be a good mother", is true, but not an answer to a breastfeeding problem.

Questions? (416) 813-5757 (option 3) or drjacknewman@sympatico.ca or my book **Dr. Jack Newman's Guide to Breastfeeding** (called **The Ultimate Breastfeeding Book of Answers** in the USA)

Handout #18. *Health professional unsupportive*. Revised January 2003
Written by Jack Newman, MD, FRCPC. © 2003

**This handout may be copied and distributed without further permission,
on the condition that it is not used in any context in which the WHO code on the marketing of breastmilk
substitutes is violated**



<http://www.breastfeedingonline.com>

Cindy Curtis, RN, IBCLC

Cooling Down Conflicts

Adapted from "And Baby Makes Three" by John Gottman

Four Behaviors to Look Out for When Talking with Your Partner:

- 1. Criticism** – Attacking your partner's personality by pointing out his or her defects.
(Example – you're lazy, you're a slob, "you never", "you always")
- 2. Defensiveness** – Is what we do when we feel criticized. Either by: 1) attacking back, 2) proclaiming our innocence, 3) whining like a victim, or 4) acting put-out and resentful.
- 3. Contempt** – using insults that focus on how we're superior. This can take the form of, yelling out insults, rolling our eyes, calling each other bad names, talking down to our partner.
- 4. Stonewalling** – When we don't like what our partner is saying, we become like a stone wall and give no response at all.

Alternative Approaches - ways to talk to your partner that don't involve the four behaviors above:

- Instead of criticism, we can make a complaint by stating our feelings and describe the situation neutrally.
- Instead of defensiveness, we can openly acknowledge our part in messing things up.
- Instead of contempt, we can find small ways every day to show each other that we care and respect one another. When admiration and fondness are expressed, they go a long way to create a culture of appreciation in our homes.
- When we feel ourselves starting to stonewall, and feel too overwhelmed; take a break, calm down, and come back to our partner within a reasonable amount of time (it can take 20 minutes or more to get the body to completely calm down). Other helpful tips: Create a signal to let your partner know you need to take a break. Let our partner know that we hear them, even if by only nodding our head or gazing into their eyes. Focusing on breathing when we begin to get upset can help.

Opening the Conversation

John Gottman noticed that the way a conflict conversation goes is determined by how it starts 96% of the time.

The couples who master the transition to parenthood follow these three steps when bringing up an issue:

- 1. Say what you feel.**
- 2. Describe the problem neutrally, with no blame.**
- 3. Say what you need (not what you don't need).**

