

Mother's Milk, Mother's Wisdom
Discussion Guide
(Baby-Friendly Facilities)

The role of healthcare providers in breastfeeding support:

1. When Sumitra had her baby, Levi, more than two months premature, a nurse said to her, "Don't worry, most moms will never be able to breastfeed their preemies; it's just too hard." What impact do you think direct or indirect statements and attitudes from healthcare providers has on patients' success with meeting their breastfeeding goals?

Consider these resources on the influence healthcare providers and facilities have on breastfeeding rates:

Centers for Disease Control and Prevention (CDC) [Hospital Actions Affect Breastfeeding](#)

[Association of Family and Health Care Provider Opinion on Infant Feeding with Mother's Breastfeeding Decision](#)

[Enhancing Breastfeeding Through Healthcare Support: Results from a Focus Group Study of African American Mothers](#)

[The association between maternal perception of obstetric and pediatric care providers' attitudes and exclusive breastfeeding outcomes.](#)

2. Dr. McCue told us about a mantra she learned from a client that she shares with families she works with: "I can. I will. Just watch me!". She tells clients, "I'll be right there with you. I believe in you." What impact do you feel it has for families to have a healthcare provider with this belief and attitude?

3. If you were a healthcare provider working with Yev and her baby, what would you say or do to support her, when she said "The latch was incorrect, my nipples were bleeding, he was hungry all the time, and I was getting a lot of...conflicting advice. As a family unit, we were just lost."

Depending on your clinical role, your response might include: referring Yev to a lactation support professional, ensuring that the baby's weight gain and diaper output are being monitored to ensure adequate milk intake, observing a feeding to provide guidance on positioning which may improve her comfort, recommending topical or other methods to relieve nipple pain and heal open skin, ensuring that she has emotional practical support from family, peers, or other professionals.

4. Dr. Duane said the sooner a pediatrician or family physician can refer, the better. As a healthcare provider, who do you (or would you) refer clients to for knowledgeable support for feeding issues? What issues in a breastfeeding mother-baby pair would cause you to refer?

You may consider referring patients for skilled breastfeeding support when there is persistent nipple or breast pain, difficulty latching, engorgement, a baby with low diaper output, inadequate weight gain, very long (>45 mins) or very short (<5 mins) feedings, jaundiced or very sleepy baby, premature infants (particularly at and after discharge), medical issues in the mother that may present feeding challenges, and any time a mother has worries or questions about breastfeeding beyond the scope of your knowledge or allotted appointment time.

5. Sumitra talked about the emotional and logistical challenges of having a baby in the NICU, where every day might bring bad news. What do you imagine the impact of living through such a situation might be on the mother, her partner, and her other children, both in the short and long term?

6. What supports does your facility have in place for NICU families, particularly those who may live a distance from the hospital, and mothers who are pumping around the clock?

Learn more about the importance of psychosocial support for NICU parents at <http://support4nicuparents.org/> and [Hand to Hold](#).

7. Sumitra was able to begin feeding Levi directly at the breast at 34 weeks, after several weeks in the NICU being fed through a feeding tube. What guidelines does your facility follow for beginning feedings at the breast for premature infants?

8. Dr. Duane said that it would be ideal if all mothers could meet with a lactation consultant after childbirth. How does your facility help parents to meet their

breastfeeding goals, particularly when mothers and babies must be separated for medical reasons? Is lactation support available 24/7?

9. Dr. McCue said, “It’s have a c-section, have a vaginal birth, go home, make yourself a sandwich, and teach yourself how to breastfeed while you’re at it.” What kind of follow-up services does your hospital or community provide to parents after discharge?

10. What is (or will be) your role in facilitating the initiation of breastfeeding for mother-baby pairs after birth? Within the first few weeks? Throughout the first year and beyond?

11. Dr. Duane encouraged pediatricians to provide parents with information on how they can access breastfeeding support prior to having the baby, and Dr. Anderson said it takes a village to breastfeed, ideally set up during pregnancy. Does your workplace or community offer prenatal breastfeeding classes, or other resources for pregnant women who are interested in learning about breastfeeding? Take some time to research what options exist for parents in your area.

For providers who work with families prenatally, review the ABM Clinical Protocol #19: [Breastfeeding Promotion in the Prenatal Setting](#) for guidelines on how to create a breastfeeding friendly practice.

12. When parents learn prenatally that their baby will be born with a feeding challenge, what type of anticipatory guidance and support can healthcare providers give?

The importance of mother’s milk:

13. What do you know about the impact of human milk on outcomes for premature infants?

Take some time to learn more about the [NEC Society](#), how human milk can make a difference for preterm infants, and about mothers’ experiences providing donor milk for their babies.

[An Exclusively Human Milk Diet Reduces Necrotizing Enterocolitis](#)

Cochrane Review: [Formula versus donor breast milk for feeding preterm or low birth weight infants.](#)

“It’s Somebody Else’s Milk”: [Unraveling the Tension in Mothers of Preterm Infants Who Provide Consent for Pasteurized Donor Human Milk](#)

14. Dr. McCue discussed the role of milk banks in providing donor milk for premature infants. Does your facility use donor milk? If not, why not?

Take some time to peruse the [Human Milk Banking Association of North America \(HMBANA\) website](#). Where is the closest milk bank to your area?

15. After birth, when would you expect a mother’s milk to “come in”, or begin to increase in volume (lactogenesis 2)? What factors can delay this transition?

Read this helpful explanation of [how milk is produced](#) by the body during pregnancy and after birth, and about factors that can cause [delayed or low milk production](#).

16. What knowledge or experience do you have with pumping to express breastmilk, or with assisting mothers to begin pumping if they need to be separated from their babies?

Take some time to watch [Stanford University’s video on Maximizing Milk Production with Hands-on Pumping](#). There are additional practical resources on the right side of the page that may be useful to healthcare providers in learning about milk and medications, hand expressing, and how to know if a baby is getting enough milk.

17. How soon after birth do mothers need to begin expressing milk in order to begin building a sufficient milk supply if their baby is unable to nurse right away? What is the protocol in your facility?

Within the first hour. Watch this excellent short video by Dr. Jane Morton at Stanford University on [early initiation of breastfeeding or milk expression](#).

18. Dr. Duane described being so engorged when her milk first came in after they arrived home with her first child, that she was unable to latch the baby, and they both ended up crying! What are some strategies clients can use to relieve engorgement, and help a baby latch and get milk when the breast is very full?

Some useful resources for providers and parents:

ABM Clinical Protocol #20: [Engorgement](#)

[Preventing and Minimizing Engorgement](#)- www.kellymom.com

[Relieving and Treating Engorged Breasts](#) by Medela, Inc.

Mother's Wisdom:

19. Sumitra told us that they were home with Levi for two full months before they were exclusively breastfeeding, without needing to pump or provide him with supplemental bottles of breastmilk. She went on to breastfeed him for a year. She said, "Even as hard as all of it was, it was so worth it. I'm so glad I went through all that, and I don't regret any of it." What does this tell you about the meaning of breastfeeding for some women? What does Sumitra's experience teach us about motherhood and perseverance?

20. Discuss the statement Sarah's mother told her about breastfeeding: "You have everything you need right here." How do you feel this message coming from a family member influenced Sarah's desire to provide milk to Vivien despite her feeding challenges?

21. Think about Sarah's description of breastfeeding as "a wonderful relationship. It's not just feeding, it's nurturing and loving." Do you agree or disagree? Is breastfeeding just a way to feed a baby, or is it a relationship? What about as the child grows beyond the newborn stage?

22. In light of the previous question, think about Sarah's expression of grief at the loss of the the breastfeeding relationship, and her mixed emotions at Vivien taking to the bottle right away. Can you empathize? As a healthcare provider, how would you counsel Sarah?

23. Yev told us that her birthing process was much more natural than breastfeeding. Do you think breastfeeding comes naturally for the mother and baby, or is it a learned skill?

24. What has been your personal experience with breastfeeding? What has been the experience of your family members or friends? Did it come naturally, or was there a steep learning curve?

25. What factors contributed to you, or mothers that you know, continuing to breastfeed despite facing challenges, or deciding not to continue?

26. Dr. Anderson described the first 4-6 weeks as the hardest when getting started with breastfeeding, and then it got easier. In fact, she felt that it was “one of the most rewarding things I’ve done in my whole life.” How can you, as a healthcare provider, help parents through those first challenging weeks? What could you say to encourage parents who may be struggling? What sources of help or support could you point them towards?

27. Yev said that it would have been helpful to have had an experienced support person just sit with her for a few days to show her how it’s done. In many cultures, this is the norm- grandmothers, aunts, sisters, and friends stay with the new parents, care for the mother as she recovers from birth, prepare nourishing food, and teach them how to care for the baby. In the United States, this kind of built-in support is unusual. What type of hands-on support after childbirth is typical in your culture or family?

28. One of the mothers in the support group described how her mother came to stay with her after her daughter was born, taught her how to position the baby for feeding, and got up with her at night- but then her mother returned home and she was on her own. Another mother discussed the support she received from the nurses in the hospital after her baby was born, but was left with no help once she was discharged home. What does this tell you about the support available to most parents in the US?

Review the Academy of Breastfeeding Medicine’s [Guidelines for Hospital Discharge of the Breastfeeding Term Newborn and Mother](#), taking particular note of the maternal and infant risk factors for lactation problems.

29. Dr. Anderson told us about her partner taking a class before the baby was born, on how to support the breastfeeding parent. Does your workplace offer classes for support people, such as partners, grandparents, or siblings? How and where do most parents in our society learn how to feed and care for a newborn?

30. Dr. Duane gave examples of how critical her husband’s help was in getting through those first few nights at home with the baby and enabling her to breastfeed when they were struggling. Dr. Anderson said of her husband and baby, “We are breastfeeding this child.” List some specific ways that the non-nursing parent can help the nursing mother meet her breastfeeding goals.

You'll find some suggestions here: [An Open Letter to Partners](#).

31. Dr. McCue told a story about her neighbor sending over their nanny to help after she had her first baby, and recalled feeling embarrassed that someone thought she needed help. She discussed how we value independence in our culture, but this isn't always what works for new mothers. Do you agree? Why or why not?

32. Throughout the film, mothers and babies of different ages are shown breastfeeding. In US culture, we don't often see breastfeeding in action, in public, or even in private spaces. What personal or professional experience do you have of seeing mothers and babies breastfeeding?

33. The mothers featured in the film went on to successfully breastfeed their subsequent children. Yev even said it's "absolutely worth trying, and succeeding." Why do you think they had motivation to try again, after experiencing serious challenges with their previous child? What do you think they did differently with the next baby, to give themselves the best chance of success?

34. Take some time to research what lactation support is available in your area. Does your facility offer outpatient lactation services or breastfeeding support groups? Are there community-based IBCLC's (International Board Certified Lactation Consultants) or breastfeeding support meetings?

You can search for IBCLC's (International Board Certified Lactation Consultants) available in your local area on the [ILCA](#) and [USLCA](#) "Find a Lactation Consultant" directories.

35. Sumitra and Dr. Duane mentioned [La Leche League](#), an international, volunteer-run organization which helps "mothers worldwide to breastfeed through mother-to-mother support, encouragement, information, and education." **Take a minute to peruse their website, and click the "get help" tab to search for local groups in your area. What did you find?**

36. In the absence of supportive family, defined cultural postpartum traditions, or systemic support networks available for all new parents, what role do you see these groups fulfilling for parents learning how to feed and care for their babies largely on their own?