



New Mexico

Breastfeeding Task Force

Home Visiting Curriculum

Talking about Lactation





Home Visiting Curriculum

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Introduction

The vision of the New Mexico Breastfeeding Task Force (NMBTF) is a world without barriers to breastfeeding. The NMBTF mission is to create supportive environments in which breastfeeding is the cultural norm. We strive to bridge the gap in breastfeeding disparities and are committed to making sure all families have the support they need to reach their breastfeeding goals.

A Home Visitor's role is to educate, support and empower parents to make the best decision for themselves and their families, and to refer them to appropriate resources. As a home visitor, you develop close relationships with families during emotional and transitional times in their lives: becoming parents. You don't need to have expertise to talk about lactation with clients, but it is helpful to know some basics about the health, social-emotional and economic impacts lactation can have on parents and their children. Your lactation conversations with clients make a difference!

This Home Visiting Curriculum: Talking about Lactation includes lactation basics, considerations of personal experiences, lactation resources and indicators for referrals. It can be presented virtually or in person in small groups, or large groups with smaller group breakout sessions. There are five sections intended to be presented in 75 minute sessions. Materials are presented initially to home visitation programs by trained NMBTF staff. After being trained on the curriculum, home visitation programs may incorporate the curriculum into their training modules for new staff.

Overall Course Objective:

Home Visitors will express having an increased confidence in providing lactation support and education to their clients.

Introduction

Curriculum Outline

Part 1: Personal Considerations

- 1.Support Experiences
- 2.Lactation Experiences
- 3.Personal Barriers and Perceptions

Part 2: Prenatal

- 1.Risks of Not Breastfeeding
 - a.Child
 - b.Parent
- 2.Prenatal Lactation Conversations
 - a.Goals
 - b.Support
 - c.Parenting Partner Roles and Expectations
- 3.Resources
- 4.Home Visitor Role
- 5.Medical Provider Referral Indicators

Part 3: Intrapartum

- 1.Expectations
- 2.Complications
 - a.Parent
 - b.Infant
- 3.Parent-Infant Separation
- 4.Goals
- 5.Support
- 6.Parenting Partner Roles and Expectations
- 7.Resources
- 8.Home Visitor Role

Part 4: Postpartum

- 1.Postpartum expectations
- 2.Complications
 - a.Parent
 - b.Infant
- 3.Troubleshooting Interventions-Medical Provider Referral Indicators
- 4.Goals
- 5.Support
- 6.Parenting Partner Roles and Expectations
- 7.Resources
- 8.Home Visitor Role

Part 5: Post Neonatal

- 1.Post Neonatal Considerations
 - a.Parent
 - b.Child
- 2.Goals
- 3.Support
- 4.Parenting Partner Roles and Expectations
- 5.Resources
- 6.Home Visitor Role

This curriculum follows the guidelines of the International Code of Marketing of Breast-Milk Substitutes (infant formula), adopted by the World Health Organization in 1981. The Code was developed as research and experience showed that advertising infant formula led to a decrease in the initiation and/or exclusivity of feeding infants human milk. Please consider these guidelines for your program when selecting educational materials for your clients who wish to breastfeed:

- 1.Remove and avoid advertising of infant formula to families.
- 2.Remove and avoid gifts, free samples or supplies of free or low-cost infant formula.
- 3.Remove and avoid words or pictures idealizing infant formula

The Vocabulary and Acronyms list Included in this curriculum should familiarize you with words related to lactation, as well as gender inclusive language. For the purpose of this curriculum, parenting partner refers to biological fathers, same sex partners, and persons in other parenting partner roles. The term breastfeeding is not exclusive of chestfeeding. Home Visitors should consider what terms their clients prefer (the prenatal section includes a discussion of vocabulary preferences) and the forms referring to "breastfeeding" can be edited to reflect client preferences.

Vocabulary

Vocabulary & Acronyms

Each section of this curriculum includes definitions and acronyms (letter abbreviations) of words that might be new to you. The NMBTF is committed to creating an environment that is welcoming and inclusive of all types of families, and to affirming and respecting how people describe, express, and experience their identity. The NMBTF encourages gender-neutral language when referring to groups of people and asking about personal gender pronouns without making assumptions.

antibodies

a substance produced by the body to defend against foreign substances like bacteria and viruses found in the blood

areola

the small circular of pigmented (darkened) skin surrounding the nipple of the breast

bias

in favor of or against one person or group compared with another

bilirubin

a yellow substance that comes from the breakdown of red blood cells

breastfeeding or nursing

the practice of feeding human milk to a child, it is also used to refer to the receiving of the milk by the child

breastmilk substitute

any food meant to partially or totally replace breastmilk

CLC

Certified Lactation Counselor, a healthcare professional trained to support families with lactation challenges

chestfeeding

a gender neutral term referring to feeding human milk to a child from a person's chest. The term might be used by a transgender man or a non-binary person who may or may not have had top surgery, or by a cisgender female who may feel more comfortable with this non-sexualized term

circumoral cyanosis

blue color around the lips

cisgender

a person whose gender identity matches the gender they are assigned at birth

cluster feeding

time when an infant feeds several times for short periods over a few hours. It's normal and happens often in the early days of breastfeeding

code

a system of principles or rules

colostrum

the first milk from the breasts after giving birth. It is yellow and sticky, rich in antibodies, and concentrated Calories that match an infant's needs in the first days

complementary food

food given in addition to breastmilk or formula to meet an infant's nutritional needs. Also known as "weaning food"

cue based feeding

feeding infants based on their signs of readiness and tolerance of a feed, rather than on a specific time frame and/or consuming a specific quantity. Cues include: starting to rouse from sleep, licking their lips or opening their mouth, sucking on their fingers and turning their head from side to side. Crying is a sign of stress, and not an early cue to feed



Vocabulary

Vocabulary & Acronyms

delirium

restlessness, illusions, and confused thought and speech that happens with fever, illness, intoxication, and other disorders

EDD

Estimated Due Date, calculated by subtracting three months from the first day of the last period and adding seven days. EDD might also be based on a 2nd trimester ultrasound of the growing fetus. The EDD is an estimate, it's normal for babies to be born a week or two before or after this date

engorgement

breasts are painfully overfull of milk, they become firm and swollen, which makes it hard for babies to feed

fontanel

anterior-soft spot on top of head

genderqueer or non-binary

a person who does not identify exclusively as a man or woman, and may or may not identify as transgender. They could experience no gender (agender), gender that varies over time (genderfluid), or fall anywhere within/beyond a spectrum of masculine and feminine

gender-neutral language

language that does not have a bias towards a particular sex or social gender

hallucinations

sensory experiences that seem real but are created in the mind (seeing or hearing things that are not real)

home visitor

this curriculum has been developed for the staff of New Mexico home visitation programs serving families expecting a baby and/or with infants or children. It can also be utilized by community health workers (CHWs) or promotoras

IBCLC

International Board Certified Lactation Consultant, a healthcare professional specializing in the clinical management of breastfeeding and lactation

intrapartum

during labor and the act of birth, and the first days after birth (the birthing parent might still at the hospital, birth center or at home being monitored by a midwife or caregiver)

jaundice

yellow color of an infant's skin and eyes. Infant's blood contains a high level of bilirubin. Infant jaundice is common, more often in babies born before 38 weeks and some breast-fed babies

lactation

the secretion of milk from the mammary glands (breasts or chests) of humans for the purpose of this curriculum this refers to human milk and anatomy

let down

the reflexive release of milk from the breast that occurs when nerves in the breasts are stimulated, (by baby sucking, breast massage, breast pumping)

lethargy

extreme lack of attention to sounds and visual cues

mastitis

inflammation or infection of the mammary gland in the breast, often caused by a bacteria entering a cut in the nipple

MAT

Medication-Assisted Treatment, the use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders (for example: Buprenorphine to treat opiate use disorder)

mature milk

milk that is made after colostrum and transitional milk, usually by 2 weeks of lactation, it is less creamy than transitional milk

mature milk stool

loose and unformed, usually yellow to orange in color, with a mild smell. They may have curds of milk, which look like small seeds

meconium stool

dark black/greenish-black, thick, sticky stools 2 or 3 days after birth



Vocabulary

Vocabulary & Acronyms

oxytocin

the hormone that causes the breast to release or “let down” milk

prenatal or antenatal

before birth during pregnancy

postpartum or postnatal

up to 6 weeks after birth, this curriculum refers to the few days after birth as intrapartum

post neonatal

after the first 28 days of birth

prolactin

the hormone that stimulates milk production

skin to skin

holding a baby naked or partially dressed against the bare skin of a parent. This calms both parent and baby by releasing hormones that relieve stress and stabilize the baby's temperature, breathing rate, heart rate, and blood sugar

stool

bowel movement, feces or poop. Stool is made up of undigested food, bacteria, mucus, and cells from the lining of the intestines

top surgery or male chest reconstruction

removal of breast tissue to create a male chest contour

transitional milk

creamy milk that comes after colostrum. It starts to flow between two to five days after birth until ten to fourteen days after birth. It is followed by mature milk

transitional stool

after infant begins to take in more milk, stool becomes less thick and sticky than meconium, and is slightly lighter in color

transgender

a person whose gender identity does not match the gender they are assigned at birth

triage

assigning the degree of urgency for medical care or interventions

uric acid crystals

infants' urine is concentrated and can look orange or pink from uric acid until they start taking in more fluids. This can be normal at first, but should not be present after the first few days after birth

wean

a child begins eating food in addition to human milk or stops receiving human milk completely. Wean can also refer to stopping the use of a bottle, pacifier or other item that a person is dependent on

WHO

World Health Organization

What do YOU call human lactation?

There are so many words for how people feed their babies human milk.

What words have you used or heard others using?

Ex: *Baba, chichi, milkies, boobies*

Please see your Introduction Activity link to complete this activity.



Pretest

Home Visiting Curriculum: Talking about Lactation Pre-Test

Please see your Pre-test link to complete the Home Visiting Curriculum: Talking about Lactation Pre-Test.