



# **Home Visiting Curriculum** **Talking about Lactation**

## **Part 2:** **Prenatal**

# Part 2: Prenatal

## Prenatal Curriculum

Home Visitors can make a positive difference in their clients' lactation experiences. The prenatal lactation conversations can help clients set lactation goals that can be supported throughout their lactation experiences.

### Outline

1. Risks of Not Breastfeeding
  - a. Child
  - b. Parent
2. Prenatal Lactation Conversations
  - a. Motivation
  - b. Goals
  - c. Previous Experiences
  - d. Health Considerations
  - e. Barriers
  - f. Physical Changes
  - g. Support
  - h. Parenting Partner Roles and Expectations
3. Resources
4. Home Visitor Role
5. Medical Provider Referral Indicators
6. Prenatal Evaluation

### Objectives:

Home visitors will gain skills and comfort in:

1. Discussing lactation with clients during pregnancy
2. Identifying prenatal lactation resources in their communities.

### Activity:

Role play of lactation conversations with clients

### Supplies:

Curriculum Slides and binder handouts, pen/pencil



### Information for breastfeeding families

## Risks of Not Breastfeeding



### For Infants

It may not seem like offering your baby a bottle of infant formula has any consequences. However, it does. And there are some drawbacks to just one bottle, and more to more feedings of infant formula. Before you make a decision, consider these things. Ask your nurse, physician, or lactation consultant for more details if you have questions.

#### Increased risk of

- ✓ Infections (lung and GI tract)
- ✓ Childhood obesity
- ✓ Type 1 and type 2 diabetes
- ✓ Childhood cancer
- ✓ Sudden infant death syndrome
- ✓ Otitis media (ear infections)
- ✓ Lower respiratory tract infections
- ✓ Asthma
- ✓ Atopic dermatitis (skin allergies)
- ✓ Heart disease and high blood pressure
- ✓ Diarrhea
- ✓ Necrotizing Enterocolitis in premature infants
- ✓ Colic and stomach upset
- ✓ Changes the digestive bacteria in your baby's GI tract
- ✓ Dental malocclusion

#### If you are breastfeeding, offering a bottle can:

- ✓ Reduce your breastmilk supply
- ✓ Change your baby's suck at the breast
- ✓ Reduce your baby's desire to breastfeed

If infants were breastfed optimally (6 months exclusively, continuing for a year or more), it would save 721 infant lives and \$14 billion annually.

Bartick M. Suboptimal Breastfeeding in the United States: Maternal and pediatric health outcomes and costs. Maternal and Child Nutrition 2017

Feel free to duplicate Lactation Education Resources 2019. Please be aware that the information provided is intended solely for general educational and informational purposes only.

### For Mothers

It may be surprising that there are risks of not breastfeeding. The longer the mother breastfeeds, the lower the risks.

#### Increased risk of:

- ✓ Premenopausal breast cancer
- ✓ Ovarian cancer
- ✓ Obesity
- ✓ Retained pregnancy weight gain
- ✓ Type 2 diabetes
- ✓ Myocardial infarction (heart attack)
- ✓ Metabolic syndrome
- ✓ Osteoporosis
- ✓ Rheumatoid arthritis

If infants were breastfed optimally (6 months exclusively, continuing for a year or more), it would save 3,340 lives from only 3 diagnoses (breast cancer, hypertension, and MI) annually.

Bartick M. Suboptimal Breastfeeding in the United States: Maternal and pediatric health outcomes and costs. Maternal and Child Nutrition 2017

In addition, there is the risk of possible contaminated formula or improper preparation of ingredients. There have been several recalls by formula manufacturers in recent years.

**The Centers for Disease Control, The American Academy of Pediatrics, the World Health Organization, and other professional groups involved in infant health all recommend exclusive breastfeeding for the first 6 months, and then continuing for 1-2 years with the gradual introduction of solid foods.**



Información para las familias que amamantan

### Riesgos de no amamantar



#### Para lactantes

Alimentar a su bebé con un biberón de leche maternizada para lactantes puede parecer un acto sin consecuencias. Sin embargo, las tiene. Existen algunos inconvenientes que se presentan cuando se alimenta con biberón, los cuales se incrementan en la medida en que más se alimenta al bebé con leche maternizada. Antes de tomar una decisión, considere los siguientes aspectos. Si tiene preguntas, consulte a su médico, enfermera o especialista en lactancia para obtener información detallada.

#### Mayor riesgo de lo siguiente:

- ✓ Infecciones (pulmón y tracto gastrointestinal)
- ✓ Obesidad infantil
- ✓ Diabetes tipo 1 y tipo 2
- ✓ Cáncer infantil
- ✓ Síndrome de muerte súbita del lactante
- ✓ Otitis media (infecciones del oído)
- ✓ Infecciones de las vías respiratorias bajas
- ✓ Asma
- ✓ Dermatitis atópica (alergias en la piel)
- ✓ Enfermedades del corazón e hipertensión arterial
- ✓ Diarrea
- ✓ Enterocolitis necrosante en lactantes prematuros
- ✓ Cólicos y malestar estomacal
- ✓ Cambio en las bacterias del sistema digestivo del tracto gastrointestinal de su bebé
- ✓ Oclusión dental defectuosa

#### Si está amamantando, alimentar al bebé con biberón puede acarrear los siguientes riesgos:

- ✓ Reducir el suministro de leche materna
- ✓ Cambiar la preferencia del bebé de succionar el pecho
- ✓ Reducir el deseo del bebé de ser amamantado

Si se alimentara a los lactantes de manera óptima (exclusivamente durante 6 meses y de manera continua durante 1 año o más), se salvarían 911 vidas de lactantes y se ahorrarían 13 mil millones de dólares anualmente.

Bartick M, Reinhold A. The Burden of Suboptimal Breastfeeding in the United States: A Pediatric Cost Analysis. (La carga de la lactancia materna subóptima en Estados Unidos: un análisis de costos pediátricos). *Pediatría* 125:5, 2010

Feel free to duplicate Lactation Education Resources. 2016. Please be aware that the information provided is intended solely for general educational and informational purposes only.

#### Para las madres

Puede resultar sorprendente que amamantar sea algo beneficioso para las madres de lactantes alimentados con leche materna. Mientras más tiempo amamanta la madre, mayores son los beneficios.

#### Mayor riesgo de lo siguiente:

- ✓ Cáncer de mama premenopáusico
- ✓ Cáncer de ovarios
- ✓ Obesidad
- ✓ Retención del peso adquirido durante el embarazo
- ✓ Diabetes tipo 2
- ✓ Infarto de miocardio (ataque cardíaco)
- ✓ Síndrome metabólico
- ✓ Osteoporosis
- ✓ Artritis reumatoide

Si se alimentara a los bebés con leche materna de manera óptima (exclusivamente durante 6 meses y de manera continua durante 1 año o más), esto supondría un ahorro de 14,4 mil millones de dólares en casos de muerte prematura, 733,7 millones de dólares en costos de cuidados directos y 126,1 millones de dólares en costos indirectos por solo 3 diagnósticos (cáncer de mama, infarto de miocardio e hipertensión) anualmente.

Bartick M. Mothers' costs of suboptimal breastfeeding: implications of the maternal disease cost analysis (Costos de la lactancia materna subóptima para las madres: análisis de las implicaciones de los costos de enfermedades maternas). *Breastfeed Med.* octubre del 2013; 8(5):448-9.

Además, existe el riesgo de que la leche maternizada esté contaminada o que no se preparen los ingredientes correctamente. Se han hecho varios llamados de atención a los fabricantes de leche maternizada en los últimos años.

**Los Centros para el Control y la Prevención de Enfermedades, la Academia Americana de Pediatría y la Organización Mundial de la Salud, así como otros grupos de profesionales implicados en la salud infantil, recomiendan la lactancia materna exclusiva durante los primeros seis meses y, luego, continuar durante uno o dos años con la introducción gradual de alimentos sólidos.**



### NMBTF COVID-19 RESOURCE GUIDE\*

click on the links below for more information



**New Mexico**  
Breastfeeding Task Force

#### MEDICAL ORG GUIDELINES

##### CDC

- [Interim Considerations for COVID-19 Vaccination of Healthcare Personnel and Long-Term Care Facility Residents](#)
- [Evaluation & Management Considerations for Neonates At Risk for COVID-19](#)
- [Pregnancy, Breastfeeding, and Caring for Newborns](#)
- [Contraindications to Breastfeeding or Feeding Expressed Breast Milk to Infants](#)
- [Covid-19 Vaccines while Pregnant or Breastfeeding](#)

##### ACOG

- [Coronavirus, Pregnancy, and Breastfeeding: A Message for Patients](#)
- [Supporting Obstetrician-Gynecologists and Their Patients During COVID-19](#)
- [ACOG and SMFM Recommend COVID-19 Vaccination for Pregnant Individuals](#)

##### WHO

- [Breastfeeding and COVID-19 For Health Care Workers](#)
- [Q&A: Pregnancy, childbirth and COVID-19](#)

##### AAFP

- [Breastfeeding and COVID-19](#)
- [Maternal/Child Care \(Obstetrics/Perinatal Care\)](#)
- [Breastfeeding \(Policy Statement\)](#)

##### AAP

- [The American Academy of Pediatrics Updates Guidance on Care of Newborns to Mothers with COVID-19](#)

##### ABM

- [Statement on Coronavirus 2019](#)

*Summary of Guidelines regarding mother-infant separation and breastfeeding with COVID or PUI patients:*

- *WHO, AAFP, and ABM recommend continuing standard practices of skin-to-skin and direct breastfeeding with first hour latch, utilizing appropriate mask and hand hygiene, unless mother or infant are too un-well or unstable (March 2020).*
- *AAP now recommends in-room separation of mother and infant, allows for direct contact and direct breastfeeding with mask/hand hygiene (July 23, 2020)*
- *CDC recommends shared-decision making processes (June 2020). ACOG promotes informed/educated choice utilizing shared-decision-making between providers and patients (June 2020).*

#### ADDITIONAL INFO

- [Breastfeeding During the COVID-19 Pandemic](#)
- [Is it Safe for Me and My Baby?](#)
- [COVID-19 Vaccine in Pregnancy and Breastfeeding](#)
- [Journal of the American Medical Association Findings: October 2020](#)
- [USBC Infant and Young Child Feeding in emergencies, including COVID-19](#)
- [Covid-19 resources for non-English speakers in U.S.](#)
- [Best Practices for COVID-19-Positive or Exposed Mothers—Breastfeeding and Pumping Milk](#)

#### LOCAL RESOURCES

- [NM Department of Health](#)
- [NM Birth Equity Collaborative](#)
- [National Domestic Violence Hotline](#)

\*Last update Aug 20th

# Conversations & Goals

## Prenatal Lactation Conversations & Goals Worksheet 1

Use this worksheet to talk about lactation goals and expectations during pregnancy

Pregnant Parent Name \_\_\_\_\_ DOB \_\_\_\_\_ EDD \_\_\_\_\_  
Parenting Partner Name \_\_\_\_\_ DOB \_\_\_\_\_

1. How would you like to talk about feeding your baby, breastfeeding, chestfeeding or is there another word you would like to use?

*Pregnant parent:* \_\_\_\_\_

*Parenting partner:* \_\_\_\_\_

2. On a scale of 1-10, how important is it to you that your baby is *breastfed*? Why?

*Pregnant parent:* \_\_\_\_\_

*Parenting partner:* \_\_\_\_\_

3. What are your *breastfeeding* goals? *how long, exclusive, at breast only*

*Pregnant parent:* \_\_\_\_\_

*Parenting partner:* \_\_\_\_\_

# Conversations & Goals

## Prenatal Lactation Conversations & Goals Worksheet 2

Use this worksheet to talk about lactation goals and expectations during pregnancy

4. What experiences do you have with breastfeeding? Do you know someone who has breastfed? If so, what did you observe?

*Pregnant parent:* \_\_\_\_\_

*Parenting partner:* \_\_\_\_\_

5. How would you finish these sentences:

*Pregnant parent-*"I really want to breastfeed, but \_\_\_\_\_."

*Ex: work, support, supply, pain, health issues, medications, history of challenges, breastfeeding public*

*Parenting partner-*"I really want my partner to breastfeed but \_\_\_\_\_."

*Ex: affects intimacy, exposure in public, breasts are sexual*

6. Do you have health issues that you think might affect breastfeeding? \_\_\_\_\_

*Ex: diabetes, hypothyroidism, polycystic ovarian syndrome (PCOS), infertility, medications, history of breastfeeding challenges, substance use (tobacco, alcohol, marijuana) or addictions, breast abnormalities, trauma or surgeries*

# Conversations & Goals

## Prenatal Lactation Conversations & Goals Worksheet 3

Use this worksheet to talk about lactation goals and expectations during pregnancy

7. Have you noticed changes in your *breasts* during pregnancy? \_\_\_\_\_

*Ex: heavier/larger, darkening of areola, leaking, more sensitive (consider referral to prenatal provider if no changes)*

8. Who will be your support during pregnancy? What support do you think you will need to prepare for breastfeeding?

*Pregnant parent:* \_\_\_\_\_

*Parenting partner:* \_\_\_\_\_

9. During pregnancy, what expectations do you have about a parenting partner's role related to breastfeeding?

*Pregnant parent:* \_\_\_\_\_

*Parenting partner:* \_\_\_\_\_

# Conversations & Goals

## Prenatal Lactation Conversations & Goals Worksheet 4

Use this worksheet to talk about lactation goals and expectations during pregnancy

10. What breastfeeding resources have been helpful? What resources might you need during pregnancy?

*Pregnant parent:* \_\_\_\_\_

*Parenting partner:* \_\_\_\_\_

11. During your pregnancy, how can I, your home visitor, support your family to prepare for breastfeeding?

*Pregnant parent:* \_\_\_\_\_

*Parenting partner:* \_\_\_\_\_

Home Visitor Signature \_\_\_\_\_

Date \_\_\_\_\_

# Role Play Scenarios

## Prenatal Lactation Role Play Scenarios

Please see your P2: Prenatal Lactation Role Play Scenarios link to complete this section's activities.

# Role Play Scenarios

## Scenario 1

**Home Visitor** (ethnicity \_\_\_\_\_) Naomi has been a home visitor for 5 years with positive breastfeeding experiences with her three children. This is her first visit with Patty.

**Pregnant Client** (ethnicity \_\_\_\_\_) Patty is a 23 year old woman who is in her second trimester of pregnancy with her second child. Her first child is 3 years old. She lives in a shelter for victims of domestic violence. She was not able to breastfeed her first child but would like to breastfeed this baby. She has a history of methamphetamine addiction, but has not used for 3 months.

**Third person present** (ethnicity \_\_\_\_\_) Sally is a counselor at the shelter who introduces Patty to Naomi.

Roleplay Feedback:

# Role Play Scenarios

## Scenario 2

**Home Visitor** (ethnicity \_\_\_\_\_) **Nancy** has been a home visitor for 2 years and has never had client partners in same sex relationships nor with nonbinary identities. She did not breastfeed her 2 children but would have liked to. This is their third visit.

**Pregnant Client** (ethnicity \_\_\_\_\_) **Bailey** is a 31 year old pregnant nonbinary person in their 1st trimester with their first baby. They would like to chestfeed, and do not have previous lactation experience.

**Third person present** (ethnicity \_\_\_\_\_) **Sue** is Bailey's 26 year old parenting partner who identifies as a cis female. She would also like to chestfeed their baby and does not have previous lactation experience.

**Roleplay Feedback:**

# Role Play Scenarios

## Scenario 3

**Home Visitor** (ethnicity \_\_\_\_\_) **Barbara** has been a home visitor for 15 years. She has been visiting with this family for 4 months. She has breastfed her 2 children and is skilled at appropriately including fathers in lactation conversations.

**Pregnant Client** (ethnicity \_\_\_\_\_) **Irene** is a 36 year old first time mother in her 3rd trimester. She lives in the same town as her mother who has told her many times she shouldn't plan on breastfeeding her baby because she herself never had milk for her children. Irene wants to breastfeed but is doubtful she can because her mother couldn't and because she has always had small breasts. She thinks she will probably both breastfeed and formula feed.

**Third person present** (ethnicity \_\_\_\_\_) **Daniel** is the 28 year old father of 3 but this is his first baby with Irene. He was not supportive of his other partner breastfeeding their children, and they were not breastfed. He does not want Irene to breastfeed because breasts are sexual and should not be exposed in public.

**Roleplay Feedback:**

# Evaluation

## Part 2: Prenatal Evaluation

Please see your Part 2 Evaluation link to complete Part 2: Prenatal Evaluation.