



Breastfeeding Resource Guide

The *Breastfeeding Resource Guide* (BRG) aims to provide you with certain basic information and references so that you will be ready to support the normal course of breastfeeding and to help mothers cope with common concerns. It also directs you to relevant resources to support mothers facing specific breastfeeding challenges.

The primary resource is the 2010 edition of *The Womanly Art of Breastfeeding* (WAB) or most recent edition in your language. Other resources listed are LLLI website links. Find out what other resources are available in your LLL entity; they may provide alternatives to the LLLI resources listed below. Use the most up-to-date resources available to you.

How to use the BRG

LLL Leaders support mothers by providing them with information and encouragement to make their own decisions. Providing information is just one aspect of the Leader's role. Leaders are not expected to know everything about breastfeeding; they *are* required to know where to find further information and support if they do not have the information necessary to support a mother.

- The BRG is a resource you can use later as a Leader as well as now as a Leader Applicant; add to it to develop a resource which will help you gain confidence to support breastfeeding mothers.
- Use the BRG in ways that suit you and your preferred learning style, so that you gain confidence to support mothers with relevant breastfeeding information.
- *The Womanly Art of Breastfeeding* is the primary resource referred to in the BRG. Chapter and index references are provided for the 2010 edition. You may want to look up **key words** (some of which are printed in bold) in the index of any references you use. Make a note of additional resources available to you.
- Make use of the most up-to-date references available to you through LLLI and your entity.
- The BRG is a tool you may choose to use in conjunction with the *Preview of Helping Questions and Group Management* as you become familiar with the information and resources available to you. You can build your knowledge and skills through note taking, discussion with your supporting Leader, writing an answer to a hypothetical email question from a mother, and role-play with your supporting Leader.

How to complete the BRG

Leader Applicants are required to complete the BRG (LLLI Criteria for Leader Accreditation, *Policies and Standing Rules*, Appendix 18). Consider each topic presented and self-assess your familiarity with the information and resources provided. You may choose to work with your supporting Leader to build and practice using your knowledge in the ways described above.

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Part A: LLL Resources for Mothers

Every Leader is a resource

When a mother calls for support with the normal course of breastfeeding, remember that *you* are a valuable resource. Listening, empathizing, reflecting her feelings back to her, clarifying her concerns—these can help in themselves, before you even begin to share information. You may be able to simply confirm to the mother that what she is experiencing is within the normal course of breastfeeding, and this will help her gain confidence to continue. She may be going through a particular phase while her baby builds up her milk supply or begins to learn the difference between night and day. There may be things she can do to help cope with her baby's intense need for her and her milk. It may help her to know that, even if she does nothing differently, her situation is likely to change all by itself because her baby is growing, developing, and learning. This week's overwhelming problem soon becomes history as time and our babies move on.

A Leader is also a resource in terms of the information she can provide. Her knowledge and experience, as well as her familiarity with the resources available to her, contribute to her effectiveness at imparting appropriate information to support a mother.

Published LLL resources

The Womanly Art of Breastfeeding provides answers to many mothers' questions. LLL Groups often keep more than one copy in the Group Library, if available, to loan to any mother who comes to a meeting. Make use of the most up-to-date references available to you.

Online resources

Online resources give you the option to refer a mother immediately to information or send her something electronically. On the LLLI website www.llli.org you can find:

- LLLI website "Breastfeeding Info A to Z" at: <https://www.llli.org/breastfeeding-info/>
- Online forums on which mothers and parents can discuss their specific questions and seek help and support from Leaders and other participants.

There are several **non-LLL websites** that Leaders find informative and helpful. If a Leader suggests these resources to a mother, it is important to mention that the information is not from LLL, yet may be helpful. Describe any association with LLL, such as if the author is a Leader, and the reason you are recommending the site. If you have any reservations about the style or content of the source, either find an alternative source of information or mention your reservations to the mother.

In the list below, Dr. Newman is on the LLLI Health Advisory Council and the others are LLL Leaders as well as holding other qualifications related to breastfeeding. Leaders need to check out the information they think is relevant before passing it on to a mother.

- Kelly Bonyata, M.S., IBCLC: www.kellymom.com
- Suzanne Colson, Ph.D.: www.biologicalnurturing.com
- Kathleen Kendall-Tackett, Ph.D., IBCLC: <http://www.uppitysciencechick.com/postpartum-depression.html>
- LactMed (USA National Institutes of Health database): <http://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>
- Nancy Mohrbacher, IBCLC, and Kathleen Kendall-Tackett, Ph.D., IBCLC: www.breastfeedingmadesimple.com
- Jack Newman, M.D.: <http://www.breastfeedinginc.ca/>
- Diana West, BA, IBCLC: www.bfar.org

People resources

Every LLL Leader is part of a network of support that extends far beyond the individual or the Group. Sometimes consulting with another Leader (respecting the confidentiality of personal information) will provide you with the support you need. The Professional Liaison Department (PLD) offers support and accurate, up-to-date information to Leaders helping mothers in medical, legal, or other complex or unusual situations. You can contact the PLD if you receive a helping call which goes beyond the normal course of breastfeeding, and for which your usual resources are not adequate. Find out about the LLL support structure where you live.

Leader's Handbook, Chapter One, provides information about how to effectively use published, online and people resources, as well as how to best communicate that information to mothers. **Part E** of this **Breastfeeding Resource Guide** (see below) also provides helpful information about situations that are beyond the normal course of breastfeeding.

A: Study Questions

1. What is a Leader's Log and why must all Leaders keep one? What information needs to be included in this log?
2. What basics are important to remember when a mother calls with a question about a drug/medication she is/will be taking? Who or what are your references?
3. How can we recognize situations where a Leader needs extra help? Where can she turn first? Next? Beyond that?
4. Who is your Professional Liaison (PL) Leader? How can we use the Medical Questionnaire to gather information prior to contacting the PL Leader?

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Part B: Breasts and Breast Milk

The structure of the breast; how it makes and delivers milk

- WAB 2010 index: Hormones, milk production, milk release--milk ejection reflex

Additional sources of information include:

- Kelly Bonyata's website article, "Frequently Asked Questions about Milk Production": <https://kellymom.com/bf/got-milk/basics/milkproduction-faq/>

You may get a helping call from a mother who has had **breast enlargement** (implants) or **breast surgery**.

- LLLI website, "Breastfeeding Info A To Z," **Anesthesia**: <https://www.llli.org/breastfeeding-info/anesthesia/>
- Diana West's website: www.bfar.org

Colostrum

- WAB 2010 index: Colostrum
- LLLI website, "Breastfeeding Info A To Z," **Colostrum: Prenatal /Antenatal Expression**: <https://www.llli.org/breastfeeding-info/colostrum-prenatal-antenatal-expression/>

Fertility

- WAB 2010 index: Fertility
- LLLI website, “Breastfeeding Info A To Z,” **Fertility**:
<https://www.llli.org/breastfeeding-info/fertility/>

Health and nutritional benefits of human milk

Learn how breastfeeding affects a baby's health and well-being, protecting him from **illness** and **allergies**.

- WAB 2010 index: Health benefits of breastfeeding
- LLLI website, “Breastfeeding Info A To Z,” **Importance of Breastfeeding**:
<https://www.llli.org/breastfeeding-info/benefits/>

B: Study Questions

1. Identify the nipple, areola, and Montgomery glands on a breast and describe each.
2. What breast surgeries can cause problems with breastfeeding? Why?
3. Name a few signs of a let-down (milk-ejection) reflex.
4. How can a mother encourage her let-down (milk-ejection) reflex?
5. What factors can influence let-down?

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Part C: What Is “Normal” for a Full-Term, Healthy Breastfeeding Baby?

There is wide variation in what is normal. No one can tell a mother, for example, how often or how long her baby will need to nurse or at what age he will “sleep through the night.” Babies' nursing patterns vary, and a pattern that is right for one mother and baby may not be right for another. Also, an individual baby's nursing pattern may vary as he grows. A healthy baby with a good suck who is gaining normally and thriving will naturally fall into the nursing pattern that is best suited to him. By responding to her baby's cues, a mother can be confident that she is doing the best for her baby.

From your own experience, you will know many aspects of behavior that are within the normal range for a breastfeeding baby. To read more about this topic, see:

- WAB 2010 Part II, “Ages and Stages”
- WAB 2010 Chapter 5, “The First Few Days: Hello, Baby . . . ”
- WAB 2010 Chapter 6, “The First Two Weeks: Milk!”
- WAB 2010 Chapter 7, “Two to Six Weeks: Butterfly Smiles”
- WAB 2010 Chapter 8, “Six Weeks to Four Months: Hitting Your Stride”
- LLLI website, “Breastfeeding Info A To Z,”
Preparing: <https://www.llli.org/breastfeeding-info/preparing/>
Tips: <https://www.llli.org/breastfeeding-info/tips/>

Infant reflexes and sucking

- WAB 2010 index: Sucking
- LLLI website, “Breastfeeding Info A To Z,” **Frequency of Feeding:** <https://www.llli.org/breastfeeding-info/frequency-feeding-frequently-asked-questions-fags/>

Maternal nutrition, health, and environment

- WAB 2010 index: Nutrition, mothers' needs
- LLLI website, “Breastfeeding Info A To Z,” **Vitamin D—Your Baby, and You:** <https://www.llli.org/breastfeeding-info/vitamin-d/>
Contaminants: <https://www.llli.org/breastfeeding-info/contaminants/>
Tobacco, Smoking and Breastfeeding: <https://www.llli.org/breastfeeding-info/smoking-and-breastfeeding/>

Positioning and attaching a baby at the breast

- WAB 2010 Chapter 4, “Latching and Attaching”
- LLLI website, “Breastfeeding Info A to Z,” **Positioning:** <https://www.llli.org/breastfeeding-info/positioning/>

Signs baby is getting enough milk

- WAB 2010 Chapter 5, “The First Few Days: Hello Baby . . . ;”
- LLLI website, “Breastfeeding Info A to Z, Amount of Milk, “**Is my baby getting enough milk?**”: <https://www.llli.org/breastfeeding-info/is-baby-getting-enough/>

Occasionally a mother will be concerned that her baby is gaining weight too quickly:

- WAB 2010 index: Weight gain
- LLLI website, “Breastfeeding Info A to Z,” **Growth:** <https://www.llli.org/breastfeeding-info/growth/>

C: Study Questions

1. How often, on average, do newborns need to nurse? About how many times in 24 hours?
2. Explain the difference between foremilk and hindmilk.
3. What is the rooting reflex and how does it affect breastfeeding?
4. Why is it important for a mother to hear or see her baby swallowing?
5. How can a mother reassure herself that her baby is latching on and sucking well?
6. What kind of a diet does a breastfeeding mother need?

7. How can a breastfeeding mother determine how much liquid intake she requires? Is any particular liquid, such as milk, required? Why or why not?
8. What are the basics of proper positioning? What can signal a possible positioning problem?
9. Describe how to help a mother get her baby latched on effectively.
10. How can a mother tell if her baby is getting enough milk? What are some signs that he is not? What might we suggest?
11. How does colostrum help a baby pass meconium?
12. On average, when should a baby regain his birth weight?
13. How can early supplements interfere with breastfeeding? How can a Leader help a mother reduce or eliminate them?

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Breastfeeding and separation

If a mother must leave her baby, taking his needs into account will help ensure as positive an experience as possible for both mother and baby. Many parents find that they can minimize **separation of mother and baby**, adapting their lives to include their babies and children, such as by taking baby along when going out or travelling, and by altering work arrangements/taking maternity leave for as long as possible.

- WAB 2010 index: Separations
- WAB 2010 Chapter 14, “When You Can’t Be With Your Baby”

Breastfeeding and working

The references for “Breastfeeding and separation” (above) may be helpful, as well as resources that specifically support a mother who is returning to work.

- WAB 2010 index: Pumping, maternity leave
- WAB 2010 Chapter 15, “Milk to Go”
- LLLI website, “Breastfeeding Info A to Z,”

Pumping Milk: <https://www.llli.org/breastfeeding-info/pumping-milk/>
Storing Human Milk: <https://www.llli.org/breastfeeding-info/storingmilk/>

C: Study Questions - <i>continued</i>
14. What suggestions could we offer a mother who is introducing a bottle to her baby?
15. What factors determine the number of times a mother needs to pump while away from home?
16. Stimulating the let-down reflex is the key to effective milk expression. What are some techniques a mother might employ to trigger this reflex?

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| 17. Hand expression may be more acceptable than mechanical pumps to some mothers. How could we describe the steps of hand expression to a mother? |
| 18. What information is important to share with a mother who plans to express and store milk for her baby? |

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Solid food: baby's readiness

- WAB 2010 Chapter 13, "The Scoop on Solids"
- LLLI website, "Breastfeeding Info A to Z," **Starting Solids:**
<https://www.llli.org/breastfeeding-info/starting-solids/>

Weaning from the breast

- WAB 2010 Chapter 16, "Everybody Weans"
- LLLI website, "Breastfeeding Info A to Z," **Weaning:**
For medical reasons
<https://www.llli.org/breastfeeding-info/weaning/>
How to
<https://www.llli.org/breastfeeding-info/weaning-how-to/>
I want to
<https://www.llli.org/breastfeeding-info/weaning-i-want-to/>
Unexpected
<https://www.llli.org/breastfeeding-info/weaning-unexpected/>

C: Study Questions - *continued*

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| 19. For how long is his mother's milk the appropriate primary food for an infant? |
| 20. How does a breastfed baby indicate readiness for solids? |
| 21. While not every baby accepts new foods in the same order, what might we suggest as a first food? What food group might follow? Why? |
| 22. When a baby begins eating solid foods, how might the mother introduce a new food and why? |
| 23. Describe natural weaning and its advantages |
| 24. If a mother chooses to wean, describe a plan if time is not an issue. |
| 25. Discuss a few situations where a mother may have been told to wean her infant. What suggestions might we offer in each situation? |
| 26. If abrupt and/or temporary weaning is required, what consequences can a mother expect? What suggestions might we offer to help her and her baby cope with them? |

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Part D: Common Concerns

- WAB 2010 Chapter 18, “Tech Support”
- LLLI website, “Breastfeeding Info A to Z” <https://www.llli.org/breastfeeding-info/#collapse229>

Allergies

- WAB 2010 index: Allergies
- LLLI website, “Breastfeeding Info A to Z,” **Food Allergies and Breastfeeding:** <https://www.llli.org/breastfeeding-info/allergies/>

Breast refusal in the early days

A baby may refuse to take the breast, which can be very distressing for a mother. There are many possible explanations for this, and your support may enable the mother to work out what is happening and encourage her to persevere.

- WAB 2010 index: Nipple shields, refusing to nurse
- LLLI website, “Breastfeeding Info A to Z,” **Back to Breast:** <https://www.llli.org/breastfeeding-info/back-to-breast/>

If a mother continues to be concerned about her baby's jaundice or if the jaundice threatens the continuation of breastfeeding, you may need to provide additional information and support. See “Jaundice” on page 14 (Part F: “Breastfeeding Challenges”).

Cesarean birth

- WAB 2010 index: Cesarean birth
- LLLI website, “Breastfeeding Info A to Z,” **Breastfeeding After Cesarean Birth:** <https://www.llli.org/breastfeeding-info/breastfeeding-cesarean-birth/>
- Leader Accreditation Department booklet: *Childbirth and Breastfeeding: Background Information for Leader Applicants and Supporting Leaders*

Encouraging the let-down reflex

- WAB 2010 index: Milk release (milk ejection reflex)

Engorgement

- WAB 2010 index: Engorgement
- LLLI website, “Breastfeeding Info A to Z,” **Engorgement:** <https://www.llli.org/breastfeeding-info/engorgement/>

Flat or inverted nipples

- WAB 2010 index: Flat nipples; Inverted nipples; Nipple shields
- LLLI website, “Breastfeeding Info A to Z”
Inverted and Flat Nipples: <https://www.llli.org/breastfeeding-info/inverted-flat-nipples/>
Preparing: <https://www.llli.org/breastfeeding-info/preparing/>

“High need” babies/colicky babies

- WAB 2010 index: Colic, fussy babies

Jaundice in healthy newborns

Jaundice in a newborn baby is a common and usually harmless condition. In most cases the **jaundice** will disappear by itself in two to three weeks. Learn what causes normal or physiologic jaundice and how breastfeeding can help.

- WAB 2010 index: Jaundice, newborn
- LLLI website, “Breastfeeding Info A to Z”

Jaundice: <https://www.llli.org/breastfeeding-info/jaundice/>

If a mother continues to be concerned about her baby's jaundice or if the jaundice threatens the continuation of breastfeeding, you may need to provide additional information and support. See “Jaundice” on page 14 (Part F: “Breastfeeding Challenges”).

Nighttime nursing

- WAB 2010 Chapter 12, “Sleeping Like a Baby”
- LLLI website, “Breastfeeding Info A to Z,” **Sleep:**
BEDSHARE Should I sleep with my baby?
<https://www.llli.org/breastfeeding-info/sleep-bedshare/>
SAFE SLEEP
<https://www.llli.org/breastfeeding-info/safe-sleep-breastfeeding-babies/>
SAFE SURFACE CHECKLIST
<https://www.llli.org/breastfeeding-info/sleep-safe-surface-checklist/>

Nipple/suck confusion

- LLLI website, “Breastfeeding Info A to Z,” **Nipple Confusion:**
<https://www.llli.org/breastfeeding-info/nipple-confusion/>

Nursing strike

Occasionally a baby will suddenly refuse to nurse for no apparent reason. This can be a real puzzle, whatever the age of the baby. A situation like this is called a nursing strike. The resources for “Breast refusal in the early days” (page 6) may also help.

- WAB 2010 index: Nursing strike
- LLLI website, “Breastfeeding Info A to Z,” **Nursing Strikes:**
<https://www.llli.org/breastfeeding-info/nursing-strikes/>

Signs baby is not getting enough milk

Learn what **weight gain** and other signs of well-being to expect in the early days and weeks. Asking questions and gathering information to establish the baby's weight gain and loss are essential. If a mother's concern about her milk supply seems to be warranted, these resources can help you support her:

- WAB 2010 Chapter 5, “The First Few Days: Hello, Baby . . . ;” Chapter 18, “Tech Support”
- LLLI website, “Breastfeeding Info A to Z,” Amount of Milk, “**Is my baby getting enough milk?**”
<https://www.llli.org/breastfeeding-info/is-baby-getting-enough/>
- Diana West's website: www.lowmilksupply.org

Sleepy newborn

- WAB 2010: Chapter 5, “The First Few Days; Hello Baby”

Sore breasts

- WAB 2010 Chapter 18, “Tech Support”
- LLLI website, “Breastfeeding Info A to Z,” **Mastitis:**
<https://www.llli.org/breastfeeding-info/mastitis/>

Sore nipples; thrush

- WAB 2010 Chapter 18, “Tech Support”
- LLLI website, “Breastfeeding Info A to Z,” **Thrush:** <https://www.llli.org/breastfeeding-info/thrush/>

Too much milk

Mothers are sometimes worried about an overabundant milk supply or overactive let-down reflex.

- WAB 2010 index: Oversupply
- LLLI website, “Breastfeeding Info A to Z,” **Oversupply**:
<https://www.llli.org/breastfeeding-info/oversupply/>

When supplemental feeds interfere with breastfeeding

Mothers of young babies are sometimes advised to give **supplements** of water or artificial baby milk (formula) in addition to breastfeeding.

- WAB 2010 index: Supplements can interfere with milk supply
- LLLI website, “Breastfeeding Info A to Z,”
Amount of Milk, “**Is my baby getting enough milk?**”
<https://www.llli.org/breastfeeding-info/is-baby-getting-enough/>

Colostrum: General <https://www.llli.org/breastfeeding-info/colostrum-general>

Nipple Confusion <https://www.llli.org/breastfeeding-info/nipple-confusion/>

D: Study Questions

1. What are some typical symptoms of allergies in a breastfed baby?
2. What are some suggestions for a mother to try if she suspects an allergic reaction?
3. How long must a mother stop eating a food for it to be eliminated from her system and that of her baby?
4. How can we help the mother who has had a caesarean birth to breastfeed?
5. Name a few signs of a let-down (milk-ejection) reflex.
6. How can a mother encourage her let-down (milk-ejection) reflex?
7. What factors can influence let-down?
8. What is engorgement? How can a mother minimize it? How can it be treated?
9. What breastfeeding problems may exist for a mother with flat nipples? with inverted nipples? How can these be overcome before/after the baby is born?
10. When might a nipple shield be suggested and what information would a mother need about its use?
11. What is thought to contribute to physiologic jaundice in a breastfed infant?
What can help the baby eliminate bilirubin?
12. Discuss phototherapy and the side effects bili-lights may have on a baby.
13. What suggestions might a Leader make about nighttime nursing?
14. What suggestions can a Leader make to help a mother to encourage her baby back to the breast after he has become used to bottles?
15. What is a nursing strike and what suggestions can a Leader make to help a mother in this situation?

16. What is slow/low weight gain? List some possible reasons for slow/low weight gain and the actions that can be taken to help baby gain weight. What is failure-to-thrive?
17. How can a mother increase her milk supply?
18. What is breast compression, and how does it work?
19. What are some ways to rouse a sleepy newborn?
20. What is a plugged duct and how can it be managed?
21. Give symptoms of breast infection/mastitis. What steps can the mother take to relieve soreness? When does a mother need to see her health care provider for mastitis?
22. Name some possible causes of sore nipples and suggest possible solutions.
23. What are some sucking problems that could cause sore nipples?
24. If a mother develops sore nipples, what are some things she can do to hasten healing?
25. How could teething affect a mother's nipples? What could be some suggestions to help a mother minimize this?
26. List the symptoms of a yeast infection for mother and baby. How will this affect breastfeeding? What can the mother do?
27. What are some of the predisposing conditions for a mother or baby who has thrush?
28. Some babies have problems coping with milk flow. How can a mother overcome this problem?
29. How can supplements affect milk supply and what can a mother do to get things back on track?

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Part E: Beyond the Normal Course of Breastfeeding

Sometimes mothers contact LLL with a very specific question about a breastfeeding challenge requiring specific information and support. Knowing where and how to access relevant information is crucial. *The Womanly Art of Breastfeeding* contains information about certain breastfeeding challenges; if this information is not enough, you will need to know where to look next or whom to ask for the information you need.

Published resources (optional for Leaders)

If you own a copy of the 2010 *Breastfeeding Answers Made Simple (BAMS)*, or another more technical resource, such as the most current edition of *Medications and Mothers' Milk* by Thomas Hale, these may provide the answers to specific questions. Sometimes it is enough to look up the relevant section of the BAMS, for instance, and learn along with the mother what she needs to know, reading aloud the relevant extract. An example is if the mother has blood in her milk. *The Womanly Art of Breastfeeding* does not have an entry about this in the index, but BAMS gives detailed information about it ("Blood in milk" is in the index), which can inform a mother who may be anxious about it.

Medical questions

You can refer a mother's question pertaining to a medical condition, either of the mother or the baby, to

the Professional Liaison Department (PLD). Contacting a PLD Leader by telephone or email is one way of accessing information you need to help the mother.

Although most mothers' questions can be answered over the telephone, it is sometimes apparent that a mother would be helped most efficiently or effectively by a home visit (see the *Leader's Handbook* index: Home visits). Making home visits, however, is not a part of basic Leader responsibilities. It is a Leader's choice as to whether she is able to provide a home visit to support a mother. If a Leader thinks a mother would benefit from a home visit but is unable to offer that herself, she can refer the mother to another Leader in the community who is known to do home visits, a health professional, or a qualified lactation consultant.

Handling challenging breastfeeding questions

In certain situations, it becomes clear that the mother needs more information than you can provide. If that is the case, it is perfectly acceptable to say that you don't know the answer to her question. In fact, it is important to be prepared to admit this. A mother will respect your honesty and appreciate your help with accessing accurate information.

So what can you do? Adapt the list below, depending on the urgency of the situation and the resources available to you:

- Explain that you would like to find out more information and get back to her.
- Make sure you have her contact details in your Leader's Log; this could include her email address if she has an urgent question and you could send her information via email.
- Arrange to contact her within a reasonable time period, depending on the urgency of the situation.
- Refer to the LLL publications you own or have access to.
- Check out "Breastfeeding Info A to Z" on the LLLI website at: <https://www.llli.org/breastfeeding-info/>
- See "Online resources" on page 3, Part A: "LLL Resources for Mothers".
- Telephone a Leader to get a second opinion, respecting the confidentiality of personal information. See the *Leader's Handbook* index: Confidentiality.
- Contact a Professional Liaison Leader.
- Refer the mother to more local support from a health professional or breastfeeding drop-in, if available in your area, or to a lactation consultant.

Be sure that you record in the Leader's Log the details of the call, the information offered, and further lines of support suggested.

Sometimes the mother will request a face-to-face visit, or you may want to suggest this as something for the mother to consider. If you are unable to visit the mother or have her come to you, it may be especially important to suggest that she see a local health care provider or International Board Certified Lactation Consultant (IBCLC), if there is one in the mother's area. Lactation consultants often provide home visits for a fee. Talk to your supporting Leader about how to refer a mother to an IBCLC.

Medical implications

The *Leader's Handbook* refers to "health care providers," which can include doctors, midwives, pediatricians, or any other health professionals involved in caring for the mother and baby. Read the "Breastfeeding Questions and Possible Medical Implications" section of *Leader's Handbook* (Chapter 1 "Mother-to-Mother Help") to gain confidence in handling questions relating to the following:

- When the Leader's suggestions differ from the health care provider's advice
- Handling medically related breastfeeding questions
- The art of sharing information without giving medical advice
- Helping a mother to work with her health care provider
- Questions about medications while breastfeeding

E: Study Questions

1. What resources are available to Leaders when helping mothers in situations beyond the normal course of breastfeeding?
2. What can a Leader do when she needs to find more information to answer a mother's question?

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Part F: Breastfeeding Challenges

The Womanly Art of Breastfeeding, Chapter 18, "Tech Support" provides useful background information on many of the topics in this section. If you need information beyond *The Womanly Art of Breastfeeding*, consult the Professional Liaison Department (PLD). Make use of the most up-to-date references available to you. Another source of information is the LLLI website "Breastfeeding Info A to Z" at <https://www.llli.org/breastfeeding-info/> which provides links to relevant information.

This section lists the references that can help you support a mother facing a particular breastfeeding challenge. Become familiar with where to look for this information; practice explaining to a mother that you will find out more information and get back to her. You can use the references below to help you practice a helping situation from the *Preview of Helping Questions and Group Management*.

Adopted baby

Sometimes mothers ask Leaders for support with **relactation** or **induced lactation** in order to breastfeed an **adopted baby**.

- WAB index: Adopted babies
- LLLI website, "Breastfeeding Info A to Z," **Breastfeeding An Adopted Baby**: <https://www.llli.org/breastfeeding-info/adoption/>

Babies born with special needs

- **Cleft lip/palate** WAB index: Cleft lip or palate; LLLI pamphlet: *Breastfeeding a Baby with a Cleft Lip or Palate*
- **Cystic fibrosis and other metabolic conditions** WAB index: Cystic fibrosis;
- **Down syndrome** WAB 2010 index: Down syndrome
- LLLI website, "Breastfeeding Info A to Z," **Special Needs**: <https://www.llli.org/breastfeeding-info/special-needs/>

Breastfeeding multiples

When a mother has more than one baby and is breastfeeding them, this is referred to as breastfeeding multiples.

- WAB 2010 index: Multiple births

Diabetes and breastfeeding

- WAB 2010 index: Diabetes

Hospitalization of mother or baby

- WAB 2010 index: Hospitalizations
- LLLI website, “Breastfeeding Info A to Z”

Anesthesia: <https://www.llli.org/breastfeeding-info/anesthesia/>

Pumping Milk: <https://www.llli.org/breastfeeding-info/pumping-milk/>

Jaundice

Newborn jaundice is a common concern; however, **jaundice** which continues to concern the mother beyond the first few days, or which appears to threaten the continuation of breastfeeding, can be regarded as beyond the normal course of breastfeeding and requires additional knowledge.

- WAB 2010 index: Jaundice
- LLLI website, “Breastfeeding Info A to Z”
Jaundice: <https://www.llli.org/breastfeeding-info/jaundice/>

Postpartum depression (PPD)/postnatal depression (PND)

If you suspect, or a mother tells you, that she has **postpartum depression**, she may need medical or other specific support, such as from a local support group for mothers with PPD/PND.

- WAB 2010 index: Postpartum depression
- LLLI website “Breastfeeding Info A to Z,” **Postpartum Mood Disorders:**
<https://www.llli.org/breastfeeding-info/postpartum-mood-disorders/>

Premature baby

Human milk is the best possible nourishment for **premature** infants, just as it is for full-term babies. A mother may need support and information about **pumping** her milk.

- LLLI website “Breastfeeding Info A to Z,”

Premies:

Breastfeeding: <https://www.llli.org/breastfeeding-info/premies-breastfeeding/>

Kangaroo Care and Skin-to-Skin Contact:

<https://www.llli.org/breastfeeding-info/premies-kangaroo-care-skin-skin-contact/>

Positioning: <https://www.llli.org/breastfeeding-info/premies-positioning/>

Pumping: <https://www.llli.org/breastfeeding-info/premies-pumping/>

- WAB 2010 index: Premature baby

Pumping milk for the baby

Situations can arise in which a mother needs to pump her milk for her baby. This can occur if the baby is premature, or if the baby has problems latching on at the breast, or there are health issues for either the mother or baby, or in situations involving separation of the mother and baby.

- WAB 2010 Chapter 15, “Milk to Go”
- LLLI website, “Breastfeeding Info A to Z,” **Pumping Milk:**
<https://www.llli.org/breastfeeding-info/pumping-milk/>

Reflux

Gastroesophageal **reflux** disease, which is not the same as normal “spitting up,” can cause feeding

problems. A doctor must diagnose reflux, but sometimes simple management strategies can help.

- WAB 2010 index: Reflux
- LLLI website, “Breastfeeding Info A to Z,” **Reflux:** <https://www.llli.org/breastfeeding-info/reflux/>

F: Study Questions
1. What are some of the feelings that mothers might be dealing with in special situations? How can we help?
2. What are some good suggestions for a mother who has given birth to twins?
3. What information about breastfeeding would be helpful to a mother with diabetes?
4. How can Leaders help mothers facing hospitalization of mother or baby?
5. Under what circumstances would jaundice be of more serious concern than normal physiologic jaundice?
6. What are some symptoms of postpartum depression? How can a Leader help?
7. How can we assist the mother of a premature baby in pumping? When is it best for her to begin pumping and how often?
8. What can be expected in a premature baby’s first few feedings at the breast?
9. Give some ideas for easing the homecoming of mother and baby in special situations.
10. Name some strategies that could be helpful for a baby with reflux disease.

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