

Transcription

Media File Name: Breastfeeding webinar recording.mp3

Media File ID: 2165355

Media Duration: 56:56

Order Number:

Date Ordered: 2015-05-13

Transcription by Speechpad

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Megan: Hello, everyone and welcome to the How to Talk with Moms About Breastfeeding: Starting the Conversation webinar. I'm Megan Hiltner with the Healthy Start EPIC Center and I'll be moderating the webinar today. We have approximately 60 minutes set aside for the webinar presentation and for questions and answers. The webinar is being recorded and the recording along with the transcript and slides will be posted to the EPIC Center website following this webinar. This is part one of a three-part webinar series. This presentation is focused on support for breastfeeding. Parts two and three are more clinical in their content. The two webinars are on Preparing Moms for Their Hospital Experience and Helping Moms Work Breastfeeding into Their Lives.

We're trying something new with the two follow-up webinars and instead of hosting these webinars live, we will be recording them with your presenter today and you will be able to then watch them at your leisure. Your presenter, Ms. Cathy Carothers, has offered to make herself available for question and answers that may come up after watching the webinars. So we'll create a system that will allow you to pose your questions, then we'll develop a frequently asked questions document that we'll post to the EPIC Center website along with the webinars that you can refer to. A couple more housekeeping announcements before I introduce Ms. Cathy Carothers. We want your participation on the webinar today so if you do have any questions or comments, please don't hold them and chat them in at the chat-box at the bottom left corner of your screen.

We will only be taking questions via the chat-box and we'll be breaking at the end of the presentation to respond to your questions. If we don't get to all of the questions, we will include them in a frequently asked questions document that we'll post to the EPIC Center website with the webinar materials. The last thing I want to mention is that you'll be asked to complete an evaluation survey at the end of the webinar and we do appreciate your feedback so please take a moment to complete that survey. So now without further ado, let me introduce your wonderful speaker today. Ms. Cathy Carothers is the co-director of Every Mother Inc. which is a non-profit organization providing counselling and lactation training for health professionals across the U.S. She's a board-certified lactation consultant who's provided more than 650 breastfeeding training events in every U.S. state and territory and several countries.

She's led numerous national breastfeeding support initiatives for the federal government including developing breastfeeding staff training curricula for the USDA WIC program and the Supporting Nursing Moms at Work initiative for the HHS Office on Women's Health. The former state breastfeeding coordinator for the Mississippi WIC program, Cathy is the recent past president of the International Lactation Consultant Association and recent past chair of the U.S. Breastfeeding Committee. She was awarded the 2014 National Leadership Award by the National WIC Association for her contributions to the field of breastfeeding and it is my great pleasure now then to turn it over to you, Ms. Cathy Carothers for the webinar.

Cathy: Thanks so much, Megan, and welcome to all of you who have joined us for this webinar and we're going to be talking about how to talk families about breastfeeding and how to get the conversation started and I'm just so honored and delighted to have the opportunity to be with you all. And I'm especially excited that Healthy Start is doing so much to really work to provide education for how to support breastfeeding families. I just want you all to know I'm here and available to walk alongside you in this important journey. I actually do a lot of workshops on this topic of how to talk to moms and their partners and their families about breastfeeding. So I'm actually going to narrow down my usual half-day or full-day workshop into just maybe a few of I think what may be the most important counselling tips to keep in mind when you're starting a conversation with moms about breastfeeding.

I think one thing we've come to learn about breastfeeding and about supporting families over the years and I've been doing this a very long time is that it really does take an entire village. It doesn't just require the hospitals or the doctors. It isn't just the Healthy Start. It isn't just about community organizations or the WIC program. It really does take the entire circle of support by every group that touches these new moms and I think there's just an important role for each one of us to play. So then we all know how to talk to families, then we can begin working together to get the consistent messages that mothers are really going to need to be able to follow through on their breastfeeding decisions. So when we talk mothers and fathers about breastfeeding, we might think we have to know a lot about breastfeeding before we can start that conversation.

Well, I want you to know what families need most from you is not that you have all the answers, but that you have the care and compassion and a listening ear. And that just means not listening only to the words that they have to say, but listening to the body language, to what they don't say as well as what they do say. So there are a few important things that I think are important as you think about how you're going to listen to the families that we serve to find out what their needs are truly going to be. And one thing to listen for is what the research has to say. So I want you all to know research tells us that many moms believe formula is just as good as breast milk and I think that's really important for us to be aware of.

There's been a lot of really pervasive marketing of infant formulas over the years to the point that now, studies tell us that many women believe formula is almost the same thing as breast milk. In fact, we hear a lot of mothers who say, "Isn't that formula like breast milk in a can?" There's a lot of misunderstandings amongst families of really what the differences are between breastfeeding and formula feeding. Formula manufacturers have added a number of additives in recent years and they've marketed them widely and that has led a lot of families to believe that maybe infant formula is actually better for their babies than breast milk. So we have a real responsibility to make sure that we're giving correct information, this is helping them to make a truly informed decision. Of course you see on the back of this can of formula and this is just one of a many varieties of different types of formulas but you see there is a finite list of ingredients on the back of this can and if you count them, there's somewhere between 40 and 45 ingredients.

What most families do not know is that breast milk has thousands, thousands of components within the milk and in fact, there have been identified over a million white blood cells that fight infection in every single teaspoon of breast milk. There is nothing that can come close to what's in a mother's own milk for her own baby. So that's why we know breastfed babies have been proven to be healthier. So as you look at this little chart, this little Lego tower sometimes use when we educate parents about the differences between breastfeeding and formula feeding. A lot of WIC agencies use a poster similar to this. A lot of hospitals use posters similar to this so you might want to consider even making a little Lego tower that you can have in your agency somewhere as you're talking to moms. But you can see that there are some similar components between breast milk and formula.

They each have a certain number of very similar components although we want moms to know that what's in breast milk actually functions quite differently than those components in formula because the components in formula are manufactured substances. They're chemically engineered within a laboratory setting, whereas the components in human milk are derived from human living tissues so it's a more active living substance, and it functions actually a little bit differently. So we want moms to know that even though there are some common components, there are still differences in the way they work. But then as you can see from this tower, breast milk has a whole lot more. Breast milk has among the many, many different ingredients for thousands of different components, it has things such as anti-parasites, anti-allergies, anti-viruses.

These are all components that attack and destroy various types of pathogens that come into the baby's body. There are certain types of hormones, growth hormones. There are stem cells in breast milk. I'll bet a lot of you didn't know that breast milk actually has stem cells in it and these are not just mammary stem cells. These are stem cells that come from multiple lineages throughout the body. So these stem cells are designed for growth and development. We know that breast milk has a number of different kinds of digestive enzymes in it and growth factors. There are even anti-cancer components that we call Hamlet. Breast milk has been proven to have molecular compounds that actually attack and destroy 40 different types of cancer cells and then those wonderful, wonderful antibodies that I mentioned to you, millions of them within every feeding that a baby is going to get.

And those antibodies are based not just on the things that the mother has been exposed to but they're also based on things that the baby has been exposed to. The mother's body actually serves almost like a milk factory. She creates and programs her breasts in a sense to create antibodies specific to what's been going on in that particular baby's environment in that particular baby's world and her world. So there is nothing on the planet that can come close to what is in mother's milk. This is why breastfed babies have now been proven to have a lower incidence of obesity, diabetes, illnesses, allergies, less risk of leukemia and several types of childhood cancers and even a lower risk of dying from sudden infant death syndrome.

And we also know a lot of women don't know that breastfeeding actually helps the mother, that the mother who breastfeeds has been shown to have a lower risk of breast cancer, ovarian cancer, diabetes and that recent studies found that mothers are less likely to develop cardiovascular disease. And these are all illnesses and diseases that can occur throughout a woman's lifetime, but the studies show that the mother has a lower risk even well past menopause. So this is something that a mother actually does not only for her baby but she does it for herself. So as we listen to the research, I think that can tell us some important things about just how important breastfeeding really is. It will tell us what mothers are thinking about, the things that they value and one thing we know from research is that most women lack the confidence to initiate breastfeeding or to continue breastfeeding.

We used to think that if women just had enough facts, if they just knew all these wonderful benefits to breastfeeding, well, they would just line up outside your agency and be begging for help to be able to breastfeed, but it doesn't work that way because infant feeding decisions are not always based on facts. In fact, the research tells us infant feeding decisions are based more on emotions, how women are feeling about their baby and about their pregnancy, how they feel about the feeding decision, how they feel they're going to be able to work breastfeeding into their life. So I want you to be aware of that research tells us 95% of our thinking as adults actually begins with our emotions. So as we do that important work of listening to our moms and dads, we need to be listening to the feelings that they have when we talk to them because those feelings will help us know not only how to start that conversation but how to get going.

Another thing that we know from the research in terms of things we should be listening to is that moms do not make their feeding decisions in a vacuum. This is a picture of a social ecological model that just visually helps us to see that that mom in a little small circle of in the bottom, individual factors. That mother is surrounded by influences that will impact her decisions not only about whether she's going to begin breastfeeding but how long she's going to breastfeed and how she can handle any challenges that come her way. So we know that for example at the individual level, that moms are making decisions based on their own feelings, maybe their own experiences. If they breastfed a previous child, then they might have a different feeling about breastfeeding than a mom who has maybe bottle-fed or formula-fed a previous child or who has never breastfed before.

We also know that surrounding that mother with her individual barriers or her individual factors are the interpersonal factors. This is very, very powerful. Studies tell us that the grandmother and the mother's partner or the baby's father are probably two of the strongest influences not only in whether she's going to breastfeed or not but how long she's going to breastfeed and how well she's going to be able to fit this whole parenting thing into her life, the decisions she's going to make as a new mom. So we want to make sure that we're engaging grandmothers or engaging dads and not just giving them a list of things they can do for the baby but really helping them to see what their role is as a crucial and vital member of this family. I heard a dad one time tell me that sometimes he feels like he is a man-maid.

He said, "Everybody gives me lists of things to do. They tell me I can change dirty diapers and I need to cook but no one tells me, how I can be a part of this baby's life and I want a relationship with my baby." So what we need to be looking at is how to help dads to feel that sense of they are an important part of the family. So one of the things that I like to sometimes suggest to dads is this incredible importance of them holding the baby skin to skin. You know babies love to be skin to skin with their parents, both the mother and the father and this is a powerful way for a father to really begin to release a lot of nurturing hormones that help the dad to feel closely connected to that child and a strong part of that family.

So in addition to the interpersonal level, then there are the organizational level so that's the people who has the positions in the community, the hospital, the WIC program, different groups within the community surrounding that mother with information and support. And then we have the whole community focus. For instance, where is she going to shop? Where is she going to worship? Where is she going to work? Which childcare provider is she going to use? Who are all those people throughout her community who are going to impact her decision? In this upper level, we have society, things like policies and systems and societal norms. If you live in my neck of the woods, I live in the deep south in Mississippi where it is not necessarily the social norm for women to breastfeed.

More and more women are making that choice today, but it's still not as strongly a part of our social norm as it might be in other areas of the country. So sometimes we have a lot of challenges that we need to face. I also want to just remind you

when you think about the interpersonal level, that pink level, that includes that impact of the mother's friends and remember, friends does not necessarily mean the people she knows. That includes her "friends list" on her Facebook page or her Twitter feed or the blogs that she's reading. In fact, I've read a recent study that found that 85% of new mothers trust the information they receive from their "friends" via social media. So this is really, I think, telling us that we've got a lot of work to do to make sure that we're really surrounding that mother with the kind of support that's going to help her to achieve her goal.

So if we talk about some of the barriers that moms have, I want you to take a look at this list. We're doing a little poll here because I'm curious. I know we have a lot of people on the call. You guys come from all over the country but I'm interested in what you hear are might be the biggest barriers to breastfeeding in the women in your community. So I'd like to just ask you to take this poll if you would. You can just click on the item that you feel is the most significant barrier and as you do, we'll see what kind of results we get and we'll see if what you hear from moms line up with what the research has to say and actually as you're doing that, I'll just kind of quickly review of what some of your poll items say. Lack of family support is a major barrier for a lot of mothers and we've touched on this already, the role with the grandmothers especially female relatives as well as the baby's father.

A lot of mothers have barriers of returning to work and maybe they're concerned that if they start breastfeeding and have to stop prematurely to return to work that this might be difficult on the baby or really hard on their body. Same thing with moms who are returning to school. Lots of times, mothers fear that if they go back to school, they don't know how they're going to work this in, how they're going to talk to their male principal about these issue, how they're going to deal with other students who might laugh at them or say things that are unkind to them. A lot of mothers are worried that they're not going to be able to make enough milk. They may worry or they may feel that they really aren't making enough milk and then again, we've had a lot of mothers who just perceive that they're not making enough milk so whether it's a real milk supply problem or just a perceived milk supply problem, the results are still the same.

Mothers still worry that they're going to be able to make enough milk. This is a huge, huge issue for a lot of moms. Another huge barrier is moms who look at their

babies, the baby seems really fussy to them, and they think that's telling them baby doesn't like it, doesn't like breastfeeding. He prefers formula. He prefers a bottle or they feel like that means that they're not making enough milk. And then many women just simply don't know the reasons to breastfeed. They really don't. They have not talked about this in their family or in their life and maybe they really don't know where to turn to get that kind of information so some of these moms who just need to start with a very basic to help them understand some of the differences between formula and breast milk. Here we go. Here is our poll results. This is very interesting.

I'm very intrigued by this result. This shows, according to you guys on the call, that returning to work is your major barrier. Maybe the second most important barrier is that mothers just don't know why breastfeeding is important. Lack of family support and not enough milk. So lots and lots of reasons. I don't find this to be unusual at all. I will tell you that a lot of the research tells that one of the major reasons women wean their baby after they have their baby is they don't perceive they're making enough milk but from a prenatal perspective, a lot of mothers don't even start because they're going back to work so you guys are very much in tune on what the research shows. So let's talk a little bit more about that and knowing that these are some of the barriers that you all are facing, I'll make sure on the next two recorded webcasts that we are sure to address some of these issues in much more detail.

So in social marketing terms, barriers in a sense become a cost that a mom and her partner feel they're going to have to pay and I don't necessarily mean a monetary cost but a cost in terms of her freedom, her standing within her family, maybe a cost to her self-esteem and this can certainly vary from woman to woman. That's why you as a counselor can really support a mom best by finding out her what her barriers are so you can give her some strategies for being able to work breastfeeding into her life. So how do we do that? Well, I think it begins by taking the time to build a relationship or a connection with the mother and I love this quote from Harry Truman. He once said, "People don't care what you know until they first know that you care."

Once a person knows you care about them because you took the time to build that relationship or that connection with them, then there's a sense of trust and we know

from research that when people trust you as an individual then they also trust the information that you're going to have to share with them. So building the connection is the most critical way to begin that conversation. I want to just invite you to remember this slogan that I try to keep in my mind all the time. Connection before content. And that means before you rush in to educate a mom and give her a bunch of reasons why she ought to breastfeed, take the time to listen to her, to learn her barriers, to find out the kind of support she's going to have at home and what she's going to need from you in the way of resources and support. Because we know from research that when we take that time to build that connection by listening and learning from her, women will be much more likely to listen and learn from the information you're going to have.

So how do you find that out? How do you determine what those barriers are? Well, we start by creating a welcoming environment. It means starting your conversation with a mother by asking open-ended questions and I know most of you are very familiar. We've probably all been trained on the importance of open-ended questions versus closed questions. Closed questions are really problematic but here's the thing. Even though we know we're not supposed to do it, we all do it. It just creeps into our lives, every single one of us when we have a conversation with someone else but I want you to remember that closed questions don't really get you a lot of information and a lot of times, mothers will tell you what they think you want to hear from them rather than what's really going on.

Also, I have found that a lot of mothers tell me that when a counselor's asking a lot of closed questions, they actually feel interrogated and when they feel interrogated, they shut down. They worry about what is the right answer. They don't like that feeling of being interrogated. So how do we ask the question in an open way? Here is how I do it and you can feel free to use whatever techniques work for you, but this is what works for me. This is a picture of my computer screen monitor and I have three stickies on the edge of my monitor. I keep them there all the time and these are just reminders to me on how to begin my questions because if I begin with the words what, how or tell me, then my questions are going to be much more likely to be open questions. I stumble and struggle trying to figure out how to ask somebody something, I go to those words. That's my cheat sheet.

So here's just a couple of examples of what that might look like. A what question, just a few ideas here like what does your mom or your partner tell you about feeding your child? I think that's a very respectful way to begin that conversation. What do you hear? What is your family telling you? Rather than saying, "Do they support you?" "What are they telling you?" and that's going to open up a net. You're going to hear all kinds of answers to that that will be much better for you to know there or then and find out what's really going on. Maybe, what are some of your goals? What are your plans after you leave the hospital? And I love this last one, what is most important to you as you think about being a new mom? I think when you learn and respect and honor what's important to the families you're serving, that's really powerful in building that relationship and it helps you to know a little bit more about this person rather than just knowing her feeding decision, that tells you a little something, a visual snapshot of what she's like as a person.

How questions might sound like this. How do you think things are going? How do you know that your baby is ready to eat? How are you planning to combine school or work with being a mom? How do you want people in your family to support you? So we talk a lot about support but we don't always find out for moms what kind of support they want and what they feel is going to be important to them. So tell me questions might begin like this. Tell me about your goals for feeding the baby. Tell me what's most important to you. Maybe tell me what options you've already tried and my favorite one, I just keep this in my back pocket all the time, tell me more. So let's do just a real quick little practice where a question that I find is the number one question everyone in the entire United States and the world always asks, whether it's a prenatal mom or it's a mom in a hospital or no matter what her situation, they all want to seem to want to know, are you going to breastfeed or bottle-feed and there are a lot of problems with this question.

So if you don't get anything else from this webinar but how to change this question, then it will have been worth it for me because there's a lot of problems. So one of the problems with this question is it's a little confusing. What if she plans to pop breast milk and she's going to put that in a bottle? She might not really know how to answer your question. The other thing is this equates breastfeeding and bottle-feeding as formula-feeding as equal options and folks, these are not equal options. It also doesn't tell you what her worries are. It only tells you what her decision is and the decision she's giving you is a decision you're forcing her to

make even before she has the information and is able to make an informed choice. And what if she gives you the answer formula or bottles? Well, now you as a counselor has to try to educate her about breastfeeding.

What is she going to do? She's going to tune you out and disconnect because you have just told her she gave you the wrong answer. So instead I will urge you all to think about starting your questions with this one, what have you heard about breastfeeding? Now, this is a great question because there is no right or wrong answer to this question. The only thing that's right is what the mother has heard. We're not asking her to make a decision. We're not even asking her to tell us what she feels about breastfeeding or what she knows. We're asking her to tell us what other people are telling her and what you should know is that what she tells you she's heard are the very things she's thinking about and perhaps worrying about. So that's a really great way to very quickly get right to the root of some of the things that she's concerned about.

So she might say for instance, "Well, I've heard it hurts," or "Well, I know it's best for the baby but I'm not sure I can do it," or she might say, "Well, my sister tried it. She wasn't really able to make any milk. I've heard that it's really hard to make milk. I don't know whether I'll be able to." So right away, you're going to find out exactly what it is she's worrying about. And once you hear her answers, then it's time for you to respond by affirming her or validating her feelings. So remember back what I said earlier that so much of what we do is about emotions. I want you to look at this picture. This is a picture of a mother who is holding obviously, probably a premature baby, maybe a sick baby who is lying on her chest skin to skin. I have some other pictures of this mom with a lot of tubes connected to this baby so we know this is a baby who is sick.

So I want you to imagine for a minute that you're in the hospital room with this mother and you ask this mother what she's heard about breastfeeding and she says to you, "I just don't think I can do it. I've heard that it's really hard and I just don't know if I can do it." Well if you pause for a minute and try to imagine what this mother might be feeling right now, what emotions are going through her head, it's going to help you know how you need to respond in terms of how you want to affirm these feelings. I don't know this mother but when I look at this picture, I imagine that this mother is probably feeling overwhelmed. She might be feeling

frightened. She might be worried about whether her baby is going to survive this ordeal. She might be worried about whether she can possibly sustain this baby.

She's maybe even feeling a little disconnected from this baby because this baby has been hooked up to tubes and all kinds of life support methods and mechanisms in this hospital which can be a very scary place. So what I feel, I'm beginning to sense that maybe this mom is really feeling overwhelmed by the demands she's going to have to face in caring for this little tiny baby by herself. It helps me to be able to respond rather than say, "Oh, breastfeeding is easy. Oh, there's lots of things you can do. We'll help you." You want to pause first and say, "Wow. You look like you might be feeling a little bit overwhelmed. You know that's going to be really normal for a mom who's dealing with a sick baby. I can tell what a good mom you are that you're really wanting the best for your baby. Let's talk about some worries if we can help."

So you're dropping in a validation of what she's feeling. Now, what we know is that validating a mother's feelings is powerful. I want you to imagine that in your pockets at all times you carry around with you two invisible squirt bottles. One invisible squirt bottle is filled with stress cortisol and the other invisible squirt bottle is filled with serotonin. What research tells us is that when we go into advice-giving mode and we start telling people what they should do, their stress cortisol levels go up. It's as if you took your invisible squirt bottle and you just squirted some fresh cortisol at her. Now, why is that a bad thing? Well, when stress levels go up, it actually shuts down the cerebral cortex portion of her brain and that's the part of her brain right behind her forehead.

That's the portion of her brain where she's thinking, problem-solving, analyzing information and making decisions. So we want this part of her brain to be functioning. So stress cortisol is bad. On the other hand, when we affirm that mom, when we validate her feelings, it's as if we give her brain a big, huge boost of serotonin from our squirt bottle. Now, serotonin is that feel-good chemical in our brain and what's great about it is that it actually opens up that cerebral cortex. So when we affirm the mother, she is able then to more likely be able to think about some of the options then act on it when she feels now that she's been heard and this helps her relax so she realizes she's really okay. So I'd like to share with you five

ways to affirm a mom then we're going to wrap up this webinar and open this up for some questions.

So one way to affirm a mom is to simply agree with her if you can. You can't always agree with everything you hear but if you can, let her know she's right. So let's say a mom says to you, "Wow, breastfeeding is really time-consuming." You can agree with that. You can say, "You know, you're right. Breastfeeding is pretty time-consuming right at first," and then you can go on to say, "And it gets easier and easier once you get adjusted." So you start with the affirming statement. Let her know she's okay. People like knowing that they're right. Another way to affirm her is to let her know she's not alone. Nobody wants to feel they're the only one who's going through something so when you can say something like, well, for example, "I've known other moms who went through that too." "Oh, I've heard that from one of the other moms," or "Many mothers have experienced what you're experiencing."

Then that's really powerful to her. Now, I want to let you know if you have personally been through that, you should tell her that. You should say, "I remember going through that too," and that lets her see you are a mom just like she is. If you're a dad watching this webinar, you can say, "My partner went through that." "My girlfriend went through that." "My sister went through that," and that again, lets the mom know, "Oh, okay. I can relax then. You know what? This is life." It's a very powerful way to affirm. Another way to affirm is to read between the lines. So let's say for example a mom says, "I think I'm going to have to start on formula so I can get some sleep." Now, your first reaction might be to say, "Oh! Don't do that. If you start formula, it's going to affect your milk supply," which is a true statement, but if you pause and affirm by reading between the lines, what is she really telling you she's worried about? She's telling you she's exhausted so if you could maybe acknowledge that, then you open up that door.

So you might say for instance, "Well I remember those days. It's hard to do it all right after a baby is born. I've been there. Let's talk about some ways to get you a little more rest." So give her what she's telling you she really wants before we try to jump in there and find solutions to everything that she says. A fourth way to affirm the mom is to shine the spotlight on something she's doing right. As individuals, we love knowing we have done something well. If other people notice

what we've done, it is very powerful so you might say, "You're doing such a great job. A lot of moms would have given up but look at you. You're still doing it. I'm so proud for you." And finally another way to affirm is to always look for ways to show her how she is a good mother.

The research tells us that the number one emotional trigger or poke point that a mother is looking for in her experience as a parent is to feel she is a good mom and yet, the reality is we don't hear that often enough. Just a couple of days ago, we celebrated Mother's Day and I hope everybody out there who is a mother got lots of well wishes and love shunned to them. I certainly received that but the reality is we don't hear that kind of praise the rest of the year, do we? So look for ways to show your moms that they're doing a great job because the reality is a lot of these mothers are getting a lot of advice and advice tells them, "We don't think you're doing a good enough job. Here's what you should be doing and this is what you need to do so you can be a good mom."

Well, I want you just to remember that if we give nothing else to our moms, it's just always look for ways to show them that they're doing a great job. So once you've identified the mother's concern, you've affirmed her, you're ready to start offering some content and that's what we're going to be covering in our next two webinars. Your content's going to be different depending on what the mother needs and what she wants to hear from you. You might want to share with her some local resources. I want to just point out a couple of things that are available to you free. This is a free mobile app from Coffective.com. If you're going to look this up on either the Android or iPhone store, notice that there's not an 'E' before 'ffective.' It's Coffective without an 'E' so I just want to let you know because a lot of people try to type down an 'E' there and they can't find it.

But this is a fantastic new app that has a lot of evidence-based practices that teach a mom what to do to get ready for her breastfeeding experience with her baby and it has a lot of great information for dads in here as well. We put in about 300 photographs into this app. There is content from the mother's perspective and it's presented visually. There's content from the baby's perspective so the mother will understand what her baby is feeling and going through so she can better understand why her baby cries and why her baby wants to be held so much and it has information from the dad's perspective so he will know what his role is so he can

support the mother in the same way through this. If you feel like the mother is eligible for the WIC program, we really invite you to connect her to her local WIC resources, and maybe think about starting a Facebook page.

I would love it if Healthy Start all over the country would begin to maybe provide some sharing opportunities for mothers with the actual community. This is a screenshot of a Facebook page out here in Jackson. This is La Leche League of Metro Jackson and you can see here we have 1,542 moms who have signed up for this. It is an amazing thing. All the hospitals promote this Facebook page and the mothers love it because they go to get support from one another so that might be something you all might want to consider. Also, remember there are a lot of great apps and resources out there. Texas Ten Step program has an app called the Healthcare Provider's Guide to Breastfeeding which is a great resource for you who's a local person. Also, check with your local WIC program and see what kind of conferences and maybe breastfeeding staff training programs they have coming up.

And this is the website of ILCA.org. I-L-C-A.org. This is the International Lactation Consultant Association and they have posted gazillions of learning modules that you can go and get continuing education private for to learn a little bit more about how to support mothers who are breastfeeding. I will conclude with one of my favorite quotes. This comes from Will Rogers and it says, "Even if you're on the right track, you'll get run over if you're just sitting there." So remember there are so many opportunities, so many resources available for us to support families. It's just now up to us to avail ourselves of them and to work together to make a difference. So at this time, I'm going to put my email address up here so you all can contact me if you have questions or want to offer stories or examples and I will open it back up for Megan to see if we have some questions to answer.

Megan: Thanks, Cathy, for that high-energy presentation. That was great. So everyone, please chat your questions or comments into the chat-box in the lower left-hand corner of your screen. I do have one here for you, Cathy. What can we say when women tell us that their mother or mother-in-law will be caring for the baby and wants them to use formula?

Cathy: Oh, wow. That is a great question and it's probably the one we hear or might be most commonly. It is really hard for a mom to speak up especially when the person who's going to be taking care of their baby, giving her free childcare, wants her to formula-feed so I really see this is a major challenge for a lot of moms. A couple of things maybe to think about, I think if you are in a position to be able to talk to your moms prenatally, start asking those questions really early. Find out what is your mother or your mother-in-law telling you about breastfeeding? What was their experience like? And then try to get the people who are going to be caring for her baby into a prenatal class if you have that opportunity, if you provide them at your agency.

If you don't provide classes, maybe you can find out where in the community there are classes that a mom and her support people can go to. I think just educating people is really the key. I also want to mention another, there's a resource that was created from New York and you can go to NewYorkBreastfeedingPartners.org, I believe is the website and I think you might have to search for this page on their website but if you do a search for 'Making it Work,' that is a toolkit, a free downloadable toolkit that was designed for mothers who are going back to work and there was a brochure that we created specifically for family members and it really gives a mother or mother-in-law some of that specific information on how they can support the mother as well as properly care for the baby.

Megan: Great, thank you and Cathy, I've been chatting in the websites that you're providing and we'll also make sure we include these resources with our FAQ doc just so everybody knows that they'll have them all in one handy place.

Cathy: Perfect, thank you.

Megan: So the next question that came in, what are the legal requirements for supporting breastfeeding moms at work?

Cathy: Okay, another very good question. There's been a lot of discussion about what a mother's rights are at work. The federal law requires that employers accommodate nursing women employees at work. They must provide two things. They must give them reasonable time to express milk and they must give them a private place that is not a bathroom stall. So right now, the federal law applies to women who are working in hourly jobs which is probably the majority of the

women that are served by Healthy Start and by other social programs within the community. Hourly jobs, if a mom is eligible for overtime then she falls under the protection of the federal law, but we should also note that a lot of individual states also have laws and many states have laws that actually require employers to support all women, not just hourly workers.

So you'll want to make sure you check to see what the requirements are in your state because they do vary from state to state, but the federal law says that businesses must provide protection that is as good as the federal law or if the state law provides greater protection, they must abide by their state law. And I do want to just mention another resource and if you could maybe write this one in as well, Megan. This is the resource we developed for the office on Women's Health and it will be available at WomensHealth.gov/breastfeeding-at-work and we will make sure we include this on the FAQ as well.

Megan: Cathy, sorry. I missed some of the forward slashes in that.

Cathy: Okay. It's a long URL. I apologize.

Megan: That's okay.

Cathy: Bbut this is what they came up with. WomensHealth.gov/breastfeeding-at-work and while you get that, I just wanted to mention this was the big federal project we did we just rolled out last summer and it features solutions for how to support mothers in non-office settings so there are over 200 businesses, everything from Walmart to fast food agencies to manufacturing plants. There's wonderful, wonderful photos, videos and solutions so you might want to share that web link with your moms if they're going back to work and ask them to pass it along to their employers. There's some fantastic downloadable resources available and I'm looking at the link. Yes, that's it. That's perfect.

Megan: Great, so that's perfect. Thank you.

Cathy: Sure.

Megan: So a couple other questions have come in. This one says, can you speak about mothers who have past and present abuse drugs and alcohol in

breastfeeding? The population that this person works with has high rates of drug and substance abuse.

Cathy: That is a huge issue. Thank you so much for speaking to that and I'm going to make sure that we include some resources, but I'm going to need to go back and double check to include in the FAQ. Certainly if a mom is actively abusing drugs and alcohol, we would not want to be encouraging her to breastfeed. If a mom is taking an occasional drink, then there is a point at which she could be pumping and dumping or waiting two hours after a single drink before trying to breastfeed the baby, but if she is abusing drugs or alcohol, one of the first questions I have is how is she taking care of her baby? I mean this is a serious, serious problem when there's drug and alcohol abuse going on so I think certainly, we need to begin screening for that early in pregnancy, finding out what might be going on and then making the appropriate referrals to help for these moms.

Megan: Great, so the next question is are there any programs that help patients with an electric breast pump versus a manual pump they might get from a hospital or a WIC program?

Cathy: Oh, wow. Interesting question, yes. This is so variable depending on the state, the WIC program, the insurance company, the Medicaid program in that state. Every state is totally different. In some states, the Medicaid program does provide reimbursement for breast pumps so you might want to check and see what your state's Medicaid programs provide. Certainly, do check with your WIC program. Many WIC programs do give better breast pumps but not all of them do. It just depends on the kind of funding they have. Insurance companies are now required under the Essential Benefits portion of the Affordable Care Act to provide a breast pump to their insureds but companies are not required to give a hospital-grade electric pump. They're just required to give a pump. Unfortunately, a lot of insurance companies have chosen to go the cheap route and give a manual breast pump instead.

I would ask maybe that mom could check out and see what kind of rental opportunities she might have. A lot of times, the rental providers for medical equipment might have rental programs that might be more affordable for her to pay a fee to rent a pump each month especially if she needs a really good quality breast

pump for a short period of time. Sometimes, it might be worth it to her for a month to be able to get that. The other thing I would suggest is that if a mom talks to her physician and her physician writes a prescription for her to have a better quality breast pump, then she could consider carrying that back to her insurance company and say, "My doctor has recommended that I have a better quality pump than a manual pump," and a lot of times, insurance companies will honor that so they might try that as well. This is a huge issue and there's no consistent standards for breast pumps that I'm aware of right now.

Megan: Thank you. So another question, what about a mom who isn't producing any breast milk but wants to breastfeed? What can you recommend?

Cathy: Oh, man. Well, first of all, I probably want to find out are we positive she isn't producing any breast milk because a lot of women actually use a breast pump and it may not even be a good quality breast pump to try to prove to themselves whether they're making milk and lo and behold, nothing comes out. That's because nobody gets any breast milk when you first start pumping. It's almost impossible to really get that milk flowing. I have helped so many mothers who used a pump to try to show themselves visually whether they truly are making enough milk and then when nothing comes out, they're going to say, "I'm not making any milk." So basically the first question I want to know, how does she know that and remind her that babies always get a lot more milk out than a breast pump ever does.

You want to be looking at wet diapers and poopy diapers especially poopy diapers and if the baby is pooping at least three to four bowel movements every day on the first three or four weeks after the baby is born, then the baby is probably doing okay. There's a lot of clinical things we will look for that will probably come in a lot more detail in the next webinar but certainly, we do want to really make sure that that's the case. If it shows in the assessment that she does, I would definitely refer her to a lactation consultant in the community who can really do a proper assessment to determine if she really is making enough milk or not and if she is not, there are a lot of options. Certain options include doing some things to build her production, pumping more often using a good quality breast pump, emptying the breast more often, sometimes herbal galactagogues as we call them, different things that can be taken to help increase production might be able to be considered.

Again, you got to do a really good assessment. Some mothers don't make milk because they had breast surgery and important milk ducts or nerve endings were severed and if that's the case, they're probably not going to make milk. That's the case, we want to talk to that mother about what her goals are and maybe offer her a supplemental nutrition system which is a little bottle that you put the formula in and you would attach that to the breast through a very thin feeding tube and as the baby is nursing, he would get extra nutrition from the bottled formula that she's attached while also getting some nutrition from the moms. I can show you some pictures of that on the next webinar if that's something people are interested in learning a little bit more about. So we have lots of tricks up our sleeve to work with moms depending on what her goals are and what's important to her.

Megan: That would be great. That would be great. Another question and this is back to the protection points that you were bringing up earlier. Are there protections or laws for breastfeeding moms for school for example in high school?

Cathy: Okay and I assume she's talking or he's talking about students as opposed to employees?

Megan: Correct. I'm guessing that it means students.

Cathy: Okay, so for students, no. There are no laws that I'm aware of that provide any protection for students. What I've sometimes done is I'll go in to meet with school principals before and like to talk to them about what the law requires in terms of them supporting their own staff, their own employees. And after you talk about what those laws are, then looking at making sure can we extend those benefits to your students and then talking to them about why their students benefit from this, how they're going to miss less school because babies who are breastfed are less likely to become ill, how the mother is less likely to become ill whenever she's able to produce her antibodies to help protect her baby and herself, how she's protecting her own health long-term.

How we're preparing this baby for the future student that will be in our school system in just a few years, increasing IQ levels and increasing development of that baby, looking at how when a mother is supportive and she feels that she can meet her goals and take responsibility as a young person for this baby that's now in her life, how that helps her to excel and to accomplish even greater things which can

improve her schoolwork. So you kind of have to go from that angle but you're really not going to be able to go in and say the law says you have to do it, because there are no laws right now.

Megan: So I think this will be our last question, how long should a mom breastfeed?

Cathy: Okay, well, again that's going to be a very personal decision based on that particular mother, her goals, her needs, but I'll share with you what the medical authorities say. The American Academy of Pediatrics recommends that moms breastfeed exclusively and that means nothing else but breast milk for around six months and then when the baby is ready for solid foods, add solid foods while continuing to breastfeed for at least a year and then after that year, for as long as both the mother and the baby want to. So that's what the AAP recommends. The World Health Organization recommends exclusive breastfeeding for six months, complementary foods with breast milk for at least two years and beyond. So that's what the medical people say and I think our task and our responsibility is to support that mother in whatever goals she has set for herself.

We can tell her what medical officials have recommended, see what her personal goals are and then remind her any amount of breastfeeding is better than no breastfeeding and even if she is only able to do it for a couple of weeks or months, she really deserves our praise because the moms we serve at Healthy Start and the WIC program and many other similar programs, these are moms who usually have difficult lives and I find that when we can really reach out for them and help them to feel proud about the decisions that they've made for their families, we've helped them achieve even greater goals in their lives. So I think it's really important for us to praise whatever it is that they feel can work for them.

Megan: Well, thank you so much, Cathy, for this great presentation. I'm really looking forward to the next two webinars and the great information that you'll be sharing with all of us so I really want to thank you so much for your time and your expertise and your energy.

Cathy: Thank you.

Megan: I do want to give everybody a heads up about some other upcoming webinars this month. Just a reminder to register if you haven't already and to register for any of these webinars, you can go to the EPIC Center website and go to the training calendar and register for these webinars. So we have a webinar... this week is full. We have a webinar tomorrow entitled, Launching Our Learning Together Using Peer Learning Networks to Achieve Collective Impact. That's May 13th. That's 3:00 Eastern time, from 3:00 to 4:30 Eastern. There is a fatherhood webinar on Thursday, May 14th and that's entitled, Fatherhood Programs and Initiative: Assessing Readiness and Sustainability.

That's from 3:00 to 4:00 p.m. Eastern and then on Tuesday, May 19th there is a webinar on domestic violence screening and follow-up. That's at 3:00 Eastern time as well. So if you're not able to be on these webinars, just feel free to pass this information on to others on your team that you think the content would be relevant for and just so everyone knows, we'll be recording the next two webinars with Cathy in early June and so you can look for those to be posted to the EPIC Center website in mid-June. So again, thanks to you, Cathy. Thanks to everyone for your participation. That concludes our webinar for today. Have a great rest of your day.

Cathy: Bye, everyone. Thanks.