



Healthy Start FAQ: How to Talk with Moms about Breastfeeding: Starting the Conversation

On May 12, 2015, Cathy Carothers facilitated the first part of a three-part webinar on breastfeeding. This first presentation focused on building and providing support for breastfeeding moms, while the following two webinars will approach breastfeeding from a more clinical perspective, covering how to prepare moms for their hospital stay and how to help moms incorporate breastfeeding into their everyday routines. This introductory webinar provided current information on the barriers to breastfeeding and examples of open-ended questions useful for counseling women on breastfeeding. Lastly, Cathy emphasized the value of, “meeting a mother where she is” in the context of the breastfeeding journey. Please feel free to reach out to Cathy directly at cathy@everymother.org with any questions.

During the webinar, participants asked several great questions, all of which have been answered below.

In case you or a colleague missed the webinar, you can access [a recording from the webinar](#) from the Upcoming Events tab on the Healthy Start EPIC Center website.

What’s a helpful response when women say that their mother or mother-in-law will be caring for their baby and wants them to use formula?

This is a very common question. If the provider has the chance to speak with the new mom and other caregivers before delivery, Cathy advises to start asking questions around feeding as early as possible. It is not uncommon for a new mom to ask her mother and/or mother-in-law about breastfeeding practices and experiences. Encourage the mom and her caregivers to join a prenatal class together. There is also an incredibly helpful resource created specifically for New York called Making it Work Toolkit. This free and downloadable toolkit is available on the Breastfeeding Partners website and is designed for mothers going back to work or school, and contains a section specific to family members, offering helpful information on how family can best support the new mom as well as properly care for the baby.

What are the legal requirements for supporting a breastfeeding mom at work?

Federal law requires employers to accommodate nursing employees at work by providing the employee with reasonable time to express milk and a private pumping space that is not a bathroom stall. At this point, the federal law only applies to women working hourly jobs, meaning that a woman falls under the protection of the federal law if she is eligible for overtime at her job. Additionally, numerous states have their own nursing-specific laws, many of which require employers to provide support for all nursing women, not just hourly workers. Keep in mind that these laws vary from state to state so it’s important to check the laws specific to your state. Regardless of the state, businesses must provide protection that meets federal law requirements or if the state law provides more protection than employers must then abide by the state law. [The Office on Women's Health website](#) offers a great resource that features an array of solutions on how to support breastfeeding mothers at work.



Are there protections or laws specific to breastfeeding moms in high school?

Currently, there are no laws providing protection for breastfeeding students. Cathy suggests broaching this conversation with the principal by first discussing the legal protections granted to nursing moms on staff. After reviewing those laws, continue the conversation to see if the principal could extend these same laws to students. Be sure to cover all the positive benefits tied to allowing students to pump at school, including optimal health of both the students and their babies. Other benefits include, but are not limited to, students missing less school due to having healthier moms and babies, moms protecting their own long-term health, and improving infant brain development. Perhaps one of the most important benefits to emphasize is what happens when a mother feels supported in meeting her goals and how this sensation of personal support encourages her to excel and accomplish greater things, including her academic success.

How should a grantee approach breastfeeding with a mother who either has abused or continues to abuse drugs and/or alcohol?

If a mom actively abuses drugs and/or alcohol, do not encourage her to breastfeed. Alternately, if a mom has an occasional drink she can continue to breastfeed by either, “pumping and dumping” or waiting two hours following a single drink before she breastfeeds or pumps. Most importantly, when a mother actively engages in substance abuse, early prenatal screening and appropriate referral follow up are vital for achieving the healthiest mom and baby possible.

What are some recommendations for moms who want to breastfeed, but aren’t producing milk?

The first step is to make sure that a woman truly isn't producing milk, because most women don't get breastmilk the first time they start pumping, which can demoralize and dissuade her from continuing to try. Remind her that babies are able to access a lot more milk than a breast pump, and provide her with tips on how she can build her production, such as pumping more often, using a higher quality pump, and/or taking herbal galactagogues known to help increase production. If she continues having difficulty pumping refer her to a lactation consultant for a proper milk production assessment.

If the assessment confirms that she can't produce milk, talk to her about what her goals are for feeding her baby. Numerous options exist for women who find that they're unable to produce breastmilk, depending on her goals and what she expresses as being important to her.

Are there any programs that help moms with an electric breast pump instead of the manual pump sometimes provided by the hospital or WIC program?

The answer varies depending on the state, the WIC program, the insurance program, the state-specific Medicaid program, and several other factors. In some states, the Medicaid program does provide reimbursement for breast pumps, so Cathy encourages grantees to check on what their state program provides.

Under the new Essential Health Benefits (EHB) portion of the ACA, insurance companies are now required to provide a breast pump, although they are not required to provide a hospital-grade electric pump. If a mother receives a manual breast pump and expresses preference for an electric pump, suggest that she look into breast pump rental options. Often times a medical equipment rental provider may offer pumps at a financially feasible fee.

Additionally, encourage the new mother to speak with her physician about her pumping needs. If her doctor writes a prescription for her to have a better quality breast pump, she can take the prescription



back to her insurance company and increase her chances of getting issued a higher quality electric pump.

How long should a mom breastfeed?

The length of time that a mom chooses to breastfeed is a very personal decision based on both her goals and needs. With that said, there are several medical guidelines and recommendations available for moms. The American Academy of Pediatrics recommends that moms breastfeed exclusively, which means feeding the baby nothing but breastmilk, for the first six months. Once the baby is ready for solid foods, moms can start to introduce solid foods while continuing to breastfeed for the first year, and then continue to breastfeed and supplement solid foods for as long as the mother and baby want. Alternatively, the World Health Organization (WHO) recommends exclusive breastfeeding for six months and complementary foods coupled with breastmilk for at least two years and beyond. Regardless of the timeline she chooses, it's really important to support the mother in whatever goals she sets for herself and to remind her that any amount of breastfeeding is better than no breastfeeding.

Webcast Presentations

Continuing her three part series on breastfeeding, Cathy Carothers prepared two additional webcasts, approaching breastfeeding from a more clinical perspective. The FAQs from her two webcast presentations are included below.

#1: Preparing Moms for their Hospital Experience

What can we say to moms who don't want to hold their babies skin to skin?

Many women might not have heard before the importance of skin to skin contact. This is where Healthy Start staff can help, by sharing with them the importance to their baby and to them. It's helpful to find out what the mom's concern is. Sometimes moms are worried that their baby will be "nasty" with fluids after the birth. You can educate them that the "vernix" or white, pasty substance on the baby's skin is actually crucial because it provides antibacterial protection to the baby while he is in his new world, and it also is a moisturizer that helps keep his fragile skin soft and hydrated. Moms can always ask that the hospital staff wipe the baby off a little after he is placed on her chest, skin to skin, if they think they will be concerned. Many mothers, however, say that once their baby is born they are so happy to have their baby in their arms they don't care as much.

How can moms deal with visitors who want to see and hold the baby right after the birth?

It's best to start that conversation during pregnancy, for sure! Beyond that, the mother's champion can be a real advocate for her to talk with visitors and explain what is happening. Remind moms that she and her partner have waited a LONG time to see their baby! They deserve the right to be the first ones to hold and get to know the baby during the important bonding time. Others can get their chance later. The hospital nurse can also help talk with family members. Some hospitals have a "no passing" rule during the first hour.

What about moms who are too modest to breastfeed in front of others?

There are lots of ways to help a mother hold her baby skin to skin, or breastfeed, more discreetly. When a baby is skin to skin, a blanket is put over the baby's back, which helps cover the mother, too. Moms can also be encouraged to put a sign on the outside of the hospital door when they are breastfeeding to urge visitors to wait awhile before coming in. Most hospitals have signs that can be



used for this, or even a simple hand-written note can work. The mom's champion can also inform visitors that the baby seems to be getting a little hungry and perhaps they can go to the cafeteria for a bite to eat while she feeds the baby.

Our moms get a lot of pressure from family members wanting them to use formula. How can we address this?

Often, well-meaning visitors misinterpret baby's fussiness or periods of being awake to mean that the mother is not making enough milk, and they pass along words of advice that can be very demoralizing to the mom. One of the best ways to counteract this is to prepare the mother for her hospital experience, explaining WHY her baby will need to be very close and breastfeed very often right at first. She can be reminded that family members often mean well, but might not have the information she does about how to cope with fussiness. Healthy Start staff can even consider holding family education events that bring together pregnant women with their family members to discuss how family can support her need to get breastfeeding off to a good start.

If the baby has to go to the NICU and mom cannot breastfeed directly, how can she make sure she will get a good milk supply?

Sometimes there are medical concerns such as a baby born prematurely, or a sick baby or mother that requires being separated. In these cases, moms should know that they will need to start expressing their milk within the first hour, if possible, and continue expressing it every 2-3 hours (or 8-12 times every 24 hours) to get their milk production started. The hospital should be able to help her access a good quality breast pump; however, hand expressing also works great before her higher volume of milk begins. I love to teach mothers how to hand express their own milk; it's a great skill they can use anytime, anywhere!

How can a mom download the Coffective mobile app mentioned on the webcast?

The Coffective mobile app is designed to prepare a mom – AND her champion and family members – for the hospital experience. Many of the practices are important for all mothers and babies, not just those who are breastfeeding. It is available for both iPhone and Android users, and can be downloaded from the app store using the word COFFECTIVE.

#2: Helping Moms Work Breastfeeding into their Lives

What are the income guidelines for WIC?

The income guidelines for the Women, Infants and Children (WIC) program are actually quite generous. In fact, a pregnant woman with one other child and a partner (family of four) can have a family income over \$44,000 per year and still qualify for WIC. Check the current [guidelines](#) or contact your local WIC office in your community.

What kind of breast pump should a mom use if she is going back to work?

It might depend on the type of job she has. If she is working in an agricultural setting where there are no electrical outlets, she might need to see about using a battery operated pump or a manual pump, or find out if her employer will allow her to move her vehicle near her work station and use the car battery to power her electric pump. If she is in an environment where she has access to electricity, a good quality pump that enables her to express both breasts at the same time will be best. I suggest that moms talk with the lactation consultant at your local hospital where they delivered, or even their local WIC peer counselor, if available, to find out what options will work best for the mom's situation.



Where can moms get a quality breast pump?

There are many places women can get breast pumps. They can first check with their WIC agency if they are eligible for WIC. If a mom is on Medicaid, it might be possible to get a breast pump covered by Medicaid. If she is on private insurance, she should check with her insurance company to see what they provide. The Affordable Care Act now requires insurance companies to cover breast pumps, though companies offer different types. It is sometimes helpful for the mother's physician to write a prescription for her to try to get a more effective pump.

What does the federal law require for lactation accommodations?

The Affordable Care Act has provisions for supporting nursing moms at work as part of Section 7 of the Fair Labor Standards Act of 1938. This requires employers to give nursing mothers reasonable break time, as well as a space to express milk that is "private and shielded from view by coworkers and the public." The space does not have to be a designated lactation room. In talking with employers, it can be helpful to share the U.S. Department of Labor handout, "Fact Sheet #73: Break Time for Nursing Mothers under the FLSA," available on the [Department of Labor website](#). Also at this website is a card outlining the requirements under federal law that a mom can download and share with her employer.

Are there any laws to protect students who go back to school after having a baby?

Currently there are no laws protecting rights of students to breastfeed. This might be an area for advocacy of Healthy Start staff, as often students are not empowered or equipped to advocate for their needs with school officials. There are indeed some advantages for the school system when teen mothers breastfeed or express milk. It helps the student recover from pregnancy and birth more quickly. It helps her grow her confidence as a mother, and an empowered student often sets many other important goals. It also helps her baby to be healthier, which means she may be less likely to have to miss school due to a sick baby. Childcare centers often do not allow babies to be there when they are ill. Finally, it helps foster good health for the next generation of students who are healthier and have a higher IQ.

What can we do to support mothers who are not able to take a long maternity leave?

Research shows that it is ideal if a mother can take at least 6 weeks off to get breastfeeding well established before they will be separated. However, this is not always possible, especially if a mom does not have maternity leave benefits and cannot afford to take a longer leave. A mom who returns to work early is also facing the challenge of not having physically recovered fully from the birth, so she may be fatigued and not feel well. Remind mothers that ANY amount of breastfeeding is important in case she is thinking about not breastfeeding at all. Urge her to exclusively breastfeed her baby for as long as she can during the maternity leave period she does have, and help her begin using a breast pump as soon as possible. She might need to pump her milk a little more frequently right at first. A mother who returns to work after a short leave might need to pump every 2 hours. This mom will also need a lot of extra support, including strategies for how to get as much rest as she can at night. Having some help at night, and keeping the baby close at night in a bassinet near her bed will help her get more rest.