

A Breastfeeding Information and Activity Kit for Secondary School Teachers



OPHA Breastfeeding Promotion Workgroup

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Dear Teacher

The Ontario Public Health Association (OPHA) Breastfeeding Promotion Workgroup has put together the following kit to assist you in positively impacting the attitudes and improving the breastfeeding competencies of our society's future parents and professionals. Most teens make unconscious decisions early about later infant feeding practices. This is why it is important to discuss the topic of breastfeeding early and in a variety of ways. In this way they will be empowered to make good decisions in later life.

Teaching your students about breastfeeding involves more than explaining anatomy and physiology or health. It means talking to them about ways to find resources in their community, to solve problems, to consider attitudes towards breastfeeding, including how the media portrays breastfeeding, and to look at how breastfeeding affects mothers, babies, families, the community and even the environment. When you teach your students about breastfeeding you are not just talking to them about health, you are talking to them about how they make decisions that will affect them and those they will care about.

You may feel nervous or uncomfortable talking about breastfeeding with your students. It can be difficult to talk about something unfamiliar or something which calls up personal feelings. There are ways that these things can be overcome. Provided here are some teaching ideas and background material for covering the many topics related to breastfeeding. Additionally there are resources and people you can call upon to help to make the journey easier.

This kit is to be used as a guide and encourages flexibility and creativity in the classroom. It is not intended to be followed precisely. Instead, a range of activities are presented so you can select and structure learning experiences to meet the needs of your students. This guide is intended to be practical so that teachers will be excited to include the lessons into academic subject areas and simultaneously promote breastfeeding education.

Sincerely,

OPHA Breastfeeding Promotion Workgroup

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Background Information

Why should breastfeeding be taught in high school curriculum?

There is growing evidence which identifies the lifelong importance of breastfeeding for the health of mothers and babies. Health Canada now recommends exclusive breastfeeding for a child's first 6 months and with complementary foods for 2 years and beyond.^[1] Despite this fact, recent Canadian statistics show that almost 83% of mothers breastfed for one week, only 56% for 3 months or more and 24% were still breastfeeding at 7 months (Canadian Community Health Survey, 2001).^[2] Because of these rates, the reality is that many young people have never observed the practice of breastfeeding and have little information about it or knowledge about where to access this information. High school is a perfect opportunity to be introduced to this important and useful information before young people need skills around parenting. It is a perfect time to teach breastfeeding.

Breastmilk is the unequalled first food for babies. It supplies all they need for the first 6 months and contains valuable disease fighting agents which can protect infants in the short term and components which can ward off chronic diseases for later life.

Breastfeeding is unique in that it contributes to childhood intelligence and can enhance childhood development especially for premature babies. It also has health outcomes for mothers as it protects against osteoporosis, premenopausal breast cancer and some forms of ovarian cancer.^[3]

Breastfeeding has an indirect outcome of protecting the environment since it does not contribute to environmental pollution (garbage from packaging and industrial pollution). In this way it contributes to the health of communities and global health.^[4] The teen population may be very receptive to the issues impacting on global health and the political, sometimes controversial, implications of food security. Breastfeeding information provides this forum for discussion which can also impact students in the future when they may decide to breastfeed for all its health benefits.

Because students of high school age are by nature more idealistic than adult populations, it is opportune to give them the proper information on breastfeeding and arm them to resist popular myths on the topic.

^[1] Nutrition for Health Term Infants, Canadian Pediatric Society, Dietitians of Canada, Health Canada, 2005, <http://www.hc-sc.gc.ca>

^[2] Canadian Community Health Survey, (CCHS) Cycle 1.1 2001, Public Use microdata file, Ministry of Health and Long Term care.

^[3] American Academy of Pediatrics, Section on Breastfeeding, Breastfeeding and the use of human milk, Pediatrics, 2005;115: 496-506.

^[4] Penny van Esterik, Towards Healthy Environments for Children (FAQ), WABA (World Alliance for Breastfeeding Action) Breastfeeding and Environment working group. October 2003.

Why is it important that women learn about breastfeeding before they even consider pregnancy?

Current research indicates that women decide on the method of feeding their children long before they conceive.^[5] The advantage of introducing the subject of breastfeeding early to teens is that they can formulate a new attitude to the practice which may ready them for their future parenting as mothers and fathers. Research suggests that breastfeeding success can rely heavily on the support mothers receive from their partners.^[6] That is why breastfeeding knowledge is just as important for male youth.

Youth can be significantly affected by the media and marketing. The media has been enormously influential in creating cultural norms. With respect to breastfeeding, young people have not received the information about how body anatomy and physiology support breastfeeding. This is not part of the existing health curriculum. Therefore, most teens are influenced by the portrayal of body image in the media without knowing the other important function of the female breast and the health benefits of breastfeeding.

What do teachers need to know to teach breastfeeding successfully?

There are several principles that teachers need to know to teach breastfeeding effectively.

- **Breastfeeding has unique and important health aspects**

Breastmilk is a unique substance. It has antiseptic qualities which help to complete the newborn's immature immune system. Some of the diseases proven in research to be reduced by breastfeeding are: respiratory tract infections, stomach and bowel infections, middle ear infections, and urinary tract infections. Breastfeeding babies tend to have a reduced occurrence of chronic disease such as juvenile diabetes and asthma in at risk infants.^[7]

Breastfeeding improves child brain development. This occurs by virtue of the breastfeeding relationship as well as the milk components. The longer breastfeeding occurs, the more profound the effect of brain development of the child. This is because breastfeeding promotes infant-mother attachment.^[8]

Breastfeeding contributes to the attachment between mothers and babies. In a breastfeeding relationship, there is one essential and constant caregiver for the central act of feeding. Similarly, breastfeeding mothers need their babies to regulate their milk production, once it has begun. Many teens may recognize bottle feeding as a way of achieving freedom for mothers but students need to know how

^[5] Breastfeeding in Canada : A review and update, Health Canada, 1999 Page 12

^[6] Breastfeeding in Canada : A review and update, Health Canada, 1999 Page 13

^[7] Nutrition for Health Term Infants, Canadian Pediatric Society, Dietitians of Canada, Health Canada, 2005, <http://www.hc-sc.gc.ca>

^[8] Watters, NE, MacDonald B., & Zaharia, M. (2000). Neurodevelopmental Research: Implications for Excellent Caregiver Practices. Ottawa

breastfeeding affects infant attachment and how this attachment affects later child development and independence. This is a crucial concept to teach teens.

- **Birth practices and early mother child contact are crucial to breastfeeding**

There are birth practices which are necessary to start breastfeeding off right. In the past these have not always been practiced. This is why young people will hear that breastfeeding has not always worked for their parents. It is therefore essential that students learn these things. Examples of these things are:

- skin to skin contact between mothers and babies after birth
- proper latching and early, frequent, small feeds in the first days
- avoidance of early unnecessary formula supplementation^[9]

- **Most problems with breastfeeding are preventable or solved with evidenced based, knowledgeable support. There are known ways to support breastfeeding mothers.**

Many myths prevail about breastfeeding. Almost always these myths have been incorrectly passed on from generation to generation since formula has become more commonly used. Most people don't know that very few women (less than 1%) are physically unable to breastfeed. The fact is that most people do not know how to recognize problems early and take the correct action to correct them with knowledgeable help. Students need to know that almost every myth preventing successful breastfeeding has an explanation and remedy. Statements such as, "I didn't have enough milk" or "*breastfeeding hurts*" have logical explanations. When students learn new concepts such as "*effective milk removal is essential to milk production*" or "*poor latching causes pain with breastfeeding*" these myths can be explained. Most issues can be reversed if caught early. There have been huge advances in breastfeeding knowledge in the past 25 years.

When students know that help for breastfeeding exists and that there are community supports available, it assists them to develop skills in problem solving and accessing community resources for later parenting. This contributes to student efficacy for breastfeeding later. Self efficacy is a major contributing factor to later success.^[10]

- **Attitudes, the media and marketing affect breastfeeding trends.**

The use of the female body image has been used by industries to sell products with very lucrative outcomes. Breastfeeding does not make money for any industry in our culture. Therefore it is less visible in modern media. This is a fact which needs examination by youth to explore the outcomes of this trend and to see its long term effects. Teens should be encouraged to try and look objectively at the absence of breastfeeding representation in our modern culture and compare this to historic representation.

^[9] Evidence for The Ten Steps to Successful Breastfeeding,, World Health Organization, Geneva. 1998.

^[10] **Breastfeeding and Human Lactation**/edited by Jan Riordan-3rd ed., Page 658

The marketing of infant formula is a political issue. The aggressive marketing of formula has been identified as one factor contributing to poor breastfeeding rates. The World Health organization has tried to address this through The WHO Code on the marketing of Breast milk substitutes.^[11] Unfortunately this code is poorly monitored and implemented in Canada.^[12] Students need to be aware of the adverse affect practices such as giving free formula samples to new mothers can have. Formula samples when used in the early days of breastfeeding can seriously decrease the mothers' milk supply and can teach babies to suckle improperly, thus creating many breastfeeding problems.

In summary, breastfeeding is a life skill which requires prior knowledge and attitudinal acceptance. One primary way to increase the likelihood of later breastfeeding success and thereby increasing infant health is to educate youth about breastfeeding concepts before they conceive. For further information and support about information on breastfeeding, contact Lori Levere with the Ontario Public Health Association Breastfeeding Promotion Workgroup at the following email address: Lori.Levere@peelregion.ca.

Additional Resources Online:

The New York State Department of Health has created an online Breastfeeding Education Activity Package for Grades 9-12. It is intended to help students develop a well informed attitude toward breastfeeding while studying other content areas. The lessons are presented in an appealing, easy to use format. You may access the package at the following web address: <http://www.health.state.ny.us/community/pregnancy/breastfeeding/level9.htm>.

The Be a Star campaign is dedicated to increasing the number of young mothers in Lancashire, England who choose to breastfeed. They hope to do this by showcasing the beauty, confidence and pride that comes with breastfeeding, as well as providing breastfeeding information and support and highlighting the unique health benefits that it brings to both baby and mom. You may access this website at the following address: <http://www.beastar.org.uk>.

The following website proposes an original and innovative way to obtain information about physical and emotional transformations that occur during pregnancy, childbirth and the baby's first few weeks of life: <http://www.anewlife.cipanb.ca/en.php>. The content was adapted from the manual *Healthy Pregnancy...Healthy Baby - A NEW LIFE* © Province of New Brunswick, 2006. The site includes eight learning modules, including breastfeeding, that are intended for pregnant woman, their partners and families.

^[11] WHO/UNICEF (1981) *International code of Marketing of breastmilk substitutes*. Geneva: World Health Organization/UNICEF

^[12] Sterken, E. **Out of the Mouths of Babes**, -How Canada's Infant Food Industry Defies World Health Organization Rules and puts Infant Health at Risk; INFACT Canada, Toronto © 2002 pages 4-21

The Amazing Act of Breastfeeding

Time:

- 15 – 20 minutes

Materials:

- Breast anatomy diagram
- “Your Baby the Mammal” article

Instructions:

1. Provide your students with a copy of the breast anatomy diagram.
2. Read aloud or provide the background information to your class.
3. Have the class name the parts of the breast that correspond to the numbers on the diagram. (You may wish to use the following website <http://www.anewlife.cipanb.ca/en.php>, which depicts the anatomy of the breast.)
4. Follow this exercise by reading the attached article titled “Your Baby the Mammal” aloud to the class. The article was written by lactation consultant, Diane Wiessinger.



Background Information:

Milk glands start to grow during the teenage years. During pregnancy, the breasts, areolas, and nipples get bigger. The nipple and the areola (the circle of skin surrounding your nipple) become darker. Experts believe the color change of the areola may also be a helpful aid to breastfeeding. It's nature's way of providing a visual guide that helps newborns nurse successfully (hey, dinner's over here!). The alveoli and the ducts increase in number and grow in size and tiny bumps appear around the areola called the glands of Montgomery (named after the British obstetrician who first described them), which also play a role in breastfeeding. These bumps produce an oily substance that cleanses and lubricates the nipple during nursing.

Perhaps even more remarkable than this visible transformation are the extensive changes that take place inside the breasts. The developing placenta stimulates the release of the hormones estrogen and progesterone, which in turn stimulate the complex biological system that makes lactation possible. Nestled amid the fat cells and glandular tissue is an intricate network of channels or canals called milk ducts. Pregnancy hormones cause the milk ducts to increase in number and size; the ducts then branch off into smaller canals near the chest wall called ductules. At the end of each one is a cluster of small, grapelike sacs called alveoli. A cluster of alveoli is called a lobule; a cluster of lobules is called a lobe. Each breast contains between 15 and 20 lobes, with one milk duct for every lobe.

Milk is produced inside the alveoli, which are surrounded by tiny muscles that squeeze the glands and push milk out into the ductules. (You can think of the 15 or 20 milk ducts as individual straws that all end at the tip of the nipple and deliver milk into the baby's mouth.) The

milk duct system becomes fully developed sometime during the second trimester, so a mother can nurse her baby even if he arrives prematurely.

As the body readies itself for lactation, it pumps extra blood into the alveoli, making the breasts firm and full. During the early days of breastfeeding, your baby will enjoy a creamy, high-protein, low-fat substance called colostrum. This "first milk" is produced as the cells in the center of the alveoli dissolve and flow through the milk ducts and out the nipple. The precious, easily digestible liquid is chock-full of disease-fighting antibodies called immunoglobulins that strengthen the baby's immune system.

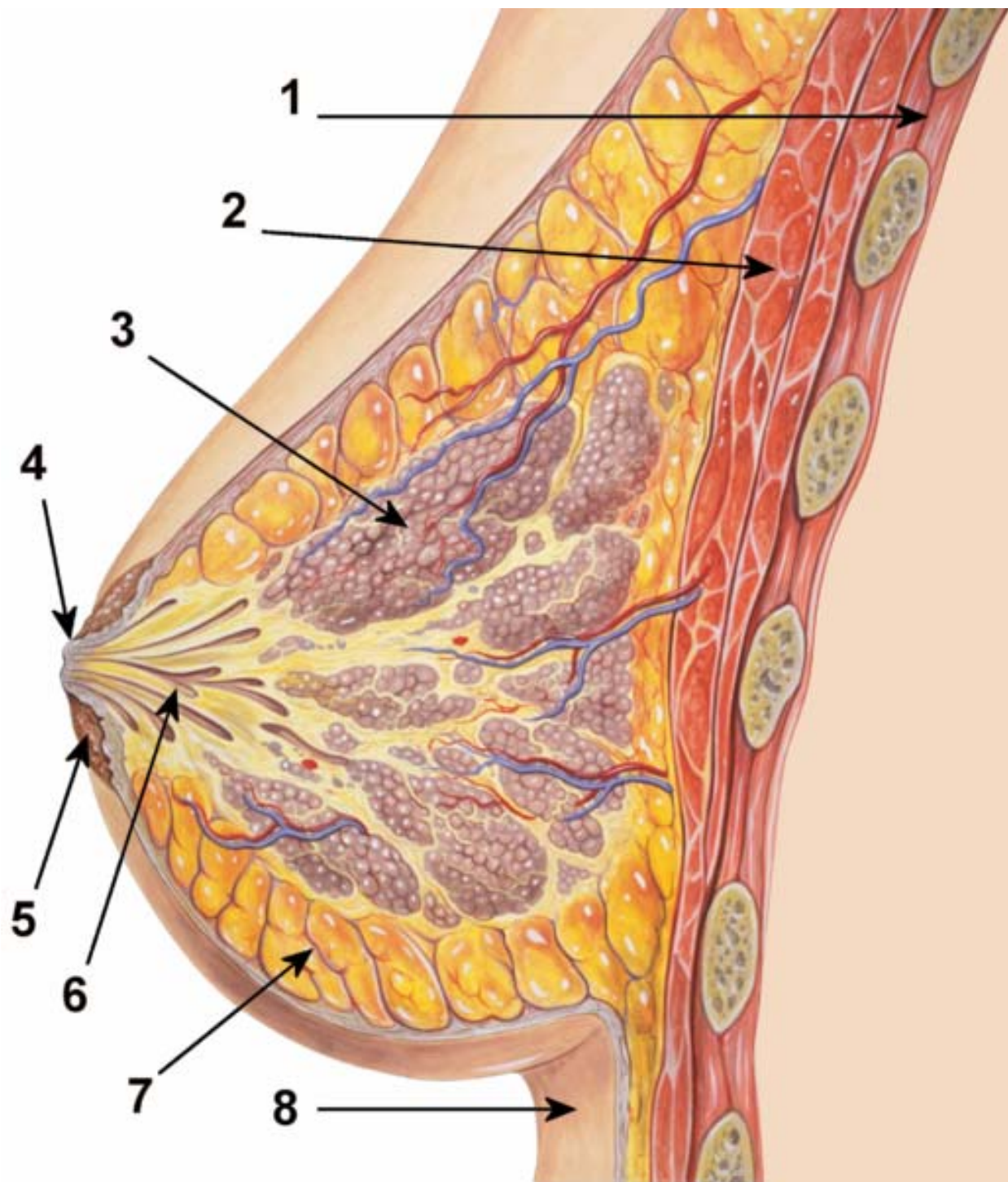
As the baby sucks on the nipple, he stimulates the pituitary gland to release oxytocin — as well as prolactin — into the bloodstream. When it reaches the breast, oxytocin causes the tiny muscles around the milk-filled alveoli to contract and squeeze. The nourishing liquid is emptied into the ducts, which transport it to the nipple. When he suckles, your nursing infant presses the milk from the ducts into his mouth.

Breast Anatomy (diagram below)

Legend:

1. chest wall
2. pectoralis muscles
3. lobules
4. nipple
5. areola
6. lactiferous duct
7. fatty tissue
8. skin

Breast Anatomy



Copyright September 03, 2007. Illustrator: Patrick J. Lynch.

Your Baby, the Mammal

Pick a mammal, any mammal. Now picture that mammal as a newborn. Imagine it immediately after it's born. What's the first thing it does after it starts breathing and maybe after a short rest? Try another mammal, and another. Do you really think we're the only mammal in the world that can't find its food source after it's born? Now go back to that first mammal newborn, and mentally flip it over on its back. What does it do? Try your second mammal, and your third. All newborn mammals are uncomfortable on their backs. They feel totally secure only when they're "hugging" the ground or, in the case of mammals that are built to be carried, "hugging" an adult. That's why you see babies quiet down when they're picked up out of the crib or stroller. Their *natural habitat* is an adult body; when they're taken out of their habitat they lose competence and confidence. Picking them up and holding them against us to soothe them is instinctive.

For generations, we thought human babies were little helpless lumps, but that's because we fought our instincts and kept our babies almost entirely out of their natural habitat. Even when they were held, they weren't necessarily held with their front securely against an adult, and even when they were held that way, there was always clothing in the way. No wonder we thought they were helpless. Put pajamas on a lamb, flip it on its back, keep it away from its mother, and you'd think it was helpless too!

But your newborn is really a very, very competent little mammal. Take off both your shirts, hold him upright between your breasts, keep his whole front against you, and if he's hungry (and isn't impaired by birth drugs) he'll work his way down to your nipple. Guaranteed. He may or may not latch on once he gets there; that can depend on his earlier experiences and yours. But he will absolutely make the trip. You may have been warned to hang on to the baby when you hold him "because babies can fall off your shoulder really fast." It turns out they haven't been clumsily falling; they've been heading to the restaurant and we've been blocking the door!

Take some time to observe your little mammal in his natural habitat. When you settle in to breastfeed, keep his whole front against you and support him firmly behind his back and shoulders, leaving his head free and following his lead. Snuggle his chest into the base of the mountain that is your breast, holding his back and shoulders close. Touch his lower face to some part of your breast if he begins to fuss...and watch. You'll probably see his head tip back, his mouth and chin reach forward, his mouth open wide, and the search for lunch begin in earnest. Or lie on your side with your baby on his side – facing you, below your breast –and watch him wriggle up the bed to your nipple.

Baby care is much, much easier when you remember that this isn't some alien that needs an instruction book. Your baby is just a baby mammal, and a very competent one at that. In fact, your baby *is* an instruction book. As long as he has his natural habitat – you.

Predicted Outcomes:

- Participants will have a greater understanding of the anatomy and physiology of the breast.
- Participants will be able to explain basic principals of milk production and breastfeeding.

Oranges and Breasts Activity

Time:

- Approximately 15-20 minutes

Materials:

- Oranges (three wedges per person)
- A straw, cup and napkin for each participant
- Dolls

Background Information:

The trick to breastfeeding is getting the baby to latch on well. A baby who latches on well, gets milk well. A baby who latches on poorly has more difficulty getting milk, especially if the supply is low. A poor latch is similar to giving a baby a bottle with a nipple hole that is too small—the bottle is full of milk, but the baby will not get much. When a baby is latching on poorly, he may also cause the mother nipple pain. And if he does not get milk well, he will usually stay on the breast for long periods, thus aggravating the pain.



Expressing Milk:

Many women are under the impression that it is necessary to own or use a pump to breastfeed. This is not so. There are very few circumstances under which it is necessary to express your milk. The pump should not replace the baby; you and your baby receive numerous benefits in addition to nutrition by breastfeeding. No pump is as efficient as the natural pump that was made for your body, your baby! A baby who breastfeeds well is the best pump, but, granted some babies don't breastfeed well.

Many women find that hand expression is an efficient way to pump when only occasional expression is required. In fact, when the milk production is not abundant (as in the first few days), it is often easier to get milk with hand expression than with a pump and many women find this the easiest way to express mature milk as well.

Excerpts taken from Dr. Jack Newman's Handouts "Starting out Right" and "Expressing Milk" available at www.bfirc.com/newman/handouts

Instructions:

1. Ask each participant to take one wedge of orange and a straw. They are to suck as much juice from the wedge as possible through the straw. Ask them to rate, on a scale of 1 to 10, the efficiency of removing juice from the orange by this method. (1 – inefficient, 10 – efficient). This method is usually given 0-1 out of 10

2. Ask each participant to take another wedge of orange and a cup. They are to squeeze as much juice from the wedge as possible into the cup. Ask them to rate the efficiency of this method on a scale of 1 to 10. This method is usually given 5 – 7 out of 10.
3. Finally they take their last wedge and are asked to suck as much juice from the piece as possible, using their lips and tongue but not their teeth, as they will damage the flesh of the orange. They are to give an efficiency rating of the method. This method is usually given 9-10 out of 10.
4. At the end of the exercise explain the reason for doing it and give the following description.
 - **The orange and the straw** represent the amount of milk a baby receives when it sucks on the nipple only.
 - **The orange and the cup** represent the amount the baby would receive from a bottle or cup filled with expressed milk.
 - **Sucking on the orange** represents the amount received by the baby when it is feeding correctly on the mother's breast. It imitates the ability of a baby, with a deep mouthful of breast, to extract milk from the breast through the massaging action of its lips, tongue and gums, along with the suction as they swallow.
5. Complete the activity with an explanation of the different ways milk can be obtained from the breast, focusing on good latching technique with baby at breast as this is the most effective.

Predicted Outcomes:

- Participants will be amazed by the difference in the amount of juice they obtain from the three methods, and will become more aware of the most efficient way to obtain milk from the breast.
- Participants will have a better understanding of the importance of good positioning and latch.

This activity has been adapted with permission from Svensson, J. (2000). Breastfeeding and you: A handbook for antenatal educators. Commonwealth of Australia: Centre for Family Health and Midwifery.

Family Feeding Tree Activity

Time:

- 15 minutes
- Drawing tree - 5 minutes
- Small group discussion - 10 minutes

Materials:

- Family Feeding Tree sheet and pen for each participant

Background Information:

How family members were fed as infants can have a significant, yet seldom recognized, influence on the experience of new parents. For this reason it is useful for women and men to explore their 'family feeding' tree.

Svensson, J. (2000). Breastfeeding and you: A handbook for antenatal educators. Commonwealth of Australia: Centre for Family Health and Midwifery.

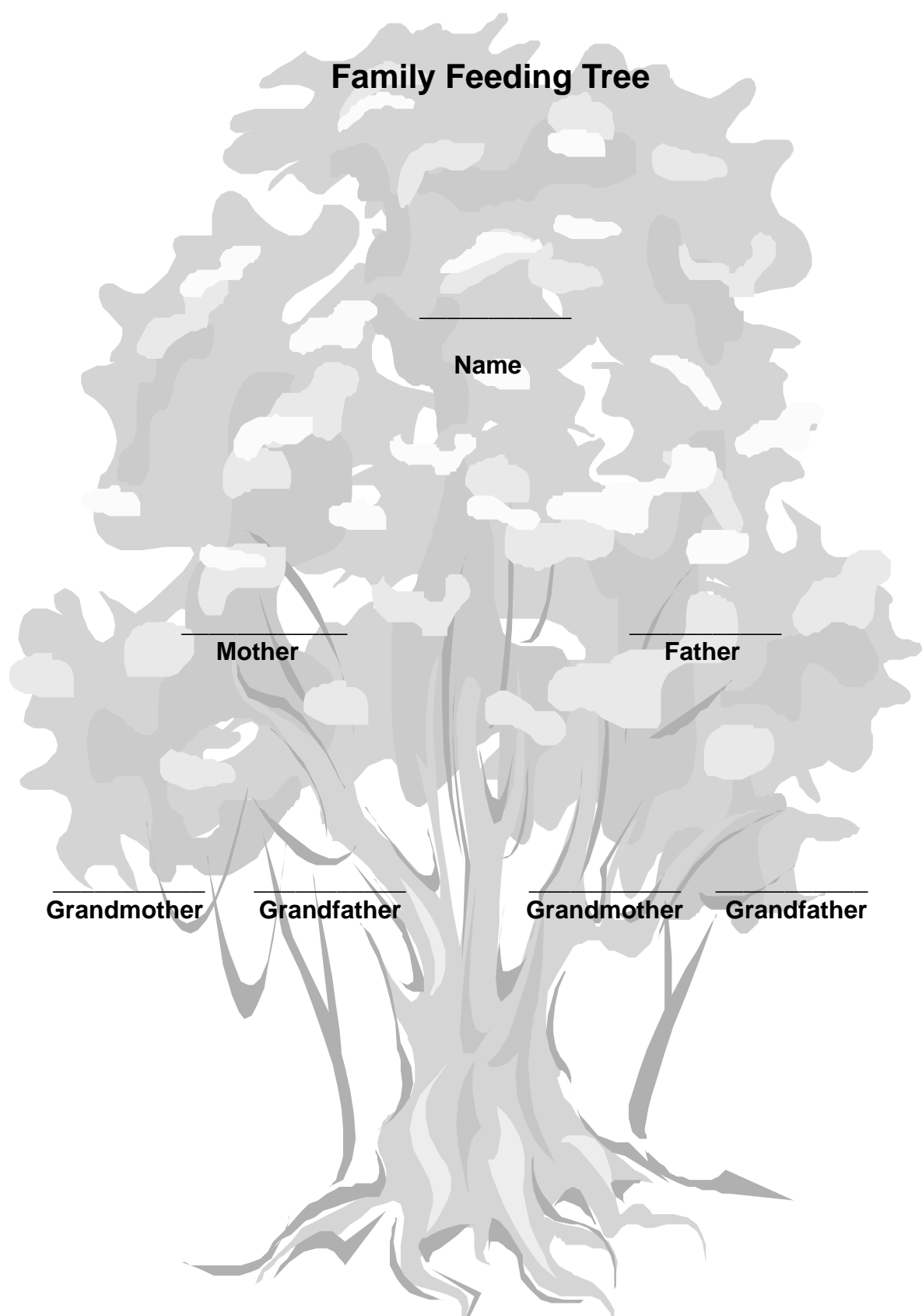
Instructions:

1. Each participant is to draw their family tree on a piece of paper and under the names on the tree write how the person was fed as a baby.
2. Ask participants to commence the tree with their grandparents if they know how they were fed as a baby. If they don't they can begin with their parents.
3. Give participants 5 minutes to complete their tree. Divide the large group into sub groups of 4 – 6 people. Ask participants to compare their trees and discuss the influence family members may have on their infant feeding experience.
4. Complete the activity with a comment about how family members can influence breastfeeding. Encourage further exploration/discussion of this issue before they have their baby, as it can help them identify the family members who will provide support in the early postnatal weeks.
5. Consider that some participants may not know how family members have fed their infants. Feeding methods may not have been discussed within the family, participants may have been separated from their family years ago, or they may have been adopted. As the experiences friends can also influence their own experience and beliefs, suggest that they may like to consider the experiences of friends that have had babies.

Predicted Outcomes:

- Participants will understand how the infant feeding experiences of family members can influence their beliefs and their experience.

Family Feeding Tree



How were your family members fed as babies?

Hook'em with Cookies Activity

Time:

- Approximately 10 minutes

Materials:

- Homemade cookies placed on a plate or in a basket
- One package of an inexpensive, commercially available brand of cookie in their opened wrapper



Background Information:

Having a baby means making many choices. One of the most important and far-reaching ones you make is about the way you will feed your new baby.

We want to make the best choice we can in everything we do for our children. And breastfeeding IS the natural choice.

As you watch your baby grow and develop, fed only on breastmilk, you can be proud of your body's ability to continue nourishing your baby as it did during your pregnancy.

In the past, no decision needed to be made. A mother gave birth and then fed her baby the breastmilk nature provided. Last century science became involved and mothers were led to believe they now had an easy choice between two equals - breastmilk or infant formula.

At times, mothers were even convinced that infant formula was superior to breastmilk. Breastfeeding wasn't always encouraged - it wasn't seen to be important. Research shows us that this is not true. In fact, breastfeeding is very important.

BREASTMILK IS AN IRREPLACEABLE GIFT A MOTHER CAN GIVE TO HER BABY. IT IS THE START IN LIFE THAT NATURE INTENDED A BABY TO HAVE.

The Natural Choice for Babies

- Breastmilk contains all the nutrients your baby needs for at least the first six months of his life and continues to be the most important part of his diet throughout the first year, supplying half or more of his nutrients till his first birthday and up to one third to his second birthday.
- The colostrum your baby receives in the first few days, and the breastmilk that follows, contain antibodies that provide resistance to infection.
- The unique combination of fatty acids and other components in breastmilk contribute to optimal brain development, so lack of these in artificially-fed babies may result in lower intelligence.

- Ensuring your baby has only breastmilk for at least six months may help minimize allergy problems.
- Breastfeeding provides optimal development for infants' eyesight, speech, jaw and oral cavity development.
- Non-breastfed babies have a lower resistance to disease and are more likely to become sick. Apart from the health benefits, breastfeeding means fewer doctors' visits and less time in hospital with illness.
- Lack of breastfeeding is linked with a higher risk of Sudden Infant Death Syndrome (SIDS or 'cot death').
- Non-breastfed babies are more likely to develop ear infections.
- Artificial feeding may increase the risk of a baby developing juvenile diabetes in the future. It may also increase the risk of heart disease.

The Natural Choice for Mothers

- Breastfeeding helps your body return to its pre-pregnant state more quickly. Many women also find they lose excess weight while breastfeeding.
- Women who have not breastfed their babies have an increased risk of cancer of the breast and ovaries, heart disease and osteoporosis.
- Breastfeeding can delay the return of menstruation for many women. Apart from convenience, this saves money and lessens the impact of tampons and sanitary napkins on the environment.
- Breastfeeding's contraceptive effect can delay the return of fertility in many women, who exclusively breastfeed their babies of less than six months of age, and have not recommenced their menstrual cycle. This is known as the Lactational Amenorrhea Method of contraception, and is successful in approximately 98% of women. If a woman has an unchanging vaginal mucus pattern, there is minimal risk of ovulation, but if the pattern changes, she may need to seek advice if wishing to avoid pregnancy.
- Breastfeeding is usually easy and convenient. Breastfed babies are very portable and you have instant, pre-warmed, ready-to-serve food wherever you go.

The Natural Choice for our Environment

- The production and feeding of breastmilk have a far lower impact on our environment and world resources than ANY alternative feeding method.
- Breastfeeding saves food resources, fuel and energy.
- No packaging is required and no chemicals are needed for preparation or disinfection.

Excerpt taken from Australian Breastfeeding Association. Breastfeeding-The Natural Choice. Retrieved March 16, 2009 from <http://www.breastfeeding.asn.au/bfinfo/general.html>.

Instructions:

1. Set out the two different types of cookies. Try to ensure that they are a similar variety. For example, if the homemade cookies are chocolate chip, the store-bought ones should also be chocolate chip.

2. Invite all group members to have a cookie. Allow them to eat their cookies. When they have eaten their cookies, ask them which cookie they took and why they took the one they did. Their answers will be easy to correlate to the advantages of breastfeeding/breastmilk.
3. The homemade cookies are usually taken quickly, while the inexpensive, store-bought cookies are passed over. Some common reasons given for individuals choosing the homemade cookies are as follows:
 - a) the homemade ones are made with love
 - b) I know what is in the homemade ones; whereas, the bought ones contain all sorts of preservatives.
4. Be prepared for someone to like the predictability of the store-bought cookies and use this as an opportunity to point out the need for an ingredient list on any manufactured product. Although the properties of breastmilk are far superior to that of any manufactured infant formula, you may choose to do a comparison of the two. Here are some helpful pieces of information for you to share:

If the baby is born pre-term, breasts produce milk that has a different composition, especially suited for a premature infant. In fact, for premature babies, breast milk can make the difference in life and death. Also, the newborn's first milk, colostrum, is in many ways different from the mature milk. It contains lots of antibodies, and acts as a laxative to purge the newborn's bowels from waste accumulated during the time in utero. Man simply CANNOT duplicate this wonder substance!

Protein in breastmilk is mostly whey, which is easier to digest than casein (main protein in cow's milk). Protein of breast milk has high amounts of amino acid taurine, which has an important role in the development of the brain and the eyes.

Fats in breast milk are practically self-digesting, since breast milk also contains the enzyme lipase, which breaks down the fat. Fat is the main source of calories for babies - and babies need LOTS of calories to grow well! Also, fat in human milk has large amounts of certain omega-3 fatty acids, which are important for brain development.

Vitamins and minerals in human milk are *bioavailable*-meaning they get absorbed well. Breast milk contains substances that enhance the absorption of minerals and vitamins.

Immune boosters. In each feeding mother delivers MILLIONS of LIVING white blood cells to her baby to help baby fight off all kinds of diseases. You will not find these living cells in formula! Also, when mother is exposed to a germ, she makes antibodies to that germ and gives these antibodies to her infant via her milk. Breast milk also contains factors that prevent microbes from attaching, and a long list of other antiviral, antibacterial and antiparasitic factors.

Hormones and enzymes. Breast milk has lots of digestive enzymes, and also many hormones. These all contribute to the baby's well being. Every year scientists find more valuable substances in breast milk. Science is only beginning to understand what all there is in human milk that helps baby's growth and development!

Predicted Outcomes:

- Participants will be astounded by the marvelous properties of breastmilk and realize that infant formula pales in comparison.

This activity has been adapted with from Smith, Linda J. (2002). *Coach's Notebook: Games and Strategies for Lactation Education*. Jones & Bartlett Publishers.

How Our Culture Influences Infant Feeding Choices

Time:

- Approximately 10 minutes

Materials:

- Have the statements listed below written out for the class to see

Background Information:

Presently we live in a bottle feeding culture, which makes it hard to learn about breastfeeding. There are many ways in which our society undermines breastfeeding, some of which include:

- Many of us have never seen a baby being breastfed.
- Practically none of us have seen a toddler being breastfed. Even fewer people have seen a tandem-nursing mother.
- All of us, however, have seen many babies being bottle-fed, including babies propped with bottles.
- No wonder that we think of bottle-feeding as the normal way to feed a baby!
- Images of bottle-fed babies abound in movies and on TV, but breastfed babies are more or less restricted to anthropological films (usually we see a starving woman with a malnourished baby at her apparently empty breast--can we help form the impression that breastfeeding is for unfortunate, poor, uneducated, hungry people, and bottle-feeding for the modern and healthy?). There are relatively few movies featuring breastfed babies.
- Many children's books depict bottle-feeding as the normal (usually only) way of feeding a baby. Few children's books feature breastfeeding (although, fortunately, the number seems to be increasing).
- There are many bottle-feeding doll sets, but few breastfeeding dolls.

Our society is desperately in need of mothers nursing their babies in public openly. We also need books and TV programs featuring breastfeeding mothers. Our children need breastfeeding dolls, not bottle-feeding ones.

If a girl grows up thinking that breastfeeding is the normal way to feed a baby, she will be much more likely to try it, and knowing that a lot of women can do it with no difficulty, she'll have more confidence in herself as a nursing mother. A child growing up seeing breastfeeding as the normal way to feed a baby will be much less likely as an adult to be disturbed by the idea of a mother breastfeeding her baby in public or in private. Such a person is likely to be supportive of his or her mate in breastfeeding their baby. He or she will also be friendly to all women nursing their babies in public.

This activity is an exercise for the imagination. When we are surrounded by a culture we are not often aware of the ways cultural norms are evident in what we do.

Instructions:

1. Below are some statements that would describe a breastfeeding society. Have the class try to add to the list and come up with their own ideas of how things could be different if breastfeeding were normalized.
 - Children's books show pictures of babies being breastfed.
 - Infants are breastfed in restaurants and no one notices.
 - Infant formula is not being massively produced and therefore, natural resources are being preserved and packaging is not taking up landfill space.
 - Soap operas show stars breastfeeding their babies.
 - Girl Guides get a badge for breastfeeding knowledge.
 - Teenagers know early how their breasts function.
 - Teachers can bring their breastfeeding infants to their workplace to be fed.

Now add your own...

Predicted Outcomes:

- Participants will have an understanding of the need for political, social and cultural supports for women and children and that in today's society; we're not valuing children and families.

Breastfeeding and You Activity

Background Information:

Breastfeeding education has tended to focus on the physical and biological aspects of breastfeeding. However, it is just as important to explore and discuss how individuals feel about breastfeeding and the impact they perceive it will have on their lives. The decision to breastfeed is frequently made prior to conception without a true understanding of the individual nature of the process.

Svensson, J. (2000). Breastfeeding and you: A handbook for antenatal educators. Commonwealth of Australia: Centre for Family Health and Midwifery.

METHOD ONE (single gender groups):

Time:

- 30 minutes total
- Small group discussion – 15 minutes
- Large group feedback and discussion – 15 minutes

Materials:

- Cards with trigger question written on each card
- Paper and pen for each small group

Instructions:

1. Divide the large group into four single gender groups.
2. Give each group the trigger questions.
3. Ask them to discuss the questions and summarize their comments on the paper.
4. Allow 15 minutes for the discussion.
5. Close the discussions with a spokesperson from each group presenting the comments to the large group.
6. Follow the presentations with a general discussion about what breastfeeding means to them, their partner and their family.
7. Complete the activities with a summary of the issues discussed and encourage further exploration and discussion of this issue before they have their baby, as it can help them identify who will provide support in the early postnatal weeks.

METHOD TWO (graffiti sheets):

Time:

- 25 minutes
- Graffiti sheets – 10 minutes
- Large group feedback and discussion – 15 minutes

Materials:

- Graffiti sheets with one trigger statement written on each sheet
- Pens

Instructions:

1. Place the graffiti sheets and pens around the room/corridor on tables, chairs or pinned to the wall.
2. Explain the purpose of the activity (refer to the background information) and ask participants to move around the room writing their response to the trigger statements on the paper provided below the graffiti sheet.
3. At the end of the exercise ask participants to collect the graffiti sheets and return to the large group for feedback and discussion about what breastfeeding means to them, their partner and their family.
4. Encourage further exploration/discussion of this issue before they have their baby, as it can help them identify who will provide support in the early postpartum weeks.

Predicted Outcomes:

- Participants will have an understanding of the social and emotional aspects of breastfeeding.



TRIGGER QUESTIONS

1. What does breastfeeding mean to you?
2. What or who influenced your thoughts/feelings about breastfeeding?
3. What effect will breastfeeding have on the relationship with your partner?
4. What does your mother think about breastfeeding?
5. What does your family think about breastfeeding?
6. How do you feel when you see a woman breastfeeding in public?
7. What do you think the baby feels when he/she is breastfeeding?
8. Where would you go or who would you turn to for help or support with breastfeeding?

Friend or Family Member Interview

Time:

- 30 minutes

Background Information:

The purpose of the interview is to discover how people make decisions about feeding infants. Sometimes the available resources and knowledge for that person can influence these decisions.

Breastfeeding knowledge and resources have changed drastically in the last 25 years. This will become evident as student works through this exercise.

Instructions:Part One of Activity

Students are given the task of interviewing a female relative or friend who has had a child in the last 25 years. The student asks the following questions:

- What method did you use to feed your baby?
- How did you come to this decision?
- Did your family help you make that decision?
- What did your doctor advise you to do?
- If you decided to bottle feed, what made you make that choice?
- If you decided to breastfeed, what made you make that choice?
- What helped you as you breastfed your baby?
- Was the choice you made a popular one for that time? i.e. Was it what most of your friends were doing?

Part Two of Activity

Part two will be based on the answers given in part one.

If your subject decided to bottle feed and this was related to difficulties with breastfeeding, find out what local community resources would have helped her with breastfeeding in your local community.

If your subject decided to bottle feed based on her beliefs and values about breastfeeding find information in the library or on the internet which would support these beliefs or knowledge.

If your subject decided to breastfeed find out what community resources existing today would have supported her in her continuing to do this.

(Hint) Use the blue pages in the phone book to find out the number for your local health unit and inquire through this agency what local resources are available for breastfeeding in your community.

Ask students what they have learned from this exercise?

Predicted Outcomes:

- Participants will understand that breastfeeding women need correct information and adequate support from family, friends and other mothers to breastfeed successfully.

Breastfeeding Quiz

Time:

- 15 minutes

Materials:

- Breastfeeding quiz

Instructions:

1. Provide participants with a copy of the breastfeeding quiz.
2. Allow participants 10 minutes to complete the quiz.
3. Take up the answers with the group using the answer sheet.



Breastfeeding Quiz

1. Modern infant formula is very similar or the same as breast milk. T or F
2. Babies that breastfeed get sick less often than babies that formula feed. T or F
3. Most people think that breastfeeding in public is unacceptable. T or F
4. Most women don't produce enough milk to be able to breastfeed. T or F
5. Breastfeeding for a year or more makes your baby too dependent. T or F
6. Mothers who breastfeed must eat special foods. T or F
7. If you breastfeed you are not able to go out and have fun with friends. T or F
8. If a mother needs to take medicine she can still breastfeed. T or F
9. If a mother needs to go back to work after 6 weeks it is not worth it to breastfeed. T or F
10. Mothers who have their nipples pierced can still breastfeed. T or F

Facilitator Answers:

1. Modern infant formula is very similar or the same as breast milk.

False: Infant formula does not contain the antibodies, living cells, enzymes or hormones present in breast milk. Breast milk is designed for each individual baby and changes over time. Infant formula is made from cow's milk or soy bean and is the same feed to feed.

2. Babies that breastfeed get sick less often than babies that formula feed.

True: Studies show that infants who are formula fed have higher rates of many illnesses such as gastrointestinal diseases, respiratory diseases, and middle ear infections.

3. Most people think that breastfeeding in public is unacceptable.

False: Most people think it's fine for mothers to breastfeed their babies discreetly in public/in front of others. The Ontario Human Rights Code states that you have the right to breastfeed your child in public areas such as restaurants, stores, and parks.

4. Most women don't produce enough milk to be able to breastfeed.

False: Virtually all mothers can breastfeed provided they have accurate information and support.

5. Breastfeeding for a year or more makes your baby too dependent.

False: Studies show that babies who have their needs met readily feel secure and loved and become more independent as adults.

6. Mothers who breastfeed must eat special foods.

False: Mothers who breastfeed do not have to eat special foods. Eating according to Canada's Food Guide will meet the nutritional requirements to keep the mother healthy and strong.

7. If you breastfeed you are not able to go out and have fun with friends.

False: Mothers who breastfeed can take their baby with them and breastfeed in public places if they wish. They can also leave the baby with a caregiver who can feed a bottle if the baby becomes hungry.

8. If a mother needs to take medicine she can still breastfeed.

True: Most medications are compatible with breastfeeding. If the mother needs to take a medication that is not safe to take while breastfeeding she may decide to pump and discard the milk until she is finished the medication. She should always check with her health care provider before taking any medication.

9. If a mother needs to go back to work after 6 weeks it is not worth it to breastfeed.

False: Even if the mother breastfeeds for only a day her baby will receive the best nutrition possible and important antibodies. Many mothers return to the workforce and continue to breastfeed.

10. Mothers who have their nipples pierced can still breastfeed.

True: Many women who have had their nipples pierced have successfully breastfed. Nipple rings should be removed.

Famous Mothers Who Breastfed

Time:

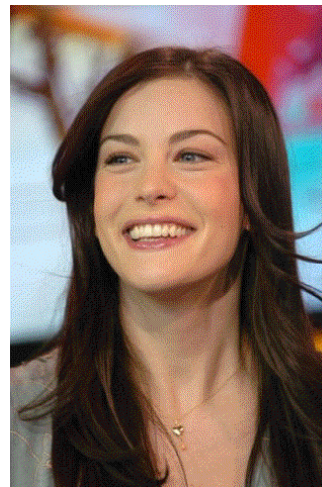
- 10 minutes

Materials:

- List of Famous Mothers who Breastfed

Background Information:

More and more celebrities are sharing publicly that they are breastfeeding! This is an important step because new moms need new role models. Hearing celebrity stories can motivate and inspire women to succeed, as well as help dispel myths and misinformation. Celebrities can be a powerful agent for change.



Teenagers seek to define themselves through their clothing, jargon, experiences, hairstyles, and, most of all, group associations. Images from popular culture often provide the external basis from which teenagers benchmark their thoughts, opinions and associations. Indeed, adolescents forge their identities largely in conformance with pop culture images. They perceive such images as the social norm and, thus, as a means to attain the social acceptance that is so vital to their personal maturation.

Instructions:

1. Share the list that appears on the following page with your students and discuss how celebrities are like salespersons. Though they may not explicitly try to persuade their audiences, they are subconsciously altering the thoughts of their publics. This is noticeable through celebrity endorsements, press interviews, apparel worn during public events, items favored by celebrities, celebrity-branded products and celebrities' overall brand image all of which create epidemics of societal acceptance among various social groups.

Predicted Outcomes:

- Participants will have an understanding of the role that celebrities play in influencing societal norms.



Famous Mothers who Breastfed

Christie Brinkley, model
 Hillary Clinton, United States Secretary of State
 Katie Couric, United States journalist
 Diana, Princess of Wales
 Celine Dion, singer
 Michael J. Fox's wife: Tracy, actress
 Jennie Garth
 Melissa Gilbert, actress
 Kathie Lee Gifford, talk show host
 Tipper Gore, Al Gore's wife
 Linda Hamilton, actress
 Faith Hill, singer
 Michael Jordan's Mom bf him for 3 years and said "I feel this is why he is the athlete he is."
 Lucy Lawless, actress
 Sophia Lauren, actress
 Pamela Anderson Lee (with implants)
 Madonna, singer and actress
 Laurie Metcalf, actress
 Elle MacPherson, model
 Demi Moore, actress
 Queen Elizabeth II of England breastfed Prince Charles
 Mary Lou Retton, gymnast, Olympic gold medalist
 Cathy Rigby, gymnast, Olympic gold medalist
 Joan Rivers, talk show host and comedienne
 Carly Simon, singer
 Meryl Streep, actress
 Margaret Thatcher, former Prime Minister of Britain
 Rita Wilson, actress/wife of Tom Hanks
 Salma Hayek, actress
 Gabrielle Reece, professional athlete
 Liv Tyler, actress
 Jennifer Garner, actress
 Rachel Weisz, actress
 Christina Aguilera, singer
 Gwen Stefani, singer

Famous Mothers Who Breastfed Twins

Patricia Richardson, actress
 Jane Seymour, actress (of Dr. Quinn fame)
 Cybil Shepard, actress
 Cynthia Watros, actress on the Fox series Titus
 Angelina Jolie, actress

Thank You for Breastfeeding Activity

Time:

- 15-20 minutes

Materials:

- Pre-written thank you cards

Thank You!

Instructions:

1. Pass thank you cards out to each individual in prenatal class.
2. Have each individual read their thank you card out loud to group.
3. Discuss each thank you card with the group.
4. Compile a list of the advantages of breastfeeding.

Advantages of Breastfeeding

1. Thank-you for breastfeeding because breastmilk is easy to digest and helps me to have regular, frequent bowel movements.

Breastmilk is easily and rapidly digested. Breastmilk and particularly colostrum has a laxative effect that results in producing frequent bowel movements.

2. Thank-you for breastfeeding because feeding me on demand has taught me to listen to my body telling me that I am full.

Feeding on demand results in baby's cues being followed – baby learns to listen to body messages rather than “finishing the bottle”. Less likely to become obese as formula fed babies (dose-dependent, therefore the longer baby is breastfed the less likely he or she is to become obese).

3. Thank-you for breastfeeding because each time you nurse me, I can snuggle close and get to know you. I feel reassured, stimulated and secure.

Skin to skin contact has positive effect on heart rate, respiratory rate, oxygen levels, blood pressure and emotional state. Mother's voice and eye contact are stimulating and reassuring to babe. The baby can listen to mother's heartbeat while being fed. Breastfeeding contributes to feelings of attachment between a mother and her child.

4. Thank-you for breastfeeding because your child has a higher IQ score.

Premature babies tubefed breastmilk (therefore no difference in skin-to-skin contact) had an IQ that was 8 points higher at age 8.

5. Thank-you for breastfeeding because your child has had fewer infections.

Decreased gastroenteritis, respiratory infections, meningitis, and otitis media.

6. Thank-you for breastfeeding because I am less likely to become overweight.

Feeding on demand results in baby's cues being followed – baby learns to listen to body messages rather than “finishing the bottle”. Less likely to become obese as formula fed babies (dose-dependent, therefore the longer baby is breastfed the less likely he or she is to become obese).

7. Thank-you for breastfeeding your child because she/he has fewer cavities and better facial muscle/jaw development.

Reduction in dental caries and Early Childhood Tooth Decay. Better facial muscle development and jaw development. Rate of malocclusion (over/underbite) decreases as duration of breastfeeding increases.

8. Thank-you for breastfeeding our child because it protects our baby against infections and is safe, convenient and economical.

Breastmilk doesn't cost anything except for additional food for mother.

9. Thank-you for breastfeeding our child because it is healthy for you and promotes the physical and emotional well being in our baby.

Skin to skin contact has positive effect on heart rate, respiratory rate, oxygen levels, blood pressure and emotional state. Mother's voice and eye contact are stimulating and reassuring to babe. The baby can listen to mother's heartbeat while being fed. Breastfeeding contributes to feelings of attachment between a mother and her child.

10. Breastfeeding you has allowed me to save precious money which I can use for other things you need.

Breastmilk doesn't cost anything except for additional food for mother.

11. Breastfeeding you has allowed me to save precious time which I can spend interacting with you.

Breastmilk is always ready to use and at the correct temperature which is less time consuming for mother.

12. Breastfeeding you has allowed me to have close, frequent contact with you so that I can touch you and look into your beautiful eyes.

Enables skin-to-skin contact between mother and baby which encourages bonding.

13. Thank-you for breastfeeding because it requires energy which helps me to lose weight.

Mothers who breastfeed are more likely to return to their pre-pregnancy weight than mothers who formula feed. Production of breastmilk uses 200-500 calories per day, on average, helping with weight loss.

14. Thank-you for breastfeeding because it helps the uterus to return to pre-pregnancy size and shape.

Oxytocin hormone released during breastfeeding causes contractions of the uterus encouraging return to prepregnancy size.

15. Thank-you for breastfeeding because it provides me with protection against bone loss.

Protection against osteoporosis (bone loss).

16. Thank-you for breastfeeding because the delayed menstruation has allowed me to rebuild depleted iron.

Menstruation is delayed by low level of estrogen hormone providing time to rebuild depleted iron stores. Breastfeeding is 98% effective in preventing pregnancy **IF**:

1. Have your menses (period) returned?
2. Are you supplementing regularly or allowing long periods without breastfeeding, either during the day (more than 4 hours) or at night (more than 6 hours)?
3. Is your baby more than six months old?

If “yes” to any of these questions, risk of pregnancy is increased.

The amount of iron a mother’s body uses in milk production is much less than the amount she would lose from menstrual bleeding. This creates a decreased risk of iron-deficiency anemia.

17. Thank-you for breastfeeding because you are less likely to have breast, cervical, and ovarian cancer.

Decreased incidence of breast, uterine and ovarian cancer.

18. Thank-you for breastfeeding our baby because I can see that it creates an intense bond between you and our child and I appreciate that.

Breastfeeding provides an opportunity for mom and baby to bond.

19. Thank-you for breastfeeding our child because I can spend all my time talking, singing, and playing with our baby.

When mom breastfeeds, partners can spend his time stimulating the baby.

20. Thank-you for breastfeeding our child because it gives me comfort to know that we have given our baby the best possible start in life.

Parents are comforted knowing that breastfeeding has many benefits for their baby and that they are giving baby the best start in life.

Predicted Outcomes:

- Participants will gain knowledge of the advantages of breastfeeding.

Eating Patterns Game

Time:

- 15-20 minutes

Materials:

- Eating Patterns Game worksheets
- Pens or pencils
- Flip chart or dry erase board and marker



Background Information:

The size of the newborn's stomach is a key learning point as it helps parents to understand the need for smaller, more frequent feedings and that the time between feedings will increase as baby grows.

A young baby's stomach capacity is small and human milk is digested quickly. These two physiological facts suggest that newborn babies will be more content with small, frequent feedings as compared to scheduled feedings spaced three or four hours apart. In the first two or three days after birth, mothers' breasts produce only small amounts of colostrum, an easily digested, high-protein secretion filled with immune factors that prepare babies' digestive system for the more substantial feedings to come. So here is another biological fact that suggests that newborns do best with small frequent feedings. It's probably no coincidence that frequent feedings also ensure that babies get plenty of holding and skin-to-skin contact. These side-effects of frequent breastfeeding fulfill the baby's need for human interaction and protection. Frequent, early feedings also give newborns opportunities to practice their sucking skills on a relatively empty breast, preparing them for the more plentiful milk supply to come. On mother's end, early, frequent breastfeedings are associated with a better, more stable milk supply in the months to come. Also, mothers who spend more time with their babies in their arms learn to understand babies' cues more quickly.

Information retrieved from La Leche League International's "Feeding on Cue." Retrieved March 19, 2007 from <http://www.llli.org/NB/NBJulAug03p126.html>

Instructions:

1. Distribute "Eating Patterns Game" sheets and pencils to all participants.
2. Provide the class with 5-10 minutes to complete the "Eating Patterns Game" sheet.
3. Ask the class the following questions and discuss responses, relating them to breastfeeding (You may wish to write these questions on the Dry Board or Flip Chart):
 - a). How often did you eat?
 - b). What utensil did you use to eat?
 - c). How long did the meals take?
 - d). Why would you ever want to take longer than this to eat a meal?
 - e). How do you feel if you are truly hungry or thirsty and can't get food or water?
 - f). If you were trying to double your weight, what would you do?

- Responses to the questions and how they relate to breastfeeding:
 1. Eating every 1-3 hours – emphasize frequent feedings at breast for newborn every 2-3 hours.
 2. Utensils used include forks, spoons, etc. Using chopsticks or your non-dominant hand to eat could lead to frustration and confusion – emphasize that using artificial nipples (bottles or pacifiers) during the first 6 weeks of breastfeeding can lead to nipple preference and difficulty with latching baby to breast.
 3. Meals generally take 20-30 minutes to eat – emphasize that length of breastfeeding sessions often take at least 20-30 minutes per feeding or more.
 4. Taking longer than 20-30 minutes to eat a meal allows for conversation, social time, and relaxation at meal time – emphasize that newborns enjoy being close to you, feel comforted and relaxed in your arms, and like hearing the sound of your voice. Don't rush breastfeeding – enjoy it with your baby. Watch your baby and not the clock.
 5. Adults often feel grumpy, tired and irritable if they don't eat when they are hungry or drink when they are thirsty – emphasize that newborns also can be irritable if they are hungry and are not fed, and can become very tired if they don't receive the calories they need through breastmilk. Feed your baby on demand, whenever he/she is hungry and never postpone feedings.
 6. To double weight, adults would eat more often, eat during the night, and eat higher calorie foods – emphasize that newborns grow very quickly and double their birth weight in the first 5-6 months. Because their stomachs are small (the size of a golf ball), they will breastfeed frequently (every 2-3 hours), around the clock. Remember the growth spurts at 2-3 weeks, 6 weeks, 3 months and 6 months, during which babies may breastfeed even more frequently. In addition, the longer babies feed off of one breast, the more hindmilk they will receive.

Predicted Outcomes:

- Participants will have an appreciation for the nutritional needs of an infant and the need for frequent feedings.

The “I Can” Can Activity

Time:

- 10-15 minutes

Materials:

- A can filled with myth statements

Background Information:

- The family and community where the mother lives can have a major influence on her breastfeeding experience.
- Breastfeeding practices and ‘rules’ frequently exist and if they contradict those accepted as common practice, new parents can become quite confused.
- Women and men should be aware of this problem, but they also need to realize that knowledge and practices are time limited and culturally specific so what is current today may be old tomorrow.



Instructions:

- Have each participant in the class pick a myth card from the “I Can” can and dispel each myth about breastfeeding using the “I CAN” statements.

1. **Myth: Many women do not produce enough milk. Not true!**

I CAN produce enough breastmilk for my baby.

The vast majority of women produce more than enough milk. Indeed, an overabundance of milk is common. Most babies that gain too slowly, or lose weight, do so not because the mother does not have enough milk, but because the baby does not get the milk that the mother has. The usual reason that the baby does not get the milk that is available is that he is poorly latched onto the breast. This is why it is so important that the mother be shown, on the first day, how to latch a baby on properly, by someone who knows what they are doing. (Source: Some Breastfeeding Myths, Jack Newman).

2. **Myth: It is normal for breastfeeding to hurt. Not true!**

I CAN breastfeed without painful or sore nipples.

Though some tenderness during the first few days is relatively common, this should be a temporary situation that lasts only a few days and should never be so bad that the mother dreads nursing. Any pain that is more than mild is abnormal and is almost always due to the baby latching on poorly. Any nipple pain that is not getting better by day three or four or lasts beyond five or six days should not be ignored. A new onset of pain when things have been going well for a while may be due to a yeast infection of the nipples. Limiting feeding time does not prevent soreness. Taking the baby off the breast for the nipples to heal should be a last resort only. (Source: Some Breastfeeding Myths, Jack Newman).

3. Myth: Babies need to know how to take a bottle. Therefore a bottle should always be introduced before the baby refuses to take one. Not true!

I CAN breastfeed without giving my baby a bottle in the first 4 to 6 weeks.

Though many mothers decide to introduce a bottle for various reasons, there is no reason a baby must learn how to use one. Indeed, there is no great advantage in a baby's taking a bottle. Since Canadian women are supposed to receive 52 weeks maternity leave, the baby can start eating solids around 6 months, well before the mother goes back to her outside work. The baby can even take fluids or solids that are quite liquid off a spoon. At about 6 months of age, the baby can start learning how to drink from a cup, and though it may take several weeks for him to learn to use it efficiently, he will learn. If the mother is going to introduce a bottle, it is better she wait until the baby has been nursing well for 4-6 weeks, and then give it only occasionally. Sometimes, however, babies who take the bottle well at 6 weeks, refuse it at 3 or 4 months even if they have been getting bottles regularly (smart babies). Do not worry, and proceed as above with solids and spoon. Giving a bottle when breastfeeding is not going well is not a good idea and usually makes the breastfeeding even more difficult. For your sake and the baby's do not try to "starve the baby into submission". Get help. (Source: Still More Breastfeeding Myths, Jack Newman).

4. Myth: Breastfeeding in public is not decent. Not true!

I CAN breastfeed anytime, anywhere.

It is the humiliation and harassment of mothers who are nursing their babies that is not decent. Women who are trying to do the best for their babies should not be forced by other people's hang-ups or lack of understanding to stay home or feed their babies in public washrooms. Those who are offended need only avert their eyes. Children will not be damaged psychologically by seeing a woman breastfeeding. On the contrary, they might learn something important, beautiful and fascinating. They might even learn that breasts are not only for selling beer. Other women who have left their babies at home to be bottle fed when they went out might be encouraged to bring the baby with them the next time. (Source: Still More Breastfeeding Myths, Jack Newman).

5. Myth: Women whose breasts do not enlarge or enlarge only a little during pregnancy, will not produce enough milk. Not true!

I CAN breastfeed if I have small breasts.

There are a very few women who cannot produce enough milk (though they can continue to breastfeed by supplementing with a lactation aid). Some of these women say that their breasts did not enlarge during pregnancy. However, the vast majority of women whose breasts do not seem to enlarge during pregnancy produce more than enough milk. (Source: Still More Breastfeeding Myths, Jack Newman).

6. Myth: A mother whose breasts do not seem full has little milk in the breast. Not true!

I CAN breastfeed if my breasts don't feel full.

Breasts do not have to feel full to produce plenty of milk. It is normal that a breastfeeding woman's breasts feel less full as her body adjusts to her baby's milk intake. This can happen suddenly and may occur as early as two weeks after birth or even earlier. The breast is never "empty" and also produces milk as the baby nurses. Is the baby getting

milk from the breast? That's what's important, not how full the breast feels. (Source: Still More Breastfeeding Myths, Jack Newman).

7. Myth: Breastfeeding a child until 3 or 4 years of age is abnormal and bad for the child, causing an over dependent relationship between mother and child. Not true!

I CAN breastfeed my child until 3 or 4 years of age.

Breastfeeding for 2-4 years was the rule in most cultures since the beginning of human time on this planet. Only in the last 100 years or so has breastfeeding been seen as something to be limited. Children nursed into the third year are not overly dependent. On the contrary, they tend to be very secure and thus more independent. They themselves will make the step to stop breastfeeding (with gentle encouragement from the mother), and thus will be secure in their accomplishment. (Source: Still More Breastfeeding Myths, Jack Newman).

8. Myth: A mother who smokes is better not to breastfeed. Not true!

I CAN breastfeed if I am a smoker.

A mother who cannot stop smoking should breastfeed. Breastfeeding has been shown to decrease the negative effects of cigarette smoke on the baby's lungs, for example. Breastfeeding confers great health benefits on both mother and baby. It would be better if the mother not smoke, but if she cannot stop or cut down, then it is better she smoke and breastfeed than smoke and formula feed. (Source: More Breastfeeding Myths, Jack Newman).

9. Myth: Pumping is a good way of knowing how much milk the mother has. Not true!

I CAN pump or hand express breastmilk so others can feed the baby, however, the amount of milk expressed is not a good indicator of how much milk is in the breast.

How much milk can be pumped depends on many factors, including the mother's stress level. The baby who nurses well can get much more milk than his mother can pump. Pumping only tells you how much you can pump. (Source: Some Breastfeeding Myths, Jack Newman).

10. Myth: Women with flat or inverted nipples cannot breastfeed. Not true!

I CAN breastfeed with flat or inverted nipples.

Babies do not breastfeed on nipples, they breastfeed on the breast. Though it may be easier for a baby to latch on to a breast with a prominent nipple, it is not necessary for nipples to stick out. A proper start will usually prevent problems and mothers with any shaped nipples can breastfeed perfectly adequately. In the past, a nipple shield was frequently suggested to get the baby to take the breast. This gadget should not be used, especially in the first few days! Though it may seem a solution, its use can result in poor feeding and severe weight loss, and makes it even more difficult to get the baby to take the breast. If the baby does not take the breast at first, with proper help, he will often take the breast later. Breasts also change in the first few weeks, and as long as the mother maintains a good milk supply, the baby will usually latch on by 8 weeks of age no matter what, but get help and the baby may latch on before. (Source: Still More Breastfeeding Myths, Jack Newman).

Predicted Outcomes:

- Participants will have an opportunity to acknowledge the existence of myths related to breastfeeding and to clarify them.