

best start meilleur départ

Acknowledgments

The Best Start Resource Centre thanks the writers of the toolkit for their role in researching and writing this resource.

Writers

- Carol Hamilton
 Breastfeeding/parenting counsellor and author
- Michelle Buckner Kitchener/Waterloo Breastfeeding Buddies coordinator and La Leche League Leader
- Teresa Pitman
 Author and La Leche League Leader

Advisory Committee

- Jennifer Abbass-Dick
 Assistant Professor
 University of Ontario Institute of Technology
- Hoa Duong
 Registered Nurse EC, IBCLC
 Somerset West Community Health Centre,
 Ottawa
- Kathryn Forsyth
 Public Health Dietitian, Family Health Nutrition
 Advisory/BFI Working Group Representative
 Ontario Society of Nutrition Professionals in
 Public Health
- Kelly Graff
 Registered Midwife
 Northern Representative, Association
 of Ontario Midwives
 Association of Ontario Midwives
- Dr. Lisa Graves, MD CCFP FCFP
 Associate Professor, University of Toronto
 Department of Family and Community Medicine
- Beverly Guttman, MSW RSW Senior Project Manager Provincial Council for Maternal and Child Health
- Dr. Susan Hayward, MD CCFP FCFP FABM Assistant Clinical Professor, McMaster University Queen Square Family Health Team, Brampton
- Janet Moorhead-Cassidy
 Director, Health Promotion Department
 Hastings & Prince Edward Counties Health Unit

- Stephanie George, IBCLC
 Oneida Nation, Six Nations of the
 Grand River Territory
 Aboriginal Midwife
- Dr. Patricia Mousmanis, MD CCFP FCFP Coordinator, Healthy Child Development Program Ontario College of Family Physicians
- Kristina Niedra
 Project Manager
 Michael Garron Hospital
- Teresa Pitman
 Writer and Author
 La Leche League Canada
- Debbie Silvester
 Manager of Healthy Families
 Windsor-Essex County Health Unit
- Anne Smith
 Public Health Nurse
 past chair, Baby-Friendly Initiative Ontario
 Baby-Friendly Initiative Ontario
- Gillian Szollos
 Health Promoter
 Carlington Community Health Centre, Ottawa
- Linda Young
 Director, Maternal Newborn and Child Health
 Mental Health, Interprofessional Practice
 and Organizational Learning
 BFI Strategy Lead
 Michael Garron Hospital

Thank you to the advisory committee members who provided support and feedback throughout the process.

Reviewers

A special thank you to the expert reviewers who gave their time and contributed their wisdom.

- Catherine McEvilly Pestl, IBCLC Lactation Consultant Flemingdon Health Centre
- Sarah Milne
 Health Promoter
 Northwest Community Team
 Grey Bruce Public Health
- Marina Green, RN MSN IBCLC BFI Assessor

A special thank you to the team members of the BFI Strategy for Ontario, who provided expert feedback and support.

Use of this Resource

The Best Start Resource Centre thanks you for your interest in, and support of, our work. Best Start permits others to copy, distribute, or reference/source the work for non-commercial purposes on the condition that full credit is given. Because our resources are designed to support local health promotion initiatives, we would appreciate knowing how this resource has supported, or been integrated into, your work (beststart@healthnexus.ca).

Citation

Best Start Resource Centre. (2016). *Breastfeeding Peer Support Training Toolkit*. Toronto, Ontario, Canada: author.

For copyright or reproduction information contact:



by/par health nexus santé

Best Start Resource Centre
Health Nexus
180 Dundas Street West, Suite 301
Toronto Ontario M5G 1Z8
www.beststart.org | www.healthnexus.ca
beststart@healthnexus.ca

Funding

This document has been prepared with funds provided by the Government of Ontario. The information herein reflects the views of the authors and is not officially endorsed by the Government of Ontario. The resources and programs cited throughout this resource are not necessarily endorsed by the Best Start Resource Centre.

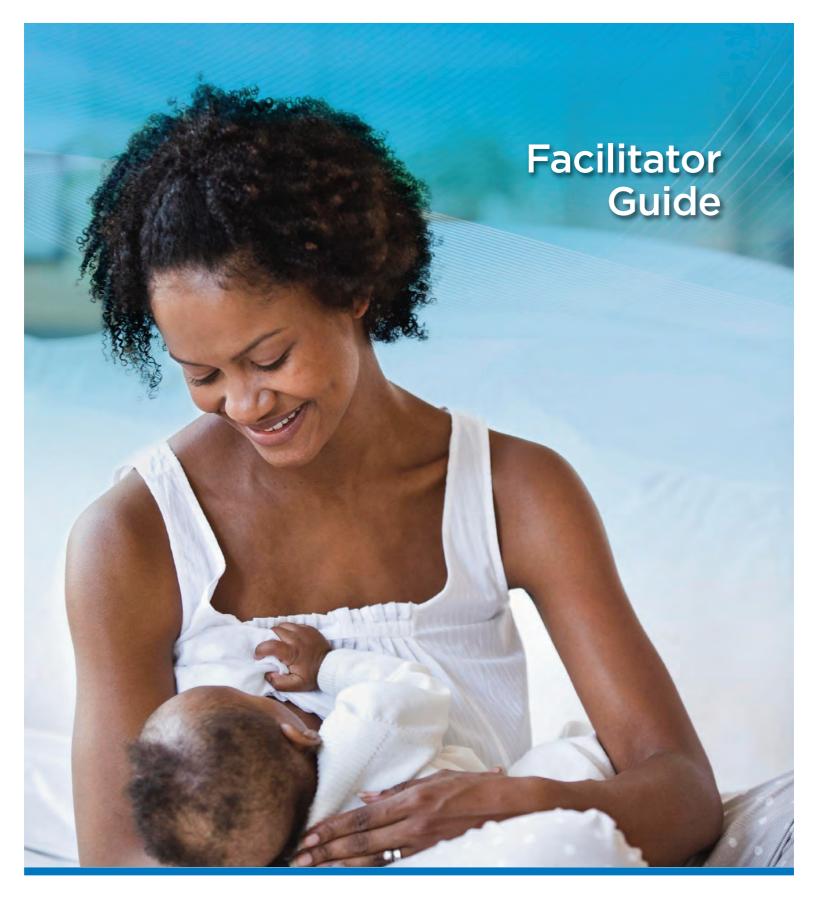
Table of Contents

Acknowledgments	I
Table of Contents	III
Facilitator Guide	VII
Introduction for the Facilitator	1
Creating a Peer Support Program	1
Questions to Ask Before You Create Your Program	1
What Peer Support Volunteers Do	2
Preparing Yourself to Train the Peer Support Volunteers	2
Potential Peer Support Volunteers	3
Planning Your Training Program	3
Schedule	4
Use of Social Media in Peer Support Programs	4
Location	5
Room Requirements	5
Child Care	5
Advance Preparation	6
Snacks and Drinks	7
Lessons to Be Learned	7
Evaluation of Training	7
Ongoing Training	8
Bias Exercise	8
Introduction to the Breastfeeding Peer Support Training Toolkit	9
Training Materials	9
Training Summary Charts	9
Pre-Training	9
Module 1: Peer Support for Breastfeeding	11
Module 2: The Importance of Breastfeeding	12
Module 3: Breastfeeding Support: Global and Individual	13
Module 4: Preparing to Breastfeed: Pregnancy and the Early Days	14
Module 5: Breastfeeding Challenges and the Role of Peer Support Volunteers	16
Module 6: Peer Support Volunteer – Ready Set Go!	18

MODULE 1: Peer Support for Breastfeeding	19
Module 1 Facilitator Notes	20
Module 1 Topics	20
Welcome	20
Getting to Know the Peers-In-Training	20
Breastfeeding and Peer Support	24
Break	25
Myths and Misinformation about Breastfeeding	25
Feeling Supported	26
Self-Care	28
Peer Resource Guide	28
Wrap Up and Homework	28
Module 1 PowerPoint Presentation	29
MODULE 2: The Importance of Breastfeeding	35
Module 2 Facilitator Notes	36
Module 2 Topics	36
Welcome	36
The Importance of Breastfeeding for Baby, Mother, and the Community	37
Making Informed Decisions (Part 1)	38
Break	39
Making Informed Decisions (Part 2)	39
Guilt	40
Wrap Up and Homework	42
Module 2 PowerPoint Presentation	43
MODULE 3: Global and Individual Breastfeeding Support	49
Module 3 Facilitator Notes	50
Module 3 Topics	50
Welcome	50
The Baby-Friendly Initiative (BFI)	50
The World Health Organization (WHO) International Code	
of Marketing of Breast-milk Substitutes	
Break	
Human Milk: Everything You Want to Know	
Feeding Cues (Signals)	
Sleep and Night Feeding	
Wrap Up and Homework	
Module 3 PowerPoint Presentation	56

MODULE 4: Preparing to Breastfeed during Pregnancy and the Early Days	65
Module 4 Facilitator Notes	67
Module 4 Topics	67
Welcome	67
Prenatal Planning for Breastfeeding	67
Birth Breastfeeding	69
Break	70
Practices that Support Early Breastfeeding Initiation	70
Feeding Frequency	72
Common Challenges in the Early Days	73
Preterm Babies and Breastfeeding	74
Wrap Up and Homework	75
Module 4 PowerPoint Presentation	76
MODULE 5: Breastfeeding Challenges and the Role of Peer Support Volunteers	83
Module 5 Facilitator Notes	85
Module 5 Topics	85
Welcome	85
The Breastfeeding Journey	85
Breastfeeding Challenges	87
Break	88
Weaning	88
The Role of Peer Support Volunteers	91
Breastfeeding Advocacy	93
Wrap Up and Homework	94
Module 5 PowerPoint Presentation	95
MODULE 6: Peer Support Volunteer – Ready Set Go!	103
Module 6 Facilitator Notes	104
Module 6 Topics	104
Welcome	104
Peer Support Volunteer: Roles and Responsibilities	104
Helping Mothers in Different Ways	106
Peer Support Volunteer Opportunities	111
Support for Peer Support Volunteers	112
Wrap Up and Celebration	113
Module 6 PowerPoint Presentation	114

Ado	litional Material for the Facilitator	119
	Bias Exercise	120
	Pre- and Post-Training Evaluation.	129
	Peer Support Volunteer Certificate (sample)	131
	Peer Support Volunteer Meeting Ideas	133
	Social Media Resources	135
	References	137
Pee	r Resource Guide	139
	Peer Resource Guide Table of Contents	141



Introduction for the Facilitator

We are delighted that you are interested in providing training for peer support volunteers to support breastfeeding mothers in your community. Peer support is an evidence-based, cost-effective way to help support breastfeeding mothers.

This training outline will provide you with six modules that will prepare your peer support volunteers to begin helping other mothers. However, please keep in mind that this is just a beginning. Regular, ongoing training and opportunities for peer support volunteers to discuss their experience are essential for a successful program.

We encourage you to read this introductory section before you begin recruiting potential peer support volunteers for your program and definitely before you begin planning your training!



Creating a Peer Support Program

You may find *Developing and Sustaining Breastfeeding Peer Support Programs* (Best Start Resource Centre, 2015) very helpful in creating your program.

This resource provides information about:

- Why breastfeeding peer support programs are effective and cost-effective.
- How to plan your program, including assessing and working with your community, risk management, types of peer support, funding sources, evaluation plans, and recruitment and support of peer support volunteers.
- How to initiate your programs by recruiting and training peer support volunteers, recruiting mothers, and addressing challenges.
- How to maintain your program through changes and over time.

Questions to Ask Before You Create Your Program

Assess your community and complete an environmental scan.

As you plan your program, you may be able to work with community partners, key stakeholders and other resources in your community.

- What are the resources currently available to mothers in your community?
- Are there other peer support groups? Breastfeeding clinics? International Board Certified Lactation Consultants in private practice or connected with health care services?
- Which programs does your local health unit offer to support breastfeeding?

Choose your target population.

- Who do you see as your target group?
- Which groups in your community tend to have lower rates of breastfeeding?
- What are the options for reaching out to these women?

The answers to these questions will help you design a program that "fills in the gaps" and reaches the women who need support.

What Peer Support Volunteers Do

- Peer support volunteers provide support, encouragement, information, practical suggestions, empathy, and understanding.
- They know what it's like to breastfeed in a society that may not always be supportive of breastfeeding.
- They create an environment where breastfeeding is normal and the challenges solvable.
- They help the mother make the decisions that are right for her and her baby, based on accurate information.
- They don't assess or diagnose, but they can refer mothers to people who can assess and diagnose when needed.



Preparing Yourself to Train the Peer Support Volunteers

You may be taking on this program because you are an experienced breastfeeding mother with passion for peer support. You may have been assigned this role despite having no actual breastfeeding experience and you are new to the idea of peer support. You may be somewhere in between.

Whatever your background, you may have some gaps in understanding the dynamics of breastfeeding, the variations in experiences parents will have, and the role of peer support in helping women meet their breastfeeding goals. You will also have some biases (we all do!), and it's important to be aware of them so that you can plan how to respond to people and situations that trigger a biased response. See the Bias Exercise at the end of this introduction.

If you have limited breastfeeding experience or knowledge, don't let that discourage you. Be honest about your limitations with the peers-in-training and invite them to share their experiences and knowledge. If you are asked a question that is beyond your expertise, this gives you a great opportunity to role-model how the peer support volunteers can look up information. Never hesitate to say, "I don't know – and we can find out!"

For those with limited breastfeeding expertise and/or limited experience with breastfeeding peer support, the following books may be helpful for reference:

- The Womanly Art of Breastfeeding (8th edition).
- Dr. Jack Newman's Guide to Breastfeeding (2014 revised edition).
- The Breastfeeding Answer Book (revised edition).
- The 10th Step and Beyond.

Breastfeeding Matters: An Important Guide to Breastfeeding for Women and Their Families (2014) is included in the Additional Materials for Peer Support Volunteers at the back of this binder. This is a good resource for facilitators and peers-in-training to review.

Potential Peer Support Volunteers

Once your peer support program is running, you will often be able to recruit new peer support volunteers from the mothers who have been helped by the previous peer support volunteers. Getting started, though, may seem daunting!

First, define your criteria. What are the requirements to volunteer for your program? You could require:

- Exclusive breastfeeding for six months and continued breastfeeding for at least a year.
- Exclusive breastfeeding for six months.
- Any breastfeeding for at least a year.
- Any breastfeeding for six months.
- Any breastfeeding for four months.

Are you also looking for women who belong to a particular community or who have specific characteristics (e.g., young mothers, working mothers, able to speak a language other than English or French, etc.)?

Then consider where you might recruit women who fit your criteria. Some options to consider:

- Ask leaders of current peer support programs in your community if any of their peer support volunteers would be willing to volunteer for your program as well.
- Talk to people teaching prenatal classes in your community. They might be willing to ask breastfeeding mothers at the postpartum reunion class (if applicable) if they would like to be part of your program.
- Connect with International Board Certified Lactation Consultants, doulas and La Leche League Leaders. Women who have overcome breastfeeding challenges sometimes want the opportunity to support other women going through similar challenges.
- Talk to people you know within the community that you would like to reach, even if they are not breastfeeding mothers. They may also be able to suggest locations where you might advertise, such as the local community centre, Ontario Early Years Centre, playgroup, or a religious or cultural group.

It is best to recruit more peer support volunteers than you need. Both research and experience suggest that between 20-25% of the volunteers who are recruited will not attend training, will not complete the training, or will drop out of the program soon after.

If you cannot find as many potential peer support volunteers as you had hoped, it may be worth continuing despite the smaller numbers. The mothers who are helped by these peer support volunteers may be willing to help others and over time the program will grow.

Planning Your Training Program

To distinguish mothers participating in the peer support training in order to become peer support volunteers from those who are already in that role, they are referred to as peers-in-training. You may choose to address them differently depending on your preferences or the terminology used in your program. The toolkit is set up in a participatory learning style and the word training may not be palatable to all participants, e.g., younger mothers may have a negative view of what training means.

Schedule

The program consists of six modules, each with a PowerPoint (PPT) presentation and pages to be added to a Peer Resource Guide (binder) that each peer support volunteer will keep. You might opt to run one module a week for six weeks or do two modules each day to complete the training in three consecutive days.

Both approaches have advantages and disadvantages.

Six-Week Training

Advantages	Disadvantages
 Gives peers-in-training the opportunity to consolidate and process what they are learning. May be easier for those with babies or toddlers. 	 Makes it more likely that some peers-intraining will miss one or more sessions. May be harder for the facilitator to fit into her schedule.

Three-Day Training

Advantages	Disadvantages
 May be easier for the facilitator to organize and make arrangements. 	 Means that a lot of information is given in a short period of time, so some may be lost.
 May be easier for some facilitators and peers-in-training to schedule. May decrease risk of peer-in-training missing one or more modules. 	 May be difficult for babies or toddlers to cope, while their mothers are occupied with the training.

The best times, at least for an initial training, will be spring and fall. Many families travel or take vacation during the summer and weather during the winter months can be a barrier.

Use of Social Media in Peer Support Programs

Peer support programs can take different forms. Some may rely mostly on telephone support, others on face-to-face interactions. The use of social media is high in this age group and will define ways of working as never before. Some programs are adding social media components such as a Facebook page, a Facebook group, or texting to their communication strategy.

Social media could be a means of communication among peer support volunteers or include ways of communication for peer support volunteers with mothers. In areas or circumstances where it might be difficult to gather a group of peers for training, or provide regular, face-to-face, ongoing peer support volunteer meetings, social media platforms could be considered.

The use of social media as a communication or training tool is not addressed in the toolkit. Social media communication could be addressed in modules five or six as well as future peer support volunteer meetings. Facilitators can explore social media as a means of initial or ongoing training where traditional approaches are not suitable. A list of Social Media Resources to help you consider and address the use of social media is provided on page 135 in the Additional Materials for Facilitators.

Location

It's important to choose a facility for your training that will meet the needs of your peer support volunteers. Remember that many of them may be pregnant and/or caring for babies or toddlers.

You want a facility that is easily reached by public transit, has adequate free parking (or parking where you can provide vouchers), and is accessible for any physically-challenged peer-in-training. If you are hoping to reach peer support volunteers from a specific community, finding a facility near where they live will help. Be aware that some people will not feel comfortable attending training in a religious building.

Room Requirements

- A room with a large table or several smaller tables is preferred over one where people sit on chairs in rows. The tables make it easier for peers-in-training to take notes if they wish.
- Ideally, there should be enough space for peers-in-training to spread out if they need to be with their toddlers or babies during the training session. A play area near the back of the room (with quiet toys for toddlers) might be helpful. It is often easier for the peers-in-training to keep their young babies with them and to have child care nearby for older babies and toddlers.
- Comfortable chairs where mothers can easily breastfeed during the training sessions are useful. If the chairs at the table are not very comfortable for breastfeeding perhaps a couch or some easy chairs could be brought in near the play area.
- A nearby washroom that has a diaper-changing area is important!

Child Care

Many programs offer child care at no cost during the training sessions. If you are able to obtain funding for this, be sure to let the potential peers-in-training know in advance that this is available.



Ensure that the child care providers understand that it is important to bring any toddlers who are not settled to their mothers and that you are expecting and anticipating these interruptions. This practice is an opportunity to show that you value responsive parenting and attachment. Some peers-in-training will prefer to arrange for child care or to keep their toddlers with them during the training. Sometimes a peer-in-training will bring her partner or another family member to help entertain the toddler during the training – another reason why a play area in the room can be helpful.

Advance Preparation

Pre-Training Meet-and-Greet

If possible, it's ideal to bring the peers-in-training together for a casual, social encounter a week or so before the actual training begins. If you do a meet-and-greet event, consider doing the Human Bingo activity at this event. A meet-and-greet event is a chance for the peer support volunteers to meet each other and begin to feel comfortable together. This meeting will help your training go more smoothly.

Creating a Peer Resource Guide

Your research into local resources that helped you design your peer support program will also be important in your planning for the training. Each peer-in-training should receive a Peer Resource Guide, which will include not only basic information about breastfeeding and your program but information about local resources in a number of related areas. Some of the pages (e.g., handouts) for your Peer Resource Guide are included at the end of this toolkit.

To prepare Peer Resource Guides for your peers-in-training, you can either purchase a 1-inch binder for each peer-in-training or ask the peers-in-training to bring a binder to the training. You can add purchased dividers for each topic of the Peer Resource Guide table of contents or use the title pages for each topic as dividers by printing them on card stock. Print the contents of the Peer Resource Guide located in the toolkit starting on page 137; this will include printing the handouts for each module as well as other resources. Make sure you have enough copies of the Peer Resource Guide pages as well as any other materials that will be added to the guide for each peer-in-training.

Depending on your target audience and what's available in your community, your Peer Resource Guide could include information about:

- Telehealth Ontario Specialized Breastfeeding Line for 24/7 breastfeeding support.
- How to find services in your area using www.ontariobreastfeeds.ca.
- Breastfeeding clinics.
- International Board Certified Lactation Consultants in independent practice.
- Other breastfeeding peer support groups (e.g., La Leche League).
- Other mother-and-baby support groups (e.g., Mommy and Me).
- Government-funded programs such as Healthy Babies Healthy Children as well as programs to help families whose children have developmental delays or other issues.
- Local Ontario Early Years Centres (OEYC), with details about programs offered.
- Women's shelters.
- Food banks.
- Groups to help those with insecure or inadequate housing.
- Mental health support groups.

Additional items you will need to prepare for the training are listed in the Training Summary Charts at the beginning of each module. Be sure to check before the training date to ensure you have the materials needed. Because some parts of each module are PowerPoint presentations (on a CD included with your toolkit), you will also need a laptop, projector, and screen or blank wall.

Snacks and Drinks

Training can be fairly intense, and snacks and drinks will help the mothers get through the day. Look for healthy foods and drinks, and be aware of food allergies and dietary restrictions. Fresh fruits and vegetables are a great choice since they fit into most diets. Remember that there are likely to be toddlers in the room so if you decide to serve hot drinks you'll need to ensure that the coffee pot or teapot is out of reach of any small children. See www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php for food ideas.

Lessons to Be Learned

Facts about breastfeeding are not the most important parts of the training.

The important skills for peers-in-training to learn are:

- Listening.
- Asking appropriate questions.
- Validating the mother's needs and feelings.
- Responding in a supportive way.

For some this will be easy, for others it may be surprisingly difficult.

Many peers-in-training will still be working through their feelings about their birth and breastfeeding experiences. For some a difficult birth experience or transition to motherhood can be traumatic. They may need to talk about their experiences and have support in processing them. Expect that some of the activities during the training may trigger emotional responses in



some peers-in-training. Be prepared to listen and be supportive. The role modeling you do during these situations will help the peers-in-training as they work with new mothers.

The Bias Exercise at the end of the introduction is for you, the facilitator. Please take the time to complete this exercise or something similar. The Bias Exercise is also a useful exercise for the peers-in-training, and you might want to do it later as part of your regular peer support volunteer meetings. Help the peers-in-training to understand that biases aren't bad and that we all have them. What we need to do to provide help to mothers is to recognize biases and manage them. This process will be more difficult for some than others! Encourage open discussion with the peers-in-training about their feelings on these issues.

Evaluation of Training

The best time to evaluate your training program is not at the end of Module 6, but a few months later when the peer support volunteers have had the opportunity to work with some mothers and babies. However, your program may require evaluation sooner. You may therefore want to evaluate how the training prepared the peer support volunteers. A Pre-Training Evaluation form has been provided in the Additional Material for the Facilitator section. The evaluation should be passed out at a pre-training meet-and-greet or the beginning of Module 1. It should then be repeated as a post-training evaluation at the end of Module 6.

When you reach the end of Module 6, hand out the same evaluation. You will gain some idea of the effectiveness of the training by comparing the two scores.

Ongoing Training

The ongoing training is as important as the initial training. Regular get-togethers for enrichment on various topics are essential. Holding these once a month is ideal, but can be done more or less often depending on the needs and size of the group of peer support volunteers. This provides time to talk with the peer support volunteers about their experiences in working with mothers. Over time, the peer support volunteers also become a support group for each other.

If some questions have gone unanswered during the training, you can keep a list of these as topics for future peer support volunteer meetings. Encourage the peers-in-training and peer support volunteers to contribute their ideas.

Bias Exercise

This exercise (for photos see pages 120 – 127) is not part of the peer training. It is for you to do on your own as you prepare.

As you look through these photos, see if any of them give you a negative feeling or bother you for any reason. Put a check mark beside the ones that give you that reaction and then answer the questions below.











Alternatively, you could use a scale of 1-5 to rate them with 1 being completely uncomfortable and 5 being completely comfortable. Using the scale, rate how comfortable you feel with each photo and then answer the questions below.

After you have looked through all the photos and consider why you chose these photos as negative or gave some a lower rating. What is it that, to you, feels wrong or unusual? How can you deal with these reactions when one of your peers-in-training triggers those feelings? How can you help your peers-in-training/peer support volunteers be aware of their biases and learn to manage them in helping mothers?

We all have biases. The important thing is to be aware of them so that we can make sure we are not letting our personal biases interfere with helping others.

When you have a negative reaction, you can ask yourself:

- Is this one of my biases?
- Why do I feel this way?
- How can I best support this person despite my biases?

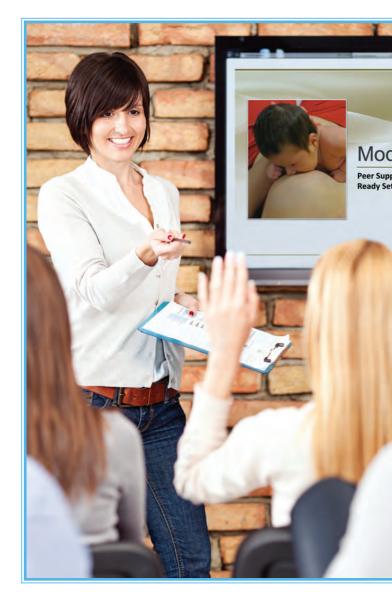
Introduction to the Breastfeeding Peer Support Training Toolkit

Training Materials

In this package of materials, you will find:

- 1. Introduction for the facilitator. This document includes information about recruiting and training potential peer support volunteers, resources to help you understand how peer support volunteer programs work and how to set up the training facility.
- 2. Facilitator notes for six modules, which can be delivered either one module per week over six weeks, or two modules per day over three days. (These options are also explained in the introduction document). All modules are designed to be 2.5 hours long.
- **3.** PowerPoint presentations for each of the six modules. Please note that some slides have additional speaker notes.
- 4. The Peer Resource Guide. Starting on page 137 in the toolkit, you will find everything you need to create a Peer Resource Guide for each peer-in-training. Each facilitator should create or collect additional handouts for the Peer Resource Guide before training, including information about your program (e.g., peer support volunteer job description), information about local programs and resources, etc. It is a good idea to prepare the handouts/pages (using a three-hole punch) before handing them out to the peers-in-training.

The Training Summary Charts on the next few pages outline the content, timing, and materials needed for each module, including the pre-training meet-and-greet.



Training Summary Charts

Pre-Training

If possible arrange a casual pre-training meet-and-greet event.

Pre-Training Meet-and-Greet

Training Summary Chart: Meet-and-Greet (1 to 1.5 hours)

	Content	Teaching Strategies	Materials/Preparation	
	Prepare the room considering the safety of mothers, babies, and toddlers			
Set up	Include a play area, quiet breastfeeding	toys, comfortable area for	Quiet toys and comfortable chairs or couch for breastfeeding	
		propriate kettles/teapots/cups and nsure all cords are out of reach of	Drinks and food, paper towels/serviettes	
	Table or stand for comput	er and projector	Table/stand, computer/projector	
	Welcome		·	
15 minutes	Welcome		Name tags, pens/markers	
	Introduction	Introduce self (facilitator) and give a brief outline of the peer support volunteer program and training		
15 minutes	Getting To Know the Peers-In-Training			
15 innuces	Human Bingo		Bingo cards, pens/markers	
	Mingle	•	•	
20 minutes	Mingle	Encourage the peers-in-training to mingle/visit while you circulate and thank each peer-in-training for attending		
	Wrap Up			
10 minutes	Wrap up	Remind the peers-in-training of training dates, location, child care arrangements, etc.		

MODULE 1: Peer Support for Breastfeeding

Training Summary Chart: Module 1 (2.5 hours)

Prepare the room considering the safety of mothers, bables. Include a play area, quiet toys, comfortable area for breastfeeding a fable for refreshments, appropriate kettles/teapots/cups and dishes for refreshments was all cords are out of reach of babies/toddlers) a fable or stand for computer and projector Table/stand, computer/projector		Content	Teaching Strategies	Materials/Preparation	
December December		Prepare the room considering the safety of mothers, babies, and toddlers			
Table for refreshments, appropriate kettles/teapots/cups and dishes for refreshments (ensure all cords are out of reach of babies/toddlers) Table or stand for computer and projector Table/stand, computer/projector	Cat				
Welcome PPT slide 1 Name tags, pens/markers	set up	dishes for refreshments (er		Drinks and food, paper towels/serviettes	
Welcome Review of topics		Table or stand for compute	er and projector	Table/stand, computer/projector	
Review of topics		Welcome			
Cetting To Know the Peers-In-Training	10 minutes	Welcome	PPT slide 1	Name tags, pens/markers	
Human Bingo Activity/PPT slide 3 Bingo cards, pens/markers Name tags with matching cards		Review of topics	PPT slide 2		
Breastfeeding is Activity/PPT slide 4 Breastfeeding is Activity/PPT slide 4 Name tags with matching cards Sets of three strands of string, embroidery floss, etc. (each strand in a different colour) Poster paper (or whiteboard/ chalkboard), tape/sticky tack, note paper, pens/markers Self-Care Topic PPT slide 34 Self-Care Ideas Handout Poster paper (or whiteboard/ chalkboard), tape/sticky tack, note paper, pens/markers Self-Care Ideas Handout Copies of handout Peer Resource Guides, Module 1 pages, facilitator contact information, local resources		Getting To Know the Peer	s-In-Training		
Topic PPT slides 23 - 28 Sets of three strands of string, embroidery floss, etc. (each strand in a different colour)	20 minutes	Human Bingo	Activity/PPT slide 3	Bingo cards, pens/markers	
Topic Braiding PPT slides 5 - 22 Slide 20 (updated) Sets of three strands of string, embroidery floss, etc. (each strand in a different colour)		Breastfeeding is	Activity/PPT slide 4	Name tags with matching cards	
Sets of three strands of string, embroidery floss, etc. (each strand in a different colour) 20 minutes Myths and Misinformation about Breastfeeding Topic		Breastfeeding and Peer Su	ipport		
Self-Care PPT slide 34 Poster paper (or whiteboard/chalkboard), tape/sticky tack, note paper, pens/markers		Торіс	PPT slides 5 – 22	Slide 20 (updated)	
Myths and Misinformation PPT slides 29 Poster paper (or whiteboard/chalkboard), tape/sticky tack, myth/misinformation and truth cards	30 minutes	Braiding	Activity/PPT slides 23 – 28	embroidery floss, etc. (each strand	
Topic Myths and Misinformation Activity/PPT slide 30 Poster paper (or whiteboard/ chalkboard), tape/sticky tack, myth/ misinformation and truth cards Feeling Supported Topic PPT slide 31 Poster paper (or whiteboard/ chalkboard), tape/sticky tack, myth/ misinformation and truth cards Feeling supported Activity/PPT slides 32 – 33 Poster paper (or whiteboard/ chalkboard), tape/sticky tack, note paper, pens/markers Self-Care Topic PPT slide 34 Self-Care Ideas Handout Copies of handout Peer Resource Guide Peer Resource Guides PPT slide 35 Peer Resource Guides, Module 1 pages, facilitator contact information, local resources	20 minutes	Break	•	•	
Myths and Misinformation Activity/PPT slide 30 Poster paper (or whiteboard/chalkboard), tape/sticky tack, myth/misinformation and truth cards		Myths and Misinformation about Breastfeeding			
Misinformation Misi		Торіс	PPT slides 29		
Topic PPT slide 31 Feeling supported Activity/PPT slides 32 – 33 Poster paper (or whiteboard/chalkboard), tape/sticky tack, note paper, pens/markers Self-Care Topic PPT slide 34 Self-Care Ideas Handout Copies of handout Peer Resource Guide Topic PPT slide 34 Feer Resource Guide Topic PPT slide 35 Peer Resource Guides, Module 1 pages, facilitator contact information, local resources	25 minutes		Activity/PPT slide 30	chalkboard), tape/sticky tack, myth/	
Feeling supported Activity/PPT slides 32 – 33 Poster paper (or whiteboard/ chalkboard), tape/sticky tack, note paper, pens/markers Self-Care Topic PPT slide 34 Self-Care Ideas Handout Copies of handout Peer Resource Guide Topic PPT slide 35 Peer Resource Guides, Module 1 pages, facilitator contact information, local resources		Feeling Supported	•		
Self-Care Topic PPT slide 34 Self-Care Ideas Handout Copies of handout Peer Resource Guide Topic PPT slide 34 Topic Self-Care Ideas PPT slide 35 Topic Peer Resource Guide Peer Resource Guide Topic PPT slide 35 Peer Resource Guides, Module 1 pages, facilitator contact information, local resources		Торіс	PPT slide 31		
Topic Self-Care Ideas PPT slide 34 Handout Copies of handout Peer Resource Guide Topic Self-Care Ideas PPT slide 35 Peer Resource Guides, Module 1 pages, facilitator contact information, local resources	25 minutes	Feeling supported	Activity/PPT slides 32 – 33	chalkboard), tape/sticky tack,	
Self-Care Ideas Handout Copies of handout Peer Resource Guide Topic PPT slide 35 Peer Resource Guides, Module 1 pages, facilitator contact information, local resources		Self-Care			
Peer Resource Guide Topic PPT slide 35 Peer Resource Guides, Module 1 pages, facilitator contact information, local resources	5 minutes	Topic	PPT slide 34		
10 minutes Topic PPT slide 35 Peer Resource Guides, Module 1 pages, facilitator contact information, local resources		Self-Care Ideas	Handout	Copies of handout	
facilitator contact information, local resources		Peer Resource Guide			
5 minutes Wrap Up and Homework	10 minutes	Торіс	PPT slide 35	facilitator contact information, local	
	5 minutes	Wrap Up and Homework			

MODULE 2: The Importance of Breastfeeding

Training Summary Chart: Module 2 (2.5 hours)

	Content	Teaching Strategies	Materials/Preparation	
	Prepare the room considering the safety of mothers, babies, and toddlers			
Set up	Include a play area, qui breastfeeding	et toys, comfortable area for	Quiet toys and comfortable chairs or couch for breastfeeding	
Set up		appropriate kettles/teapots/cups ents (ensure all cords are out of s)	Drinks and food, paper towels/serviettes	
	Table or stand for comp	uter and projector	Table/stand, computer/projector	
	Welcome		·	
10 minutes	Welcome	PPT slide 1		
	Review of topics	PPT slide 2		
	The Importance of Brea	astfeeding for Baby, Mother, and th	ne Community	
	Topic	PPT slides 3, 7, 10		
35 minutes	The Importance of Breastfeeding	Activity/PPT slides 4 – 6, 8 – 9, 11 – 12	Poster paper (or whiteboard/ chalkboard), tape/sticky tack, sets of three pieces of colourful paper/sticky notes, pens/markers	
	Making Informed Decisions (Part 1)			
25 minutes	Topic	PPT slide 13		
	Do You Remember?	Activity/PPT slides 14 – 16		
20 minutes	Break		i	
	Making Informed Deci	sions (Part 2)		
25 minutes	Topic	PPT slides 17 – 20		
25 mmates	BRAIN	Activity/PPT slides 21 – 23	Scenario cards, note paper, pens/markers	
	BRAIN	Handout	Copies of handout	
	Guilt		·	
25 minutes	Topic	PPT slides 24 – 32		
	Role Play	Activity/PPT slides 33 – 34		
	Wrap Up and Homework			
5 minutes	Торіс		Peer Resource Guides, Module 2 pages	

MODULE 3: Breastfeeding Support: Global and Individual

Training Summary Chart: Module 3 (2.5 hours)

	Content	Teaching Strategies	Materials/Preparation	
	Prepare the room considering the safety of mothers, babies, and toddlers			
	Include a play area, quiet toys, comfortable area for breastfeeding		Quiet toys and comfortable chairs or couch for breastfeeding	
Set up		propriate kettles/teapots/cups s (ensure all cords are out of	Drinks and food, paper towels/serviettes	
	Table or stand for compute	er and projector	Table/stand, computer/projector	
	Welcome		· ·	
5 minutes	Welcome	PPT slide 1		
	Review of topics	PPT slide 2		
	The Baby-Friendly Initiati	ve (BFI)	·	
	Торіс	PPT slides 3 – 16	Slide 6 (updated)	
35 minutes	Integrated 10 Steps & WHO Code Practice Outcome Indicators for Hospitals and Community Health Services: Summary	Handout	Copies of handout	
	Making the Code Work	Handout	Copies of handout	
	Breastfeeding Statements	Activity/PPT slides 17 – 18	Statement cards, note paper, pens/marker	
	The World Health Organization (WHO) International Code of Marketing of Breast-milk Substitutes			
25 minutes	Торіс	PPT slides 19 – 22		
25 minutes	WHO Code Violations	Activity/PPT slides 23 – 25	Poster paper, tape/sticky tack, magazines, note paper, pens/markers	
20 minutes	Break	•	•	
	Human Milk: Everything	You Want to Know		
40 minutes	Торіс	PPT slides 26 – 36		
	Breastfeeding Survivor	Activity/PPT slide 37	Statement cards, sticky notes	
	Feeding Cues (Signals)			
15 minutes	Торіс	PPT slides 38 – 39, 41 – 42		
	Breastfeeding in the First Hours after Birth	Video/PPT slide 40	CD supplied with toolkit	
	Sleep and Night Feeding			
5 minutes	Topic	PPT slides 43 – 45		
	Wrap Up and Homework			
5 minutes	Topic		Peer Resource Guides, Module 3 pages	

MODULE 4: Preparing to Breastfeed: Pregnancy and the Early Days

Training Summary Chart: Module 4 (2.5 hours)

	Content	Teaching Strategies	Materials/Preparation	
	Prepare the room considering the safety of mothers, babies, and toddlers			
Set up	Include a play area, quiet toys, comfortable area for breastfeeding Table for refreshments, appropriate kettles/teapots/cups and dishes for refreshments (ensure all cords are out of reach of		Quiet toys and comfortable chairs or couch for breastfeeding Drinks and food, paper towels/serviettes	
	babies/toddlers) Table or stand for compute	er and projector	Table/stand, computer/projector	
	Welcome		:	
5 minutes	Welcome	PPT slide 1		
	Review of topics	PPT slide 2		
	Prenatal Planning for Bre	astfeeding	•	
	Topic	PPT slides 3, 5 – 9		
35 minutes	Best and Worst Advice	Activity/PPT slide 4	Copies of Module 4: Table 1, pens/markers	
	Role Play	Activity/PPT slide 10	Scenario cards	
	Birth and Breastfeeding			
20 minutes	Торіс	PPT slides 11 – 21		
20 minutes	Break		.	
	Practices that Support Ea	rly Breastfeeding Initiation		
	Торіс	PPT slides 22 – 24, 26, 29 – 31		
	Breastfeeding in the First Hours after Birth	Video/PPT slide 25	CD supplied with toolkit	
40 minutes	Breastfeeding in the First Hours after Birth	Video/PPT slide 27	CD supplied with toolkit	
	Baby-Led Latching	Activity/PPT slide 28	Dolls	
	How to Express Breastmilk	Video/PPT slide 32	CD supplied with toolkit	
	Hand Expression	Handout	Copies of handout	
	Feeding Frequency			
5 minutes	Торіс	PPT slides 33 – 35		
	Breastfeeding Your Baby	Handout	Copies of handout	

Continued on next page

MODULE 4: Preparing To Breastfeed: Pregnancy and the Early Days

Training Summary Chart: Module 4 (2.5 hours)

	Content	Teaching Strategies	Materials/Preparation
	Common Challenges in the Early Days		
	Торіс	PPT slide 36	
	Overcoming Common Breastfeeding Challenges	Activity/PPT slide 37	Breastfeeding challenge cards, note paper, pens/markers
15 minutes	Meeting Mothers Where They Are: Helpful Phrases to Open Communication	Handout	Copies of handout
	Strategies for Breastfeeding Challenges	Activity/PPT slide 38	
	Preterm Babies and Breastfeeding		
	Topic	PPT slide 39	
5 minutes	Sunnybrook Health Sciences Centre: Kangaroo Care	Video/PPT slide 40	CD supplied with toolkit
	Nationwide Children's Hospital: Kangaroo Care	Video/PPT slide 41	CD supplied with toolkit
5 minutes	Wrap Up and Homework		
5 minutes	Topic		Peer Resource Guides, Module 4 pages

MODULE 5: Breastfeeding Challenges and the Role of Peer Support Volunteers

Training Summary Chart: Module 5 (2.5 hours)

	Content	Teaching Strategies	Materials/Preparation	
	Prepare the room considering the safety of mothers, babies, and toddlers			
Set up	Include a play area, quiet toys, comfortable area for breastfeeding		Quiet toys and comfortable chairs or couch for breastfeeding	
	Table for refreshments, appropriate kettles/teapots/cups and dishes for refreshments (ensure all cords are out of reach of babies/toddlers)		Drinks and food, paper towels/serviette	
	Table or stand for computer and projector		Table/stand, computer/projector	
	Welcome			
5 minutes	Welcome	PPT slide 1		
	Review of topics	PPT slide 2		
15 minutes	The Breastfeeding Journey			
	Торіс	PPT slide 3		
	Breastfeeding Timeline	Activity/PPT slides 4 – 6	Timeline age cards, tape/sticky tack, sticky notes, pens/markers	
	Breastfeeding Challenges			
30 minutes	Topic	PPT slides 7 – 9		
	Responding to Breastfeeding Challenges	PPT slide 10	Scenario cards	
20 minutes	Break			
	Weaning			
	Торіс	PPT slides 11 – 14, 16 – 21		
45 minutes	Weaning Relationship	Activity/PPT slide 15	Poster paper (or Bristol board), tape/sticky tack, RELATIONSHIP cards, pens/markers	
	Four Types of Weaning	Handout	Copies of handout	
	Strategies to Help Wean a Child over the Age of 1 Year	Handout	Copies of handout	
	Dealing with Advice and Criticism from Others	Activity/PPT slides 22 – 24	Scenario card	
	The Role of Peer Support Volunteers			
20 minutes	Торіс	PPT slides 25 – 26		
	In Scope – Out of Scope	Activity/PPT slide 27	Sets of three voting cards	

Continued on next page

MODULE 5: Breastfeeding Challenges and the Role of Peer Support Volunteers

Training Summary Chart: Module 5 (2.5 hours)

	Content	Teaching Strategies	Materials/Preparation
10 minutes	Breastfeeding Advocacy		
	Торіс	PPT slides 28 – 34	
	Building a Breastfeeding Environment	Video/PPT slide 35	CD supplied with toolkit
	Breastfeeding Dream Cloud	Activity/PPT slides 36 – 37	
5 minutes	Wrap Up and Homework		
	Topic		Peer Resource Guides, Module 5 pages

MODULE 6: Peer Support Volunteer - Ready Set Go!

Training Summary Chart: Module 6 (2.5 hours)

	Content	Teaching Strategies	Materials/Preparation	
	Prepare the room considering the safety of mothers, babies, and toddlers			
Set up	Include a play area, quiet toys, comfortable area for breastfeeding		Quiet toys and comfortable chairs or couch for breastfeeding	
	Table for refreshments, appropriate kettles/teapots/cups and dishes for refreshments (ensure all cords are out of reach of babies/toddlers)		Drinks and food, paper towels/serviettes	
	Table or stand for computer and projector		Table/stand, computer/projector	
	Welcome			
5 minutes	Welcome	PPT slide 1		
	Review of topics	PPT slide 2		
	Peer Support Volunteer: Roles and Responsibilities			
20 minutes	Торіс	PPT slides 3 – 5		
20 minutes	Body Parts	Activity/PPT slides 6 – 7	Poster paper, tape/sticky tack, sticky notes, pens/markers	
	Helping Mothers in Different Ways			
	Торіс	PPT slides 8 – 11, 14 – 16, 18 – 19		
	The LOVE Method for Telephone Helping	Handout	Copies of handout	
60 minutes	Role Play	Activity/PPT slides 12 – 13		
	Breastfeeding Baby Sounds	Video/PPT slides 17	CD supplied with toolkit	
	Group Dynamics	Activity/PPT slide 20		
	Tip Sheet: Facilitation Techniques	Handout	Copies of handout	
10 minutes	Peer Support Volunteer Opportunities			
	Торіс	PPT slides 21 – 22		
10 minutes	Support for Peer Support Volunteers			
	Торіс	PPT slides 23 – 25		
45 minutes	Wrap Up and Celebration			
	Торіс	PPT slide 26	Peer Resource Guides, Module 6 pages	
	Celebration		Supplies/materials for planned celebration	

MODULE 1: Peer Support for Breastfeeding

Training Summary Chart: Module 1 (2.5 hours)

	Content	Teaching Strategies	Materials/Preparation	
	Prepare the room considering the safety of mothers, babies, and toddlers			
Set up	Include a play area, quiet toys, comfortable area for breast-feeding Table for refreshments, appropriate kettles/teapots/cups and dishes for refreshments (ensure all cords are out of reach of		Quiet toys and comfortable chairs or couch for breastfeeding Drinks and food, paper towels/serviettes	
	babies/toddlers) Table or stand for computer and projector		Table/stand, computer/projector	
10 minutes	Welcome			
	Welcome Review of topics	PPT slide 1 PPT slide 2	Name tags, pens/markers	
20 minutes	Getting to Know the Peers-In-Training			
	Human Bingo Breastfeeding is	Activity/PPT slide 3 Activity/PPT slide 4	Bingo cards, pens/markers Name tags with matching cards	
30 minutes	Breastfeeding and Peer Support			
	Topic Braiding	PPT slides 5 – 22 Activity/PPT slides 23 – 28	slide 20 (updated) Sets of three strands of string, embroidery floss etc. (each strand in a different colour)	
20 minutes	Break	•	•	
	Myths and Misinformation about Breastfeeding			
25 minutes	Topic Myths and Misinformation	PPT slide 29 Activity/PPT slide 30	Poster paper (or whiteboard/ chalkboard), tape/sticky tack, myth/ misinformation and truth cards	
25 minutes	Feeling Supported			
	Topic Feeling supported	PPT slide 31 Activity/PPT slides 32 – 33	Poster paper (or whiteboard/ chalkboard), tape/sticky tack, note paper, pens/markers	
	Self-Care			
5 minutes	Topic Self-Care Ideas	PPT slide 34 Handout	Copies of handout	
	Peer Resource Guide			
10 minutes	Торіс	PPT slide 35	Peer Resource Guides, Module 1 pages, facilitator contact information, local resources	
5 minutes	Wrap Up and Homework			

Module 1 Facilitator Notes

Module 1 Topics

- Getting to know the peers-in-training.
- Breastfeeding and peer support.
- Myths and misinformation about breastfeeding.
- Feeling supported.
- Self-care.
- Peer Resource Guide.



Welcome

Module 1 PowerPoint slides 1 – 2.

Ensure that snacks and drinks are set out on one side of the room (and out of reach of toddlers!) before the peers-in-training arrive.

Turn on the PowerPoint presentation and *have Module 1 slide 1 on the screen* as the group arrives.

Give each peer-in-training a name tag as she arrives; if she has a baby or toddler with her, she might want a name tag for the child as well. Encourage peers-in-training to find space where they are comfortable. Tables and chairs can be rearranged if desired.

Welcome the peers-in-training to training. If some children are in child care, let the peers-in-training know that the child care providers will bring the children in if they need their mothers and reassure them that this is not a problem. One approach that often works well is to have the mother put her cell phone number on her child's name tag so the child care provider can text her if the child needs her.

Point out areas where any toddlers staying with their mothers can play quietly, comfortable spots for breastfeeding, etc. Also, point out the location of the washroom and change tables.

Sharing "housekeeping" information helps the peers-in-training feel welcomed and comfortable in the facility.

Show slide 2 and review the topics for this training session.

Getting to Know the Peers-In-Training

Module 1 PowerPoint slides 3 – 4.

If you have not had a pre-training event, begin with the Human Bingo activity. If you have previously done the Human Bingo activity, you can do the Breastfeeding is... activity instead.



Activity: Human Bingo

Show slide 3.

Materials:

- A "bingo" card for each participant. Each card should have nine or sixteen squares (depending on the number of people attending). The cards can also be made by listing each of the items on a piece of paper with a line alongside for a signature.
- The cards have not been created for you as you will want to personalize them for your community and group size. The list below gives some examples/suggestions. Remember to personalize to your community and group size.
- Pens or markers.

Human Bingo examples:

- Someone who had mastitis while breastfeeding.
- Someone who had a caesarean birth.
- Someone who lives on a farm or in the country.
- Someone who has her baby in a wrap or carrier.
- Someone who needed to supplement while breastfeeding.
- Someone who is pregnant.
- Someone whose baby had a tongue-tie.

- Someone who had sore nipples while breastfeeding.
- Someone whose baby was born at home.
- Someone who came today on the bus or transit.
- Someone who speaks more than one language.
- Someone who has breastfed for more than a year.
- Someone who had a preterm baby.
- Someone who has had thrush while breastfeeding.
- Someone who has had an oversupply of milk while breastfeeding.
- Someone who gave birth in the hospital with a midwife.
- Someone who had a doula.
- Someone who had a baby as a teenager.
- Someone who is new to Canada.

Activity:

- Give each peer-in-training a "bingo" card and a pen or marker.
- Invite the peers-in-training to get snacks and drinks as they mingle and talk to each other with the purpose of finding a peer-in-training who has a lived experience to match a statement on a bingo square. The peer-in-training is asked to sign her name in the square that matches her experience; a peer-in-training may sign more than one square.
- After 10 15 minutes (depending on the size of the group) bring the peers-in-training back together.
- You may want to give small prizes (e.g., small, wrapped dark chocolates or soaps/lotions) to those who have filled their cards completely or who have completed one or more bingo lines (unless you are using the list approach). You might also give a prize to the person whose name is on the most squares.

Finish by reminding the peers-in-training that over the time together in training (and future peer support volunteer meetings) they will have the opportunity to learn about the variety of experiences of the women in this group.

Thank the peers-in-training for participating in this activity.

Activity: Breastfeeding is...

Show slide 4.

Materials:

- Name tags printed with the breastfeeding is... statements (see table below).
- Cards printed with the information matching the breastfeeding is... statement (see table below).

Module 1: Table 1 (Breastfeeding is...)

Name Tag	Matching Card
Breastfeeding is Normal	Breastfeeding is normal. It is the way all mammals feed their young and is the way almost all human babies were fed until very recently. It isn't something special and has no magical benefits. Other ways of feeding babies have risks.
Breastfeeding is Convenient	Breastfeeding is convenient. There is no need to wash and sterilize bottles and nipples, prepare formula, warm bottles, or clean up afterward. Your baby's food is always with you (regardless of change of plans, emergencies, etc.) and always ready.
Breastfeeding is Healthy for Baby	Breastfeeding is healthy for baby. Those who are not breastfed have higher risks of many different diseases and infections than those who are breastfed. There are long-term risks to not breastfeeding as well.
Breastfeeding is Healthy for Mother	Breastfeeding is healthy for mothers. Women who do not breastfeed have higher rates of breast cancer, uterine cancer, and type 2 diabetes.
Breastfeeding is Relaxing	Breastfeeding is relaxing. The hormones produced when your baby breastfeeds help you to feel relaxed and encourage you to enjoy your baby.
Breastfeeding is Healthy for Toddlers	Breastfeeding is healthy for toddlers. Your milk continues to be an excellent source of nutrition as long as your child breastfeeds, and the levels of antibodies actually increase after the first year.
Breastfeeding is Accessible	Breastfeeding is accessible. You don't need any special equipment, clothing, etc. to be able to breastfeed. You don't need to eat a particular diet, or live a "perfect" life. You can breastfeed despite not having much money or being a single parent.
Breastfeeding is Nutritious	Breastfeeding is is nutritious. Human milk has the perfect balance of nutrients for human babies, in forms that are easy for the baby to digest.
Breastfeeding is Doable in Public	Breastfeeding is doable in public. Provincial laws and the Ontario Human Rights Commission clearly spell out women's right to breastfeed in public. You cannot be told to move to another location (such as a washroom) or to "cover up."

Activity:

- Give each peer-in-training a breastfeeding is... name tag and information card. Ensure that the name tag does not match the information card.
- Invite the peers-in-training to get snacks and drinks as they mingle and talk to each other with the purpose of finding the peer-in-training who has the information card that matches the statement on their name tag.
- When a match has been identified, the peers-in-training exchange cards. The peer-in-training that now has a match between her name tag and information card can return to her seat to indicate that she has completed the activity. After an information card exchange, the other peer-in-training will (most likely) have an information card that does not match her name tag. She will continue looking for a match until she has completed the activity.
- When everyone has a card to match her name tag, and everyone is seated, have each peer-in-training read aloud both her name tag and information card.
- Discuss the information on the cards sensitively as peers-in-training may have many different experiences. Ask if anyone has a comment or question.

Finish by telling the peers-in-training how pleased you are to have them training as peer support volunteers because they are going to make a very significant contribution to their community.

Thank the peers-in-training for participating in this activity.

Breastfeeding and Peer Support

Module 1 PowerPoint slides 5 - 28.

Note for the facilitator: Slide 20 gives you an opportunity to explain your peer support program. Ensure that you have updated the text on this slide prior to Module 1 training.

Show slides 5 - 22.

Activity: Braiding

Show slide 23.

Materials:

 A set of three strands of string, embroidery floss, etc. for each peer-in-training. These strands could be in three different colours to enhance the visual aspect of the activity.

Activity:

- *Show slide 24* and hand out the first coloured strand.
- *Show slide 25* and hand out the second coloured strand.
- *Show slide 26* and hand out the third coloured strand.
- Allow time for the peers-in-training to braid the strands together.
- *Show slides* 27 28.

Finish this activity by thanking the peers-in-training for participating in this activity and for their willingness to become part of the braided strands that provide support to breastfeeding families.

Remember to ask for additional questions at the end of the PowerPoint presentation.



Break

Myths and Misinformation about Breastfeeding

Module 1 PowerPoint slides 29 - 30.

Show slide 29.

As a breastfeeding mother, you will be aware that there are many statements about breastfeeding that are not necessarily true. These statements are often founded on myths or misinformation. It is important as a peer support volunteer to have the knowledge to distinguish between myth/misinformation and truth.

Activity: Myths and Misinformation

Show slide 30.

Materials:

- Two large pieces of poster paper. Each piece of poster paper should have the title "Myths/ Misinformation" or "True" printed across the top. A whiteboard or chalkboard divided into two sections will also work. Alternatively, space on the floor or table can be divided and marked with the two sections.
- Tape or sticky tack.
- Cards printed with a myth/misinformation statement or a true statement (see examples below). Do not print the answer (i.e., myth/misinformation or true) on the card.

Myth/misinformation and truth statements (suggestions):

The following list of statements is by no means complete. If you are aware of common myths/misinformation in your community and the community you are trying to reach, be sure to include them. The answer (myth/misinformation or true) is provided with each statement below. Be sure to leave this out when printing the statements!

- Mothers can exclusively breastfeed twins or even triplets. (True)
- It's better to wait a longer time between feedings for your breasts to "fill up." (Myth/misinformation)
- Colostrum is not enough for many newborns; they need formula too. (Myth/misinformation)
- It's a good idea to start giving one bottle a day early on so the baby will be used to it. (Myth/misinformation)
- Breastmilk is constantly changing; it's different from one feeding to the next. (True)
- Breastfeeding for too long can make your baby overly-dependent. (Myth/misinformation)
- Women with blonde hair or fair skin are more likely to get sore nipples. (Myth/misinformation)
- Women with small breasts won't make enough milk. (Myth/misinformation)
- Women who have flat or inverted nipples won't be able to breastfeed. (Myth/misinformation)
- To get a good latch, you have to push the nipple deep into the baby's mouth. (Myth/misinformation)
- Women who smoke shouldn't breastfeed. (Myth/misinformation)
- Breastfeeding exclusively may help the baby's jaw develop normally; the baby will be less likely to need braces and orthodontic work. (True)
- In hot weather, breastfed babies will need bottles of water to stay hydrated. (Myth/misinformation)

- Breastfeeding makes your breasts sag. (Myth/misinformation)
- Mothers can breastfeed an older child while pregnant, and keep on breastfeeding both the toddler and the new baby. (True)

Activity:

- Spread the statement cards out on a table (or floor).
- Invite the peers-in-training to come forward, select a statement card at random, and put it in the appropriate section.
- Ask the peer-in-training to explain why she chose the section where she placed the statement card. You may find that other peers-in-training disagree; encourage them to speak up and discuss their thoughts. Remember, if someone does not want to come forward, that's fine.
- Once all the statement cards have been placed:
 - Ask: "Have you heard any of the myths/misinformation from people you know?"
 - Ask: "Did you have trouble deciding into which category some statements fit?"

Finish by reminding the peers-in-training that the mothers they will be helping will have heard many of these mistaken concepts also. As peer support volunteers with factual information, they will be able to help mothers. Truth trumps myth!

Thank the peers-in-training for participating in this activity.

Feeling Supported

Module 1 PowerPoint slides 31 - 33.

Show slide 31.

Talk to the peers-in-training about how impressed you are with the knowledge about breastfeeding they have already shown. Supporting breastfeeding mothers, though, is about more than having information. Another important aspect of helping mothers is providing support.

Activity: Feeling Supported

Show slide 32.

Materials:

- Two large pieces of poster paper. Each piece of poster paper should have the title "Helpful" or "Not Helpful" printed across the top. A whiteboard or chalkboard divided into two sections will also work. Alternatively, space on the floor or table can be divided and marked with the two sections.
- Tape or sticky tack.
- Paper for taking notes.
- Pens or markers.

Activity:

- Divide the peers-in-training into small, equal-sized groups.
- Hand out paper and a pen or marker to each group. Ask one person in each group to take notes of the discussion.
- Ask the peers-in-training to think of a time when they faced a big challenge. It could be a breastfeeding challenge, but not necessarily. Ask each peer-in-training to tell the others about their big challenge and about how they were supported or not supported by others in their lives.

- Show slide 33.
- For each challenge shared consider:
 - What was helpful?
 - What was not helpful?
 - How did unhelpful comments make you feel?
- Remind the note takers in each group to make notes on what was helpful and what was not helpful.
- Bring the small groups back together and have each group share their notes.
- Record the notes in the appropriate columns as they are read out. Some comments/notes may appear in both columns! That's okay. This opens an opportunity to discuss how what helps one person may not help another.
- From these responses, talk about the importance of communication skills and listening to the mother as she expresses her needs.

Expected responses about feeling supported:

- Helpful:
 - Listened to what I had to say.
 - Helped me in practical ways (brought food, looked after children).
 - Didn't judge or criticize me.
 - Hugged me, cried with me.
 - Had my back.
 - Respected my values.
 - Didn't share my story with others respected confidentiality.
- Not Helpful:
 - Told me what to do.
 - Made it all about them.
 - Criticized or judged me.
 - Told me my feelings were wrong.
 - Treated me like I didn't matter.



Note for the facilitator: This activity can bring up strong emotions for some women, especially those who had a difficult birth or struggled with breastfeeding, or who experienced unsupportive people around them (family, health care providers, etc.). Honour those feelings. Again, you are demonstrating good communication skills by listening respectfully and providing encouragement and support as they work through the experience and their emotions.

Finish by thanking the peers-in-training for sharing their experiences and ideas. You may want to highlight one or two points that they brought up.

Thank the peers-in-training for participating in this activity.

Self-Care

Module 1 PowerPoint slide 34.

Show slide 34.

Helping mothers during their prenatal and postpartum period can be very rewarding; it can also be emotionally demanding. Peer support volunteers should have a plan to replenish themselves. Encourage the peers-in-training to explore ways to meet their self-care needs. They can try one new idea each day from the following handout.

Handout: Self-Care Ideas

Peer Resource Guide

Module 1 PowerPoint slide 35.

Show slide 35.

Share the following with the peers-in-training:

- The Peer Resource Guide is a resource for them as they proceed through the training and when they begin working with mothers in their role as peer support volunteers.
- The Peer Resource Guide is to be left with the facilitator at the end of each training session. During every training session, more materials will be added. At the end of training, they will take their Peer Resource Guide home.
- The peers-in-training can bring material (e.g., articles, etc.) to the training session that they would like to add to their Peer Resource Guide. Material that is intended to be shared with the entire group should be shown to the facilitator for approval before distribution.

Give out Peer Resource Guide with pages related to Module 1.

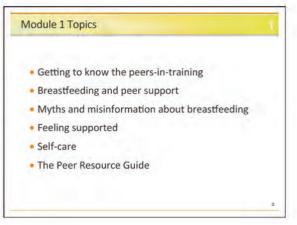
Pages related to Module 1 should include:

- A description of the breastfeeding peer support program the peers-in-training are being trained for and their role within the program.
- Contact information for the facilitator.
- Local resources for parents and babies.

Wrap Up and Homework

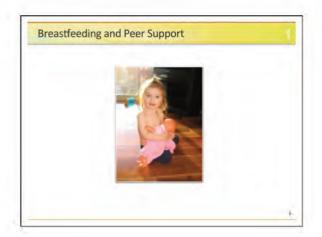
• Thank the peers-in-training for attending and remind them to try the self-care activities.

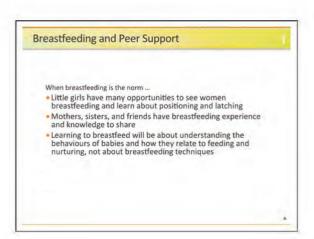




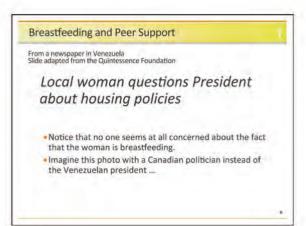












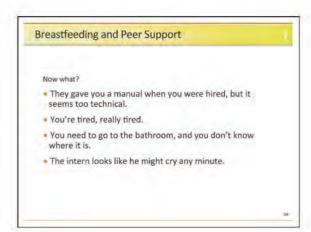


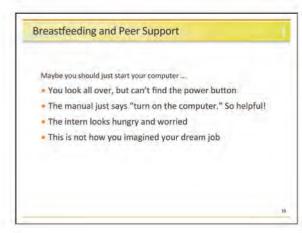


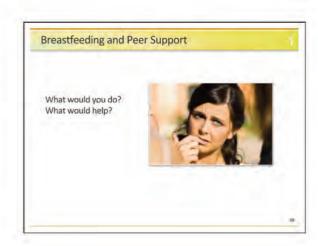


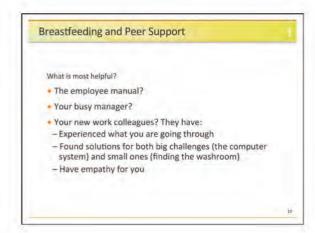


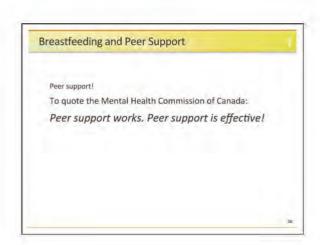
Your day begins! Your manager rushes in and says you will be working with a new intern. He just started today too! The manager gives you some quick instructions and runs out to deal with some emergency situation. You and the intern stare at each other.











Breastfeeding and Peer Support

Peer support makes the difference!

Research shows:

- Mothers with peer support breastfeed longer and more exclusively
- Peer support can be more effective than support from professionals alone
- Peer support helps mothers feel more confident about breastfeeding and about their mothering



Peer support programs

Breastfeeding and Peer Support

- There are many different types of breastfeeding peer support programs
- In our program ...

.20

Breastfeeding and Peer Support

What you offer as a peer support volunteer:

- You are someone who has succeeded at breastfeeding, and you may be the first person this new mother meets who has that experience
- You can empathize with the new mother's challenges and struggles
- You can share practical strategies as you have figured out how to fit breastfeeding into your busy life
- You can listen without judging or criticizing the breastfeeding mother
- You can help mothers find resources, accurate breastfeeding information, and other people in the community to help with breastfeeding problems

21

Breastfeeding and Peer Support

Listening is the most important skill for a peer support volunteer!

By listening and asking good questions you:

- Help a breastfeeding mother sort out her feelings
- Help a breastfeeding mother think through her options and possible strategies
- Help a breastfeeding mother find the solutions that are right for her
- Allow a breastfeeding mother to be open to hearing new information and suggestions
- Build a breastfeeding mother's confidence in her ability to manage breastfeeding issues

22

Activity: Braiding



Activity: Braiding

Strand number 1

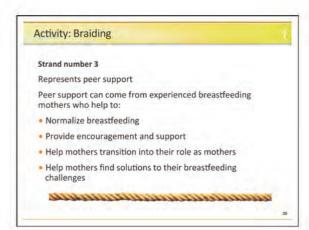
Represents breastfeeding promotion

Breastfeeding promotion can come through social marketing or advocacy from professionals and groups who give parents the information about the importance of breastfeeding



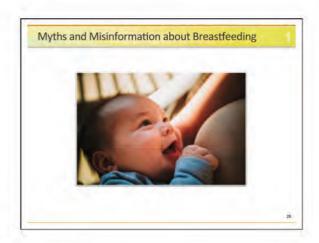
24

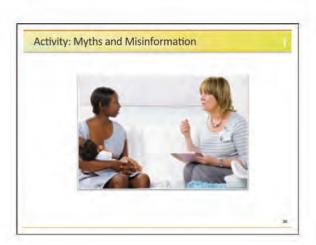
Activity: Braiding Strand number 2 Represents professional breastfeeding help Professional help can come from International board Certified Lactation Consultants, public health nurses, physicians, etc. These include all professionals who provide care for the mother and baby and help with medical issues related to breastfeeding (such as tongue-tie, mastitis, etc.)





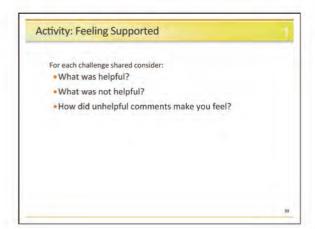




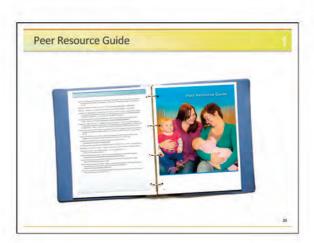












MODULE 2: The Importance of Breastfeeding

Training Summary Chart: Module 2 (2.5 hours)

	Content	Teaching Strategies	Materials/Preparation		
Set up	Prepare the room considering the safety of mothers, babies, and toddlers				
	Include a play area, quiet toys, comfortable area for breastfeeding		Quiet toys and comfortable chairs or couch for breastfeeding		
	Table for refreshments, appropriate kettles/teapots/cups and dishes for refreshments (ensure all cords are out of reach of babies/toddlers)		Drinks and food, paper towels/serviettes		
	Table or stand for computer and projector		Table/stand, computer/projector		
10 minutes	Welcome				
	Welcome	PPT slide 1			
	Review of topics	PPT slide 2			
35 minutes	The Importance of Breastfeeding for Baby, Mother, and the Community				
	Торіс	PPT slides 3, 7, 10			
	The Importance of Breastfeeding	Activity/PPT slides 4 – 6, 8 – 9, 11 – 12	Poster paper (or whiteboard/ chalkboard), tape/sticky tack, sets of three pieces of colourful paper/sticky notes, pens/markers		
25 minutes	Making Informed Decisions (Part 1)				
	Topic	PPT slide 13			
	Do You Remember?	Activity/PPT slides 14 – 16			
20 minutes	Break				
25 minutes	Making Informed Decisions (Part 2)				
	Торіс	PPT slides 17 – 20			
	BRAIN	Activity/PPT slides 21 – 23	Scenario cards, note paper, pens/markers		
	BRAIN	Handout	Copies of handout		
25 minutes	Guilt				
	Торіс	PPT slides 24 – 32			
	Role Play	Activity/PPT slides 33 – 34			
5 minutes	Wrap Up and Homework				
	Topic	PPT slide 35	Peer Resource Guides, Module 2 pages		

Module 2 Facilitator Notes

Module 2 Topics

- The importance of breastfeeding for baby, mother, and the community.
- Making informed decisions.
- Guilt.

Welcome

Module 2 PowerPoint slides 1 - 2.

Turn on the PowerPoint presentation and *have Module 2 slide 1 on the screen* as the group arrives.

Welcome the peers-in-training back to training; remind everyone about snacks, toys, washroom, etc.

During your welcome, take the time to remind the peers-in-training that the many different lived experiences are what makes peer support so helpful. Point out that each peer support volunteer's lived experience is unique to them, just like their reasons to breastfeed. Not everyone will breastfeed or parent the same way; what works for one family may not work for another. Some of the peers-in-training may relate to mothers in communities with lower breastfeeding rates and because of this, some of these mothers may be supported in a successful breastfeeding experience.

Show slide 2 and review the topics for this training session.



The Importance of Breastfeeding for Baby, Mother, and the Community

Module 2 PowerPoint slides 3 – 12.

Show slide 3.

Breastfeeding is important for many reasons. Some reasons appeal more to some mothers and some reasons appeal more to other mothers.

Activity: The Importance of Breastfeeding

Show slide 4.

Materials:

- Three large pieces of poster paper. Each piece of poster paper should have one of the following titles: "Baby," "Mother," and "Community" printed across the top. A whiteboard or chalkboard divided into three sections will also work. Alternatively, space on the floor or table can be divided and marked with the three sections.
- Tape or sticky tack.
- Small, colourful pieces of paper or sticky notes (enough for each peer-in-training to have three each).
- Pens or markers.

Activity:

- Hand out small, colourful pieces of paper or sticky notes to the peers-in-training; they will need three each.
- Hand out a pen or marker to each peer-in-training.
- Ask the peers-in-training to write down three reasons why they breastfed their baby, putting one reason on each of the three pieces of paper. Encourage short answers one or two words if possible.
- When the peers-in-training have completed writing their answers, *show slide 5*.
- Ask the peers-in-training who had reasons for breastfeeding that related to their baby, to put those pieces of paper on the poster paper that is labelled "Baby."
- Once the papers have been placed on the poster paper, *show slide 6*. The peers-in-training may be encouraged to see that some of their reasons for breastfeeding are displayed on the slide.
- Discuss any points on the slide that the peers-in-training did not mention on their pieces of paper. The facilitator may need to explain why some of the points are important or can ask the group for feedback.
- *Show slides* 7 8.
- Ask the peers-in-training who had reasons for breastfeeding that related to themselves (the mother), to put those pieces of paper on the poster paper that is labelled "Mother."
- Once the papers have been placed on the poster paper, show slide 9. Repeat the discussion, explanation, or feedback (as noted above).
- *Show slides* 10 11.
- Ask the peers-in-training who had reasons for breastfeeding that related to the community, to put those pieces of paper on the poster paper that is labelled "Community."
- Once the papers have been placed on the poster paper, *show slide 12*. Repeat the discussion, explanation, or feedback (as noted above).

- If time permits, some conversation questions for the group include the following:
 - Question: How does breastfeeding help with eye development of the baby?
 Answer: We have two breasts and two eyes, switching from side-to-side while breastfeeding makes the baby use both eyes to look at their mother's face and other things in their world and helps them develop equally. It is not just the milk it is the actual process of breastfeeding that is important.
 - Question: Which breastfeeding fact would you share with a friend or new mother? Why?

Finish by congratulating the peers-in-training on how much they know about breastfeeding. This activity has reinforced their knowledge and lived experience as breastfeeding mothers.

Thank the peers-in-training for participating in this activity.

Making Informed Decisions (Part 1)

Module 2 PowerPoint slides 13 – 16.

Show slide 13.

Explain that, for everyone, learning a new skill is always more difficult and less successful when there is a high level of stress. Learning to breastfeed when the baby is crying and hungry can cause the mother (and her partner/helper) to feel stress. Providing information and resources to a mother is one of the roles that peers can fill.



Activity: Do You Remember?

Show slide 14.

Note for the facilitator: This activity emphasizes the importance of mothers learning about breastfeeding before their baby is born!

Materials:

• No materials, other than the PowerPoint presentation, are needed for this activity.

Activity:

- Explain to the peers-in-training that you will be reading out a few questions to help them think about their lives before they had kids. These questions may inspire some funny comments!
- Before moving to slide 15, ask the peers-in-training to close their eyes.
- Slowly *read the questions from slide 15* giving everyone a few seconds following each question to remember.
- Once the questions have all been read, invite the peers-in-training to open their eyes and encourage several to share their answers. Some of the peers-in-training will want to read the questions from slide 15 themselves. For this reason, *leave slide 15 on* during the time of sharing/discussion.
- After the peers-in-training have responded, *show slide 16*.

- Discussion questions:
 - When does learning about breastfeeding help mothers the most?
 - Would learning about breastfeeding be most helpful when mothers were little girls, teenagers, adults?
 - Why would learning about breastfeeding before birth help new mothers and babies?

Finish by thanking the peers-in-training for sharing their thoughts and memories; thank the peers-in-training for participating in this activity.

Break

Making Informed Decisions (Part 2)

Module 2 PowerPoint slides 17 – 23.

Show slide 17.

A part of making an informed decision is to have adequate information prenatally. During pregnancy and following the birth of the baby, the mother will make many decisions. Factors that can affect mothers' decisions are aggressive formula advertising, a long history of formula feeding, and the sexualization of the human breast.

It is in the peer support volunteer's role to support a mother in making decisions based on accurate information. The mother may make decisions that the peer support volunteers does not agree with; this is the mother's decision.

Let the peers-in-training know that the program facilitator or coordinator can be available to talk with them if a concern arises in their role as a peer support volunteer.

Show slides 18 – 20.

Activity: BRAIN

Show slide 21.

Note for the facilitator: An acronym that peer support volunteers can use is BRAIN. This acronym helps to guide a peer support volunteer in discussion with a mother to assist the mother in making an informed decision without feeling influenced by the peer support volunteer.

When teaching the BRAIN acronym, remind the peers-in-training of the importance of being aware of a mother's feelings and personal biases. This will ensure that they do not inappropriately influence the mother's decision(s).

Show slides 22 - 23.

Materials:

- Cards printed with the scenarios (see below).
- Paper for taking notes.
- Pens or markers.

Scenarios (suggestions):

1. Breastfeeding baby to sleep.

My 7-month-old daughter, Ella, always breastfeeds to sleep during the day and at night; she frequently breastfeeds during the night. My friend's baby who is younger is laid down to fall asleep while still awake. I'm not sure if I should start using other ways to get Ella to sleep.

- 2. Introducing solids before six months.
 - Jack is only 5 months old, but he has been grabbing food out of our hands for the past two weeks. I read online that starting solids before six months is fine as long as it is cereal only so he won't choke. Should I be giving Jack cereal? I have also read that I should wait until he is 6 months old.
- 3. Using a bottle or cup to supplement.

 The International Board Certified Lactation Consultant at the hospital told me that supplementing my 3-day-old baby, Chloe, with a cup will protect breastfeeding. It takes so long!
- 4. Using a soother for a 3-week-old baby.

 I feel really exhausted since Gavin was born three weeks ago. He breastfeeds all the time! I gave him a soother the other day to put him to sleep, and it worked, he didn't wake up for two hours. I want to continue to breastfeed. Are soothers really that bad?

Also, my partner feels more comfortable using a bottle. Will it make that much of a difference?

Activity:

- Divide the peers-in-training into four small groups.
- Hand out paper and a pen or marker to each group. Ask one person in each group to take notes of the discussion.
- Show slide 23 so everyone can see the BRAIN process.
- Ask one person in each group be the "mother" in the situation.
- Ask the "mother" to read the scenario card to the group.
- Encourage the group to work through each step of the BRAIN acronym to help the "mother" make a decision about the topic.
- Give the small groups 10 minutes to work on the activity.
- Bring the small groups back together and ask them to share:
 - What was helpful about using the BRAIN steps?
 - Did the "mother" make a decision? Why or why not?

Finish by reminding the peers-in-training that they can practice using BRAIN in making decisions that affect their life. With practice, they will be better able to assist breastfeeding mothers in decision making.

Thank the peers-in-training for participating in this activity.

Handout: BRAIN

Guilt

Module 2 PowerPoint slides 24 - 32.

Show slide 24.

Note for the facilitator: Unfortunately, guilt is something mothers can be great at! Dealing with guilt usually means working through other feelings like anger, disappointment, and sadness. This section touches on the origins of guilt for some mothers and uses positive examples to demonstrate ways to move forward.

Show slide 25.

The next slides have stories that give examples of women who have made different decisions for different reasons and worked through any guilt by making informed decisions.

Story 1:

- Show slide 26.
- Ask for questions/comments about this mother's decision-making process and decision.

Story 2:

- Show slide 27.
- Ask for questions/comments about this mother's decision-making process and decision.

Show slides 28 – 32.

Ask, "Is this what you thought you would do as a peer support volunteer? Ask, "What questions do you have?"

Activity: Role Play

Show slide 33.

The peers-in-training have had a chance to practice, as a group, helping a "mother." This activity gives the peers-in-training an opportunity to help a "mother" through a one-to-one conversation.

Materials:

• No materials, other than the PowerPoint presentation, are needed for this activity.

Activity:

- Ask the peers-in-training to choose a partner for the role play activity. Alternatively, the facilitator can assign partners as it is often helpful to have the peers-in-training work with someone who is not a friend.
- Ask one partner to play the role of the "mother" and the other to be the "peer support volunteer."
- *Show slide 34* and ask the peers-in-training to role play the situation on the slide.
- After five to seven minutes, ask the peers-in-training to switch roles.



- When each pair has had an opportunity to practice in each role, ask if anyone would like to role play in front of the group. Some peers-in-training may feel shy and hesitant to get up in front of others. Remind everyone that the training is a place to practice, make mistakes, and learn from each other. This is a skill that develops with practice and is always growing.
- Bring the group back together.
 - Ask: "What was the most difficult part?"
 - Ask: "What would you do differently next time?"

Suggestions for engaging breastfeeding mothers in difficult conversations.

- Empathize with the mother:
 - "Parenting at night can be really hard I remember that."
 - "You sound worried about getting sleep and making enough milk."
- Ask the mother more open-ended questions:
 - "What are some of the things you have tried to get more sleep?"
 - "What other things could your partner do to help support you?"
 - "How does your baby tell you she is hungry at night?"
- Share information with the mother:
 - "I know breastfeeding is important to you, I have some information on milk supply and night feeding. It might help you and your partner decide what is best for your baby and family. Would you like to hear some of it or could I email it to you?"
 - "Many mothers find that... I wonder if...?"

It takes time for most peers-in-training to become comfortable with counselling skills. Emphasize the three steps used, emphatic response, open-ended questions, and sharing information. This is called the 3-step approach. To help peers-in-training become comfortable with this approach refer to it during other role playing and counselling activities.

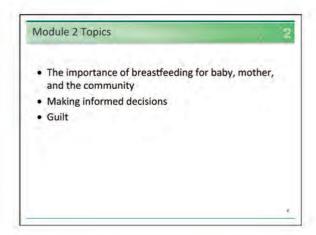
Finish by reminding the peers-in-training of the importance of presenting information and suggestions in a non-threatening, non-judgemental manner. It is important for the mothers, who are being supported by peer support volunteers, to feel accepted and that they own their decisions.

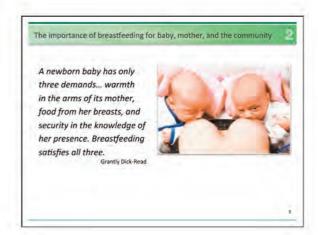
Thank the peers-in-training for participating in this activity.

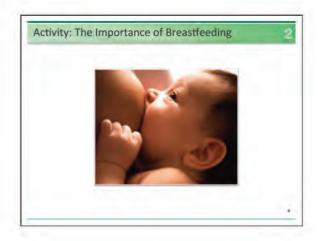
Wrap Up and Homework

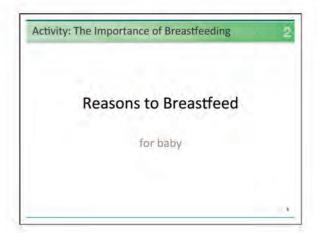
- Ask: "What new things did you learn today?"
- Ask: "Are you feeling more confident about helping new mothers?"
- Suggest that the peers-in-training add any handout(s) given during this session to their Peer Resource Guide.
- Give out the Peer Resource Guide pages related to Module 2.
- Thank the peers-in-training for attending.





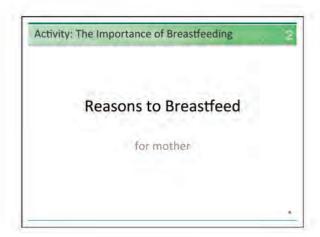






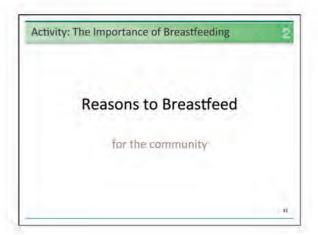


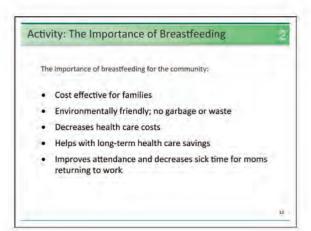


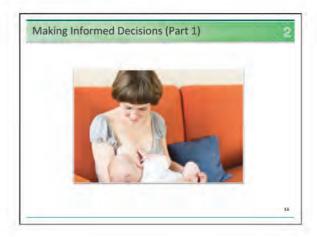


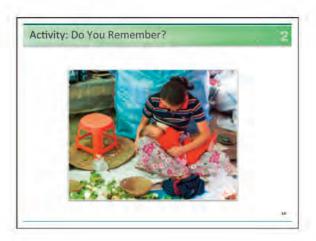






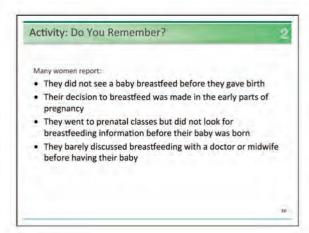


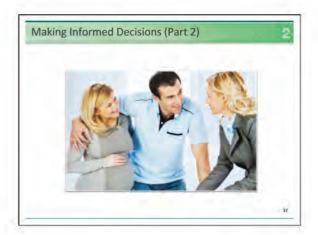




Activity: Do You Remember?

Questions:
Do you remember when you first saw anyone breastfeed?
Do you remember who it was?
What did you think about breastfeeding at the time?
When did you first decide about breastfeeding your baby?
Who talked to you about it?
When did you first look for breastfeeding information?
Who did you ask for help/support/information?





Peer support volunteers can help mothers learn the importance of breastfeeding before they give birth!

Peer support:

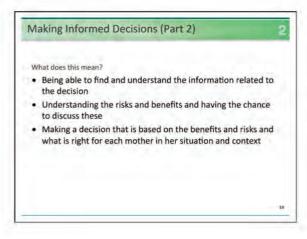
Sets mothers up for success; their confidence increases when they understand breastfeeding basics

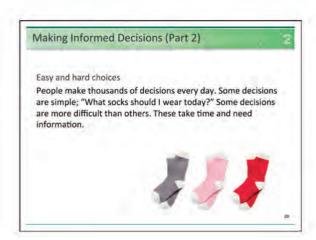
Helps to normalize breastfeeding before birth

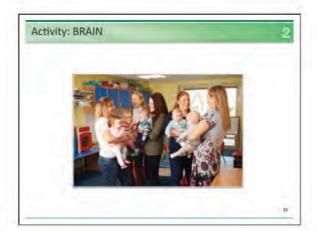
Lets pregnant mothers watch a baby breastfeed without any discomfort

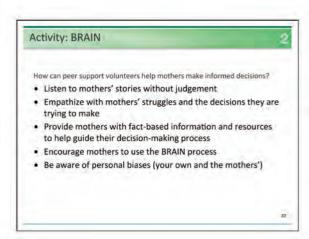
Creates a support group that will continue after their baby is born

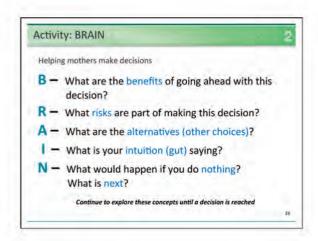
Helps mothers find community resources and make decisions based on accurate information



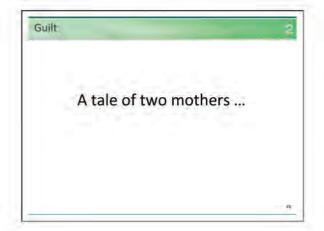












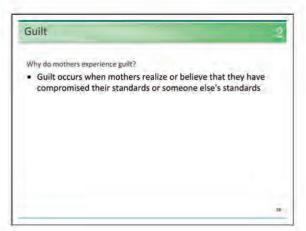


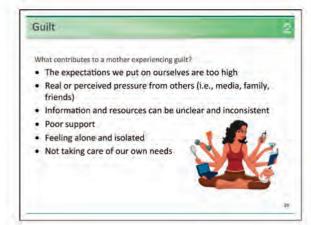
Guilt

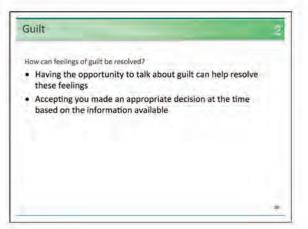
Story 2

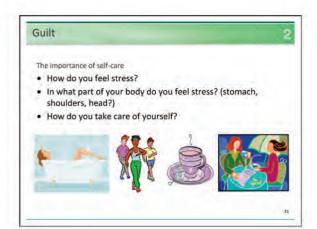
"I breastfed my little girl for almost eight weeks.
Long story short, she is now exclusively formula
fed. I felt guilty while trying to make the
decision to quit because I knew the risks of
formula feeding. However, my emotional wellbeing was more important to my being a good
mom than being able to breastfeed. I made the
right decision for us."

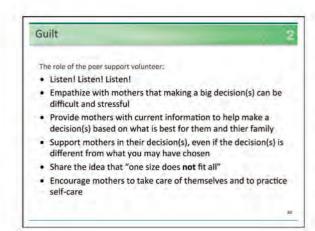
ananymous muther



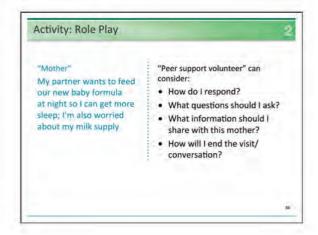












MODULE 3: Global and Individual Breastfeeding Support

Training Summary Chart: Module 3 (2.5 hours)

	Content	Teaching Strategies	Materials/Preparation		
Set up	Prepare the room considering the safety of mothers, babies, and toddlers				
	Include a play area, quiet toys, comfortable area for breastfeeding		Quiet toys and comfortable chairs or couch for breastfeeding		
	Table for refreshments, appropriate kettles/teapots/cups and dishes for refreshments (ensure all cords are out of reach of babies/toddlers)		Drinks and food, paper towels/serviettes		
	Table or stand for computer and projector		Table/stand, computer/projector		
5 minutes	Welcome				
	Welcome	PPT slide 1			
	Review of topics	PPT slide 2			
35 minutes	The Baby-Friendly Initiative (BFI)				
	Topic	PPT slides 3 – 16	slide 6 (updated)		
	Integrated 10 Steps & WHO Code Practice Outcome Indicators for Hospitals and Community Health Services: Summary	Handout	Copies of handout		
	Making the Code Work	Handout	Copies of handout		
	Breastfeeding Statements	Activity/PPT slides 17 – 18	Statement cards, note paper, pens/markers		
	The World Health Organization (WHO) International Code of Marketing of Breast-milk Substitutes				
25 minutes	Торіс	PPT slides 19 – 22			
	WHO Code Violations	Activity/PPT slides 23 – 25	Poster paper, tape/sticky tack, magazines, note paper, pens/markers		
20 minutes	Break				
40 minutes	Human Milk: Everything You Want to Know				
	Topic	PPT slides 26 – 36			
	Breastfeeding Survivor	Activity/PPT slide 37	Statement cards, sticky notes		
15 minutes	Feeding Cues (Signals)				
	Topic	PPT slides 38 – 39, 41 – 42			
	Breastfeeding in the First Hours after Birth	Video/PPT slide 40	CD supplied with toolkit		
5 minutes	Sleep and Night Feeding				
	Торіс	PPT slides 43 – 45			
5 minutes	Wrap Up and Homework				
	Topic		Peer Resource Guides, Module 3 pages		

Module 3 Facilitator Notes

Module 3 Topics

- The Baby-Friendly Initiative (BFI).
- The World Health Organization (WHO)
 International Code of Marketing of Breast-milk Substitutes.
- Human milk: Everything you want to know.
- Feeding cues (signals).
- Sleep and night feeding.

Welcome

Module 3 PowerPoint slides 1 - 2.

Turn on the PowerPoint presentation and *have Module 3 slide 1 on the screen* as the group arrives.

Welcome the peers-in-training back to training.

Show slide 2 and review the topics for this training session.

The Baby-Friendly Initiative (BFI)

Module 3 PowerPoint slides 3 – 18.

Show slides 3 – 6 to introduce the Baby-Friendly Initiative to the peers-in-training.

Note for the facilitator: Slide 6 gives you an opportunity to describe activities in your community that support BFI. Ensure that you have updated the text on this slide prior to Module 3 training.



Show slides 7 - 16 to introduce the Baby-Friendly Initiative – 10 Steps to the peers-in-training. Allow time for a brief discussion of each of the steps.

Ask: "Are there questions about the 10 Steps?"

Ask: "Where you aware of any of the 10 Steps being in place at the birth setting when your baby was born?"

Ask: "How can you help with BFI in your community?"

Ask: "How will you explain BFI and/or the 10 Steps to mothers in your community?"

Ask: "How does the WHO Code affect you when working with a mother?"

Handout: Integrated 10 Steps & WHO Code Practice Outcome Indicators for Hospitals and Community Health Services: Summary

Handout: Making the Code Work

Activity: Breastfeeding Statements

Show slide 17.

Note for the facilitator: Language can be supportive or non-supportive of breastfeeding. The following activity will show peers-in-training how language can affect breastfeeding mothers.

Materials:

- Cards printed with a breastfeeding statement (see examples below).
- Paper for taking notes.
- Pens or markers.

Breastfeeding statements (suggestions):

- **1.** Breastfeeding has no advantages; formula has risks.
- **2.** Breastfeeding is a relationship, not a feeding method.
- 3. Don't let this baby change your life.
- **4.** Breastfeeding empowers mothers.

Activity:

- Divide the peers-in-training into four small groups.
- Give each group one of the breastfeeding statement cards.
- Hand out paper and a pen or marker to each group.
 Ask one person in each group to take notes of the discussion.
- Show slide 18.
- Ask each group to discuss their assigned statement.
- Each group should consider the following questions:
 - What does this statement mean to you?
 - Does this statement reflect current beliefs around breastfeeding in our community?
 - How would this statement challenge people's thinking about breastfeeding?
- Bring the small groups back together and ask each small group to share their notes.

You will want to discuss with the peers-in-training why statements like "breast is best" can actually discourage breastfeeding, what breastfeeding brings to the mother-baby relationship, and what the attitudes towards babies and mothers are in our society.

Finish by thanking the peers-in-training for participating in this activity.

The World Health Organization (WHO) International Code of Marketing of Breast-milk Substitutes

Module 3 PowerPoint slides 19 – 25.

Show slides 19 – 22 to introduce the WHO Code to the peers-in-training.

Explain to the peers-in-training that Canada was a signatory to the WHO Code. However, like many other countries, Canada has not yet developed laws or policies to enforce the Code.



Activity: WHO Code Violations

Show slide 23.

Show slide 24; discuss the questions posted.

Materials:

- Four large pieces of poster paper.
- Tape or sticky tack.
- A minimum of four magazines containing formula, baby bottle, or breast pump advertisements.
- Paper for taking notes.
- Pens or markers.

Activity:

- Divide the peers-in-training into four small groups.
- Hand out paper and a pen or marker to each group. Ask one person in each group to take notes of the discussion.
- Give each group a large piece of poster paper, pens or markers, and at least one magazine (several is better).
- Show slide 25.
- Ask the groups to look through their magazine(s) and find one or more advertisements for formula, baby bottles, or breast pumps.
- Ask each group to use the poster paper to record their responses to the following questions:
 - What message is this ad giving parents about infant feeding?
 - How might this ad make a mother question her decision to breastfeed?
 - How does this ad make you feel?
- Bring the small groups back together and ask each small group to hang their poster paper at the front of the room and discuss their responses.
- Discuss why the WHO Code is so important.
 - Example: A decision to use formula is not like deciding what kind of diaper to use. If an advertisement for a particular brand of disposable diaper convinces you to buy that brand, and after a week you realize that that brand is not working for you they leak like crazy or give your baby a rash you just buy a different brand next time you go shopping. However, if you use formula for a week and realize your baby is not doing well, it is not so simple to go back to breastfeeding. Your milk supply is likely to have dropped, and your baby has learned to suck on a bottle rather than the breast.
- It is also important to discuss why free formula, bottles, etc. are not given out, and why not to recommend particular brands of formula/bottles etc.
- The WHO Code is not about restricting the use of formula. It is about ethics (not advertising through the health care system), aggressive marketing strategies, and ensuring that those using formula get appropriate information.

Finish by thanking the peers-in-training for participating in this activity.

Break

Human Milk: Everything You Want To Know

Module 3 PowerPoint slides 26 – 36.

Show slide 26.

Note for the facilitator: How breasts make milk is a fascinating process that requires a supply and demand feedback loop between mother and baby. Sometimes, depending on circumstances, this supply and demand feedback loop will be between a mother and a breast pump. The knowledge that peers-in-training bring into the training sessions will vary. During training, each peer-in-training will learn about the basic milk-making process and the functions of the breast. They will also learn how to describe these in easy-to-explain terms. The ability to easily describe the milk-making process and the functions of the breast is a key skill that peer support volunteers use in supporting pregnant and breastfeeding families.

Explain to the peers-in-training that there are many medical terms to describe lactation, but helping a mother with breastfeeding is about understanding milk production and providing information that will increase a mother's confidence in her body's ability to provide food for her baby. Using a lot of terms or medical jargon is often not helpful and is out of the scope of peer support.

Slide 30 shows tandem feeding (i.e., breastfeeding two children or more of the same or different ages at the same time). This will be addressed in future modules. It is included here to emphasize the point that breastfeeding is unique for each child/mother dyad.

Explaining milk production as "breasts being less full signals the breasts to make more milk" is effective for visual and spatial learners.

Show slides 27 – 36.

Ask several peers-in-training how they would explain the process of milk production in their own words to a new mother.

Activity: Breastfeeding Survivor

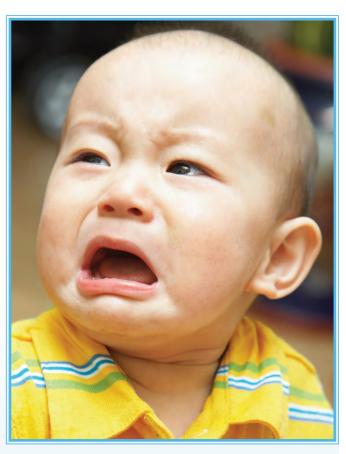
Show slide 37.

Materials:

- Large cards (or paper) printed with true and false statements about human milk (see examples below). Do not print the answer (i.e., true or false) on the card. Place a picture of a Tiki torch at the end of each statement.
- · Large sticky notes.

True and false statements about human milk (suggestions):

- Mothers with small breasts will not make enough milk to breastfeed exclusively. (False)
- If the baby has at least eight wet diapers in 24 hours, he or she is getting enough milk. (False)
- The most reliable way to know a baby is getting enough milk is tracking weight gain. (True)



- You need to drink plenty of cow's milk to make milk. (False)
- In the first few days after giving birth, your breasts will start making milk even if you never put the baby to the breast. (True)
- If you don't get engorged around day three, you won't have enough milk for your baby. (False)
- Frequent feeding is the best way to increase milk production. (True)
- Spacing out feedings gives your breasts time to fill up, for better feedings. (False)
- To increase milk production, drink more water. (False)
- If your breasts stop leaking, that means you are not making enough milk now. (False)
- If you don't eat a healthy diet, your milk will be poor quality. (False)
- If your baby wants to breastfeed frequently, you don't have enough milk. (False)

These statements are not the only statements that can be used for this activity. If there are other false statements about breastfeeding that are prevalent in your community, be sure to include them also.

Activity:

- Have each statement read aloud. The facilitator or one of the peers-in-training can read the statements. Alternatively, the statements can be distributed among several peers-in-training for reading.
- After a statement has been read, ask the peers-in-training to vote it "off the island" if it is not true.
- If most peers-in-training vote it "off the island," use a large sticky note to "put out the torch" and put the card in a discard pile.
- If there is some disagreement as to whether the statement should be voted "off the island," invite people to "make their case."

Finish this activity with the following questions:

- Ask: "Are there any questions about these statements?"
- Ask: "Was any of this information new to you?"
- Ask: "Did you hear any of these false statements when you were starting out breastfeeding?"

Thank the peers-in-training for participating in this activity.

Feeding Cues (Signals)

Module 3 PowerPoint slides 38 - 42.

Show slide 38.

Often in our society, mothers are given the idea that crying is the normal cue for feeding. But crying is the last cue that a baby gives, and an upset, crying baby is difficult to breastfeed. Attentive, responsive parenting that is receptive to the baby's early cues and attempts to communicate is helpful for all babies, regardless of feeding method.

Show slide 39.

Video: Breastfeeding in the First Hours after Birth (Global Health Media)

Show slide 40.

Show the following video from time: 4:16 to 5:25

http://globalhealthmedia.org/portfolio-items/breastfeeding-in-the-first-hours-after-birth/?portfolioID = 5623

This video is also available with your toolkit.

Show slides 41 – 42.

Sleep and Night Feeding

Module 3 PowerPoint slides 43 – 45.

Show slide 43.

Encourage the peers-in-training to share their experiences with breastfeeding and sleep.

Ask: "What steps did you take to help keep your sleeping baby safe?"

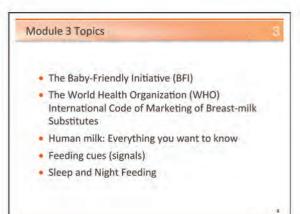
Ask: "What would you say if a mother tells you she is sleeping with her baby on the same bed?"

Show slides 44 – 45.

Wrap Up and Homework

- Ask: "Which of the things you learned today would be most surprising to your partner?
- Ask: "Are there further questions about the material we covered today?"
- Suggest that the peers-in-training add any handout(s) given during this session to their Peer Resource Guide.
- Give out the Peer Resource Guide pages related to Module 3.
- Thank the peers-in-training for attending.





















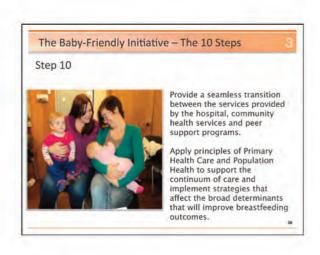


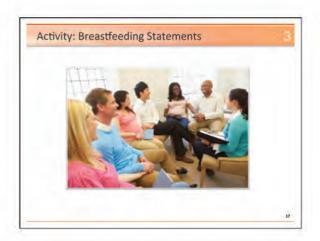


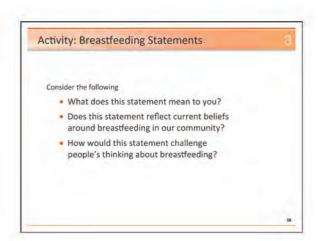


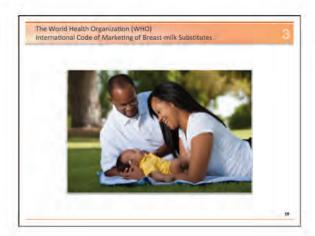


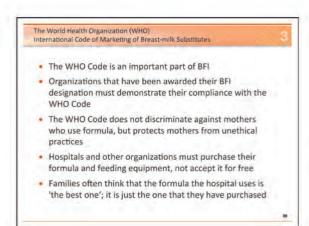




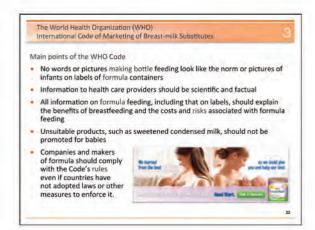






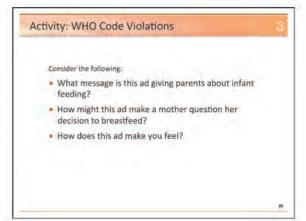








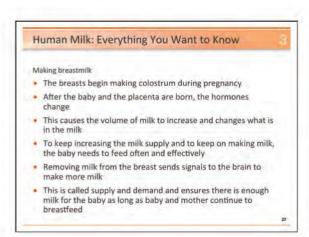


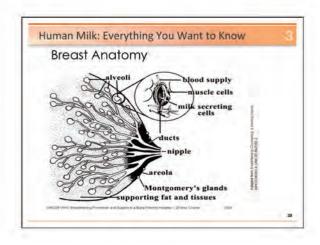


Human Milk: Everything You Want to Know

Mother's milk, time-tested for millions of years, is the best nutrient for babies because it is nature's perfect food.

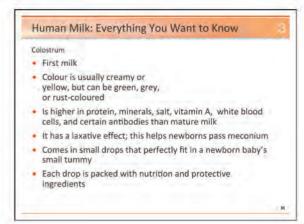
-Robert S. Mendelsohn

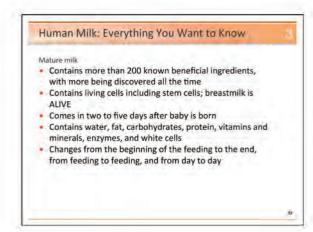
























Feeding Cues (Signals)

What babies know about breastfeeding

How to find the breast: Held skin-to-skin in the first hour or two after birth (and beyond), babies push their way toward their mother's breast

How to latch: Once at the breast, most babies know how to bob, lick, and latch (if given enough time)

How to make the milk flow: Babies nurse with quick, short sucks in the beginning and knead the breast to encourage let-down

How to build a good milk supply: Babies nurse frequently (day and night) and cluster-feed

How to adjust the milk to meet their needs: Babies change their feeding patterns during growth spurts and when sick or hurt

How to stop when they are full: Babies nurse for food and comfort while meeting all their nutritional needs

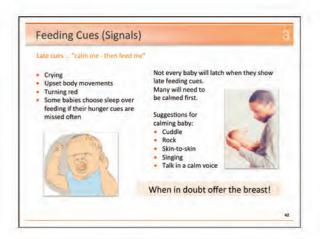
Video

Hunger cues (signals) of newborn baby

Video: Breastfeeding in the First Hours after Birth

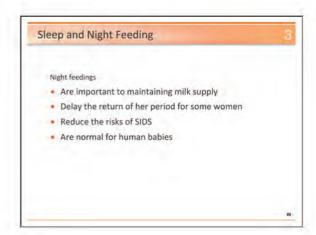
(Global Health Media)











MODULE 4: Preparing to Breastfeed during Pregnancy and the Early Days

Training Summary Chart: Module 4 (2.5 hours)

	Content	Teaching Strategies	Materials/Preparation		
	Prepare the room considering the safety of mothers, babies, and toddlers				
Set up	Include a play area, quiet t breastfeeding	toys, comfortable area for	Quiet toys and comfortable chairs or couch for breastfeeding		
	dishes for refreshments (en babies/toddlers)	propriate kettles/teapots/cups and nsure all cords are out of reach of	Drinks and food, paper towels/serviettes		
	Table or stand for compute	er and projector	Table/stand, computer/projector		
	Welcome				
5 minutes	Welcome	PPT slide 1			
	Review of topics	PPT slide 2			
	Prenatal Planning for Bre	astfeeding	•		
	Торіс	PPT slides 3, 5 – 9			
35 minutes	Best and Worst Advice	Activity/PPT slide 4	Copies of Module 4, Table 1, on CD supplied with toolkit, pens/markers		
	Role Play	Activity/PPT slide 10	Scenario cards		
	Birth and Breastfeeding				
20 minutes	Торіс	PPT slides 11 – 21			
20 minutes	Break				
	Practices that Support Early Breastfeeding Initiation				
	Торіс	PPT slides 22 – 24, 26, 29 – 31			
40 minutes	Breastfeeding in the First Hours after Birth	Video/PPT slide 25	CD supplied with toolkit		
	Breastfeeding in the First Hours after Birth	Video/PPT slide 27	CD supplied with toolkit		
	Baby-Led Latching	Activity/PPT slide 28	Dolls		
	How to Express Breastmilk	Video/PPT slide 32	CD supplied with toolkit		
	Hand Expression	Handout	Copies of handout		
	Feeding Frequency				
5 minutes	Торіс	PPT slides 33 – 35			
	Breastfeeding Your Baby	Handout	Copies of handout		

Continued on next page

MODULE 4: Preparing To Breastfeed: Pregnancy and the Early Days

Training Summary Chart: Module 4 (2.5 hours)

	Content	Teaching Strategies	Materials/Preparation	
15 minutes	Common Challenges in the Early Days			
	Торіс	PPT slide 36		
	Overcoming Common Breastfeeding Challenges	Activity/PPT slide 37	Breastfeeding challenge cards, note paper, pens/markers	
	Meeting Mothers Where They Are: Helpful Phrases to Open Communication	Handout	Copies of handout	
	Strategies for Breastfeeding Challenges	Activity/PPT slide 38		
	Preterm Babies and Breastfeeding			
	Topic	PPT slide 39		
5 minutes	Sunnybrook Health Sciences Centre: Kangaroo Care	Video/PPT slide 40	CD supplied with toolkit	
	Nationwide Children's Hospital: Kangaroo Care	Video/PPT slide 41	CD supplied with toolkit	
5 minutes	Wrap Up and Homework			
	Торіс		Peer Resource Guides, Module 4 pages	



Module 4 Facilitator Notes

Module 4 Topics

- Prenatal planning for breastfeeding.
- Birth and breastfeeding.
- Practices that support early breastfeeding initiation.
- Feeding frequency.
- Common challenges in the early days.
- Preterm babies and breastfeeding.

Welcome

Module 4 PowerPoint slides 1 - 2.

Turn on the PowerPoint presentation and have Module 4 slide 1 on the screen as the group arrives. Welcome the peers-in-training back to training.

Show slide 2 and review the topics for this training session.

Prenatal Planning for Breastfeeding

Module 4 PowerPoint slides 3 – 10.

Show slide 3.

Explain that, for everyone, learning a new skill is always more difficult and less successful when there is a high level of stress. Learning to breastfeed with a newborn baby can be stressful. However, if an expectant mother has spent time learning as much as possible about breastfeeding before her baby is born, there is likely to be less stress. Providing prenatal breastfeeding information and resources for a mother as she plans for breastfeeding is one of the roles that peer support volunteers can fill.

Activity: Best and Worst Advice

Show slide 4.

Note for the facilitator: This activity will help the peers-in-training to identify with expectant mothers as they are given advice from family, friends, etc. Some of this advice can be helpful and supportive, and some advice can be misleading and unsupportive.

Materials:

- Copies of the table below (Module 4: Table 1). Make enough copies so that you have one for each peer-in-training. An enlarged copy of this table is included in your toolkit. This will allow the peers-in-training to have space for their notes/comments.
- Pens or markers

Module 4: Table 1 (Best and Worst Advice)

	Partner	Family	Friends	Health Care Providers	Media
Best Advice					
Worst Advice					

- Give each peer-in-training a copy of Module 4: Table 1 (Best and Worst Advice).
- Give each peer-in-training a pen or marker.
- Ask the peers-in-training to write down the best piece of advice/information and the worst piece of advice/information (related to breastfeeding) that they were given before their babies were born from people in each category.
- Ask the peers-in-training to read their list aloud for the group. Peers-in-training do not need to read out items from their list that have already been mentioned.
- To add some fun (and competition), you may want to have the peers-in-training score their responses as follows:
 - Four points for each piece of advice/information that no one else in the group mentioned.
 - Three points if one other person mentioned the same piece of advice/information.
 - Two points if two other people mentioned the same piece of advice/information.
 - One point if more than two people mention the same piece of advice/information.

A small surprise for those with high scores may be appropriate.

If the group is large, you may want to skip scoring and give everyone a small surprise for having to deal with some unhelpful advice!

- Discuss any responses where there may be some disagreement about whether the advice/information was "bad" or "good."
- Ask: "Did this advice/information create any problems for you in breastfeeding your baby?"

Finish by reminding the peers-in-training that family, friends, health care professionals, and media may all influence the decisions parents make about birth, breastfeeding, and infant care.

Thank the peers-in-training for participating in this activity.

Show slides 5-9.

Activity: Role Play

Show slide 10.

Materials:

• Cards printed with the following scenarios (Module 4: Table 2).

Module 4: Table 2 (Role Play scenarios)

"Maternal grandmother"	I didn't breastfeed, and you grew up just fine. I think this breastfeeding thing is just another fad. If you breastfeed, how will I be able to take care of the baby? I'm already looking forward to having the baby over for the weekend.	
"Pregnant woman's partner"	My mother told me I was breastfed, and she thinks it's a good thing. I feel a bit weird about it. What will happen when our friends come over? What if people see your breasts? How will I be able to bond with the baby if you do all the feeding?	
"Pregnant woman"	I've heard about the research on breastfeeding. I think it is what I want to do, but I don't know much about it. Can you help me decide what to do?	

Activity:

- Invite four peers-in-training to come to the front of the group and help in a role play.
- Assign the peers-in-training the following roles:
 - "Maternal grandmother" (i.e., mother of the pregnant woman) who did not breastfeed.
 - "Pregnant woman's partner" who was breastfed but is uncertain about breastfeeding for their baby.
 - "Pregnant woman" who wants to breastfeed but does not know much about breastfeeding.
 - "Peer support volunteer" who is meeting the family to talk about breastfeeding.
- Give the first three peers-in-training the scenario card that matches their assigned role.
- Ask each peer-in-training to read their scenario card aloud (encourage role playing!).
- Ask the "peer support volunteer" to respond to each "family member."
- Be prepared to help the "peer support volunteer" if she is uncertain about how to respond to the "family members."

Finish this activity with the following questions:

- Ask: "Did anyone have comments like these from your family members?"
- Ask: "How did you deal with these comments?"

Thank the peers-in-training who participated in this role-play!

Birth and Breastfeeding

Module 4 PowerPoint slides 11 - 21.

Show slide 11.

Ask: "Can someone share a positive experience about their baby's birth?"

Ask: "Were there interventions at your baby's birth that made it more challenging to get breastfeeding off to a good start?"

Ask: "Are there things you wish you had done differently?"

Show slides 12 - 21.

Break

Practices that Support Early Breastfeeding Initiation

Module 4 PowerPoint slides 22 – 32.

Show slide 22.

Once the baby is born, the next few weeks are crucial in getting breastfeeding off to the best possible start.

The first hour after birth is often called The Golden Hour. The baby is primed to latch and begin breastfeeding, and the mother's body is geared up to begin the process of milk production. However, even if things go wrong in that first hour (or first weeks), breastfeeding can still be established.

There are several practices that support early breastfeeding initiation including:

- Skin-to-skin.
- · Baby-led latching.
- Hand expression.
- Frequent feeding.

Skin-to-Skin

Show slide 23.

Skin-to-skin is a way of holding a baby that both babies and parents find enjoyable. The baby wears nothing or only a diaper and is held in an upright position on the mother's bare chest. A light blanket can be draped over the baby's back.

When babies are held skin-to-skin, they can hear their mother's heartbeat and breathing, and they can smell and feel her skin. This is familiar and comforting to babies and helps them to use their natural instincts.



Show slide 24.

Skin-to-skin is especially important right after a baby is born as it helps the baby's natural instincts to find the mother's breast and latch. If the mother cannot hold her baby skin-to-skin, her partner or other family members can do this until the mother is ready.

Video: Breastfeeding in the First Hours after Birth (Global Health Media)

Show slide 25.

Show the following video from time: 6:14 to 7:58

http://globalhealthmedia.org/portfolio-items/breastfeeding-in-the-first-hours-after-birth/?portfolioID = 5623

This video is also available with your toolkit.

Baby-Led Latching

Show slide 26.

Babies are born with the instincts they need to make breastfeeding work.

Immediately following birth, the most important thing a new baby needs to be able to do (besides breathing) is breastfeeding. The instincts and physical abilities are all there. Most of the time, if mother and baby are kept together with limited interventions/interruptions, they will (together) figure out breastfeeding.

Baby-led latching can be practiced immediately following birth and also at other feeding times.

Note that a good latch means the following:

- The mother feels comfortable, and the breastfeeding is not causing her pain.
- The baby is able to easily extract the milk.

Note that to achieve a good latch, the following conditions are generally met:

- The nipple needs to be deep in the baby's mouth with as much breast tissue in the baby's mouth as possible.
- The baby's chin should be buried in the breast with his head tipped slightly back.
- The baby is tummy-to-tummy with his mother and the nipple lined up with the baby's nose before latching on.

Video: Breastfeeding in the First Hours after Birth (Global Health Media)

Show slide 27.

Show the following video from time: 1:36 to 3:39

http://globalhealthmedia.org/portfolio-items/breastfeeding-in-the-first-hours-after-birth/?portfolioID = 5623

This video is also available with your toolkit.

Activity: Baby-Led Latching

Show slide 28.

Materials:

• For this activity, each peer-in-training will need a doll to practice with. One option is to ask the peers-in-training to bring a doll with them to the training session. Also, plan to have some extra dolls available. The dolls should, as much as possible, be the size/likeness of a newborn.

Activity:

- Encourage the peers-in-training to move to the floor for this activity.
- Distribute the dolls to the peers-in-training.
- Encourage the peers-in-training to find a comfortable, laid-back position for breastfeeding using a doll as a baby.
- When all the peers-in-training have had an opportunity to practice with this position for baby-led latching, ask the following questions:
 - Ask: "Was anyone shown this position when your baby was born?"
 - Ask: "Would you feel comfortable showing this position to a new mother?"
 - Ask: "What were you taught about helping a baby to get a good latch?"
 - Ask: "Why is a good latch so important?"

• Encourage the peers-in-training to demonstrate some of the positions they used for breastfeeding and how they helped their baby to get a good latch.

Finish by reminding the peers-in-training that breastfeeding in a laid-back position supports baby-led latching. This supports early breastfeeding initiation. Demonstrating baby-led latching is another skill that enhances a peer support volunteer's role.

Thank the peers-in-training for participating in this activity.

Hand Expression

Show slide 29.

Hand expression is an essential skill for mothers to learn. It is especially important if a baby is not latching or feeding well. Even if a baby is not stimulating the mother's milk supply, early hand expression means greater milk supply later.

In the first few days, hand expression is usually the most effective approach to remove milk and stimulate the milk supply. If the baby is not able to breastfeed after the first few days, a breast pump may help.

Show slides 30 - 31.

Video: How to Express Breastmilk (Global Health Media)

Show slide 32.

Show the following video from time: 0:00 to 0:56

http://globalhealthmedia.org/portfolio-items/how-to-express-breastmilk/?portfolioID = 5623

This video is also available with your toolkit.

Handout: Hand Expression

Feeding Frequency

Module 4 PowerPoint slides 33 – 35.

Show slides 33 – 35.

To illustrate the size of a baby's stomach, use the following visual aids:

- A cherry or shooter marble; this is the size of a baby's stomach on day one.
- A walnut; this is the size of a baby's stomach at three days.
- A small apricot, plum or ping pong ball; this is the size of a baby's stomach at five days.
- An egg; this is the size of a baby's stomach at seven days.

Plan to bring in each item to pass around for the peers-in-training to see and also feel these items. You may want to have enough to give each peer-in-training one of these visual aids. (Caution: With baby and toddlers in the room ensure safe storage of these small, easily swallowed items).

Point out that colostrum is produced in small amounts because the baby's stomach is small. As the baby grows, so does his or her stomach capacity, and the amount of milk you can give the baby at each feeding. The baby will need to breastfeed frequently in the first few days and weeks.

Frequent feeding is important as it establishes milk production. If the baby is not frequently fed in the initial days and weeks, the mother may have difficulty getting a full milk supply.

Handout: Breastfeeding Your Baby (magnet)

Common Challenges in the Early Days

Module 4 PowerPoint slides 36 – 38.

Show slide 36.

There are common challenges that a mother may face in the first few weeks after her baby is born that may negatively impact her breastfeeding experience. A peer support volunteer can be an invaluable resource during this time.

Activity: Overcoming Common Breastfeeding Challenges

Show slide 37.

Materials:

- Cards printed with a common breastfeeding challenge (see examples below).
- Paper for taking notes.
- Pens or markers.

Common breastfeeding challenges (suggestions):

- Engorgement and edema.
- Sore nipples.
- Concerns that baby is not getting enough.
- Sleepy baby.

Activity:

- Divide the peers-in-training into small, equal-sized groups.
- Hand out paper and a pen or marker to each group. Ask one person in each group to take notes of the discussion.
- Hand out a common breastfeeding challenge to each group.
- Encourage each group to discuss strategies for overcoming their assigned common breastfeeding challenge.
- Bring the small groups back together and ask them to read aloud the strategies they came up with for their assigned challenge. Discuss these strategies with the whole group.

Finish this activity with the following questions:

- Ask: "What approaches have you found most helpful?"
- Ask: "What other challenges have you come across?"
- Ask: "Why is it important to know about additional solutions for problems?"

Thank the peers-in-training for participating in this activity.



Handout: Meeting Mothers Where They Are: Helpful Phrases to Open Communication

Activity: Strategies for Breastfeeding Challenges

Show slide 38.

Materials:

• No materials, other than the PowerPoint presentation, are needed for this activity.

Activity:

- Ask the peers-in-training to choose a partner for this activity. Alternatively, the facilitator can assign partners as it is often helpful to have the peers-in-training work with someone who is not a friend.
- Ask one peer-in-training from each pair to act as the "peer support volunteer" and the other peer-in-training to act as a "mother" who is dealing with a breastfeeding challenge.
- The partner playing the "mother" can choose something she experienced personally or something that was discussed during today's training.
- The "mother" should take a few minutes to talk about her breastfeeding challenge, her concerns, and her feelings.
- The "peer support volunteer" should listen to the "mother's" concerns, express empathy, and help her to brainstorm strategies.
- After the peers-in-training have had an opportunity to act out their roles, ask them to switch roles.
- Bring the small groups back together for discussion.

Finish this activity with the following questions:

Ask: "What part did you find most challenging?"

Ask: "Was it difficult to let the "mother" make her own decisions?"

Ask: "As a "mother," how did the support from the "peer support volunteer" guide you in making your decision?"

Thank the peers-in-training for participating in this activity.

Preterm Babies and Breastfeeding

Module 4 PowerPoint slides 39 - 41.

Note for the facilitator: Depending on time constraints, you may want to save this topic for a future peer support volunteer meeting.

Show slide 39.

Preterm babies can be breastfed successfully. Due to their immature immune system, they are especially helped by receiving breastmilk and breastfeeding.

Health care providers working with preterm babies will encourage mothers to provide breastmilk for their baby.

A preterm baby may not have the skills or strength to feed at the breast. Mothers can become skilled at expressing and pumping breastmilk for their baby. Historically, mothers may not have received the support and encouragement they needed from hospital staff, or there may be unique challenges in breastfeeding their preterm baby. Although this has changed in recent years with many birth centres providing excellent support for breastfeeding a preterm baby, mothers benefit from the support of peer support volunteers during this stressful time. Mothers will continue to benefit from peer support while their baby is in the hospital and after discharge.

Ask: "What are the barriers parents of preterm babies face when it comes to breastfeeding?" Some points to discuss:

- If a baby is too preterm to breastfeed or to breastfeed well, the mother will need to hand express and pump her milk to establish a good milk supply.
- Even before a preterm baby is put to the breast, the baby can be held skin-to-skin. When referring to preterm babies, this is often called kangaroo care.
- The mother may be worried about her baby's survival or health.

Ask: "What can peer support volunteers do to help these parents?"

Note: Ensure the following key points are addressed in the discussion. Peer support volunteers can assist parents to make arrangements for family support so they can spend time with their baby, encourage them to provide skin-to-skin or kangaroo care, and establish a good milk supply by hand expressing and pumping.

Video: Sunnybrook Health Sciences Centre: Kangaroo Care

Show slide 40.

Show the following video.

www.youtube.com/watch?v = svNB3yz2v8E

This video is also available with your toolkit.

Alternatively, you can show the following video.

Video: Nationwide Children's Hospital: Kangaroo Care

Show slide 41.

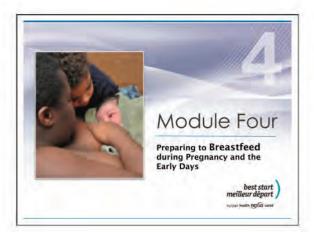
Show the following video.

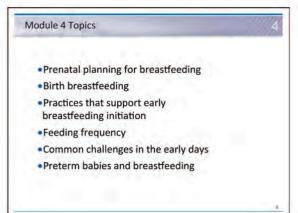
www.youtube.com/watch?v = MateX87u9k

This video is also available with your toolkit.

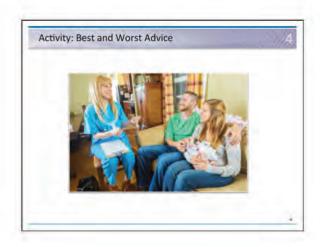
Wrap Up and Homework

- Give the peers-in-training positive feedback about the peer support volunteer skills they are demonstrating.
- Suggest that the peers-in-training add any handout(s) given during this session to their Peer Resource Guide.
- Give out the Peer Resource Guide pages related to Module 4.
- Thank the peers-in-training for attending.









Prenatal Planning for Breastfeeding

Talking to women prenatally
Helpful questions:

What do you know about breastfeeding?

Is there anything I could do to help you prepare to breastfeed?

Do you have questions or concerns about breastfeeding?

Are there any things you have heard from other people about breastfeeding that you are wondering about?

Expectant mothers may say:

"I've heard it is the best for the baby, but that formula is really just as good."

"I heard that it can really hurt."

"I feel really uncomfortable when I see other women breastfeeding in public. I don't want to have to do that."

"I want to breastfeed, but I smoke so I think my milk won't be good for the baby."

"Nobody in my family has breastfed, but I'd like to try."

Prenatal Planning for Breastfeeding

It's important to validate mothers' feelings

You could say:

- "I felt that way too before I had my baby." (If you did.)
- "Lots of moms that I talk to worry about that."
- "I can see why you would be concerned about that."
- "It's hard to be the first in your family to do something, isn't it?"



Prenatal Planning for Breastfeeding

Offer to share information

For example – responding to "I've heard breastfeeding really hurts."

- "I was worried about that too before I had my baby."
- "I've learned that painful breastfeeding is usually the sign of a problem that can be fixed. When the baby is feeding well, breastfeeding doesn't hurt."
- "I'd be happy to share some of the information I have on getting a good latch and other tips to prevent sore nipples. Would that be helpful to you?"

.

Prenatal Planning for Breastfeeding

Suggest resources

- "Many women find it helps to prepare before their babies are born. It's easier to learn when you are not dealing with a crying baby and postpartum hormones! You might want to:
 - Watch some videos on YouTube I can suggest some good ones."
 - Read a book like The Womanly Art of Breastfeeding."
 - Attend a meeting (depending on what is available locally)."
 - Talk to a public health nurse or an International Board Certified Lactation Consultant if you have medical
- "I'd be happy to meet with you to talk about getting off to a good start with breastfeeding."







Birth and Breastfeeding

- · A long labour, a difficult birth, and birth interventions can make it more difficult for a baby to start breastfeeding
- · Peer support volunteers can support mothers prenatally to consider strategies that may help them during labour and birth
- Encourage mothers to:
- Inform themselves of their options
- · Discuss their options with their health care provider
- Work with their birthing team including their partner, another support person, doula, midwife, obstetrician, or nurse
- Stay active in labour
- Stay hydrated
- Understand when it is appropriate to transition from labouring at home to labouring at the hospital or birthing centre

Birth and Breastfeeding

- Interventions may have consequences
- The following slides will discuss common interventions used during labour
- One of the most common interventions is the use of epidurals to relieve pain in labour
- Peer support volunteers can help women explore option how to cope with labour pain without the use of epidurals.
- Some of the negative consequences of epidurals may include:
- · Adverse effects from IV fluids as described in the next slide
- Some epidural medications may affect a baby's alertness and ability to latch and suck
- Feeling numb due to the epidural medication may slow the pushing stage of labour and may increase the likelihood of an instrument-assisted birth (e.g., forceps, vacuum)
- A longer pushing stage may increase the risk of the mother or baby developing a fever after birth, this may result in her baby being separated from her baby and may make it harder to establish breastfeeding

Birth and Breastfeeding

- IV fluids can keep the mother hydrated and keep her blood pressure from falling if an epidural is needed
- Some of the negative consequences of IV fluids may include:
- IV fluids may interfere with a mother walking around and assuming comfortable labouring positions; this can lead to a longer labour and a greater likelihood of other interventions
- Excessive IV fluids may result in a mother developing edema (swelling) of her breasts and areola; this can make it difficult for her baby to latch
- · Some IV fluids may increase maternal and infant blood sugar; this can cause increasing insulin secretion in the baby and risk of hypoglycemia after birth
- Large doses of IV fluids given just before the birth of the baby may increase the baby's birth weight; this can make it seem as though the baby has lost a lot of weight in the first 24 hours when it was only extra fluid

Birth and Breastfeeding

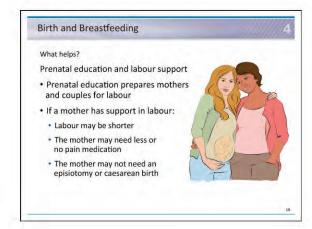
- · Induced labour or augmented labour is used when there is a danger to the baby or mother by prolonging the pregnancy,
- e.g., the mother has pre-eclampsia or the baby is in distress
- Some of the negative consequences of induced or augmented labour may include:
- · May create an increased risk of caesarean birth
- Artificial oxytocin (used to induce labour) increases fluid retention; this may result in a mother developing edema (swelling) of her breasts and areola and make it difficult for her baby to latch
- · Artificial oxytocin may interfere with the natural hormone production needed for labour, birth, and breastfeeding.

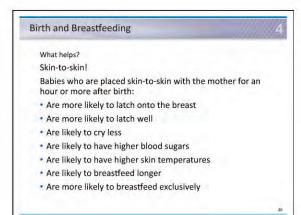
Birth and Breastfeeding

- Episiotomies are a cut into the perineum to enlarge the. opening for the baby to emerge.
- There is no evidence of the effectiveness of an episiotomy; may create an increased risk of serious tears; episiotomies are therefore no longer routinely used.
- Some of the negative consequences of an episiotomy may include:
- Increased pain when sitting; this can make it difficult for a mother to find a comfortable position for breastfeeding
- Increased risk of infection; if an infection develops a mother may be given antibiotics that can lead to the development of thrush (Candida overgrowth) and painful nipples

Birth and Breastfeeding

- · Caesarean birth are used when the baby is unable to be born vaginally or when the baby needs to be born quickly.
- · Caesarean birth requires an epidural, spinal, or general anesthetic
- Some of the negative consequences of a Caesarean birth may include:
 - Requires IV fluids; this can lead to problems as described earlier
- The anesthetic used may affect the baby's alertness or suck
- Can cause increased health problems for the baby such as breathing problems: this can result in separation from the mother
- · A mother is often given antibiotics during surgery; this can lead to the development of thrush
- · May result in postpartum pain and can make it difficult for a mother to find a comfortable position for breastfeeding

















Practices that Support Early Breastfeeding Initiation

Baby-Led Latching

Video: Breastfeeding in the First Hours after Birth

(Global Health Media)





Practices that Support Early Breastfeeding Initiation

Hand Expression

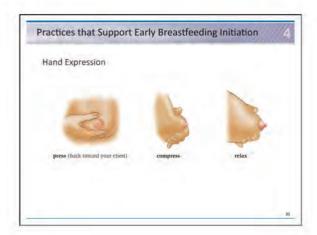
Reasons for hand expression:

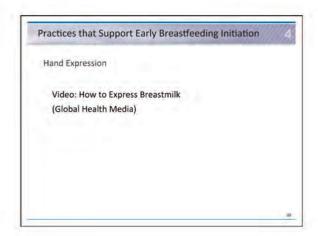
• A few drops of milk can get a reluctant baby interested in latching

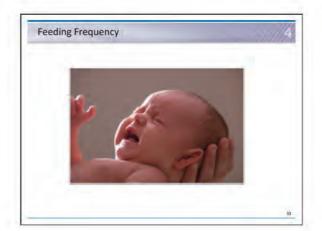
• Provides relief if breasts become too full (engorged)

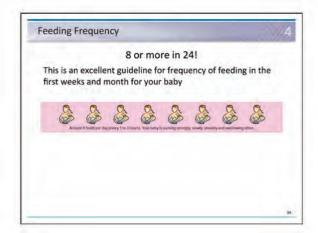
• Provides milk for baby if the mother will be separated from baby or if baby is unable to latch

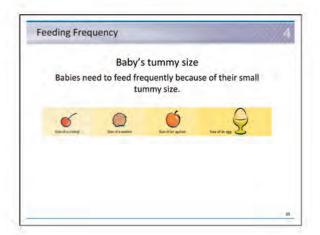
• Provides more breast drainage to produce more milk







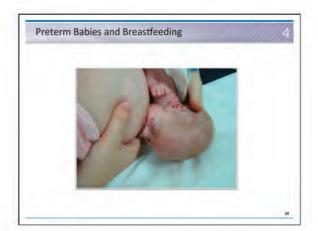


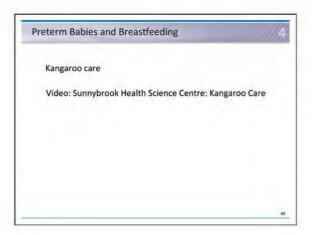












Preterm Babies and Breastfeeding

Kangaroo care

Video: Nationwide Children's Hospital: Kangaroo Care

MODULE 5: Breastfeeding Challenges and the Role of Peer Support Volunteers

Training Summary Chart: Module 5 (2.5 hours)

	Content	Teaching Strategies	Materials/Preparation		
	Prepare the room considering the safety of mothers, babies, and toddlers				
Set up	Include a play area, quiet t breastfeeding	oys, comfortable area for	Quiet toys and comfortable chairs or couch for breastfeeding		
		propriate kettles/teapots/cups and insure all cords are out of reach of	Drinks and food, paper towels/serviettes		
	Table or stand for compute	er and projector	Table/stand, computer/projector		
5 minutes	Welcome				
	Welcome	PPT slide 1			
	Review of topics	PPT slide 2			
	The Breastfeeding Journe	y			
15 minutes	Торіс	PPT slide 3			
	Breastfeeding Timeline	Activity/PPT slides 4 – 6	Timeline age cards, tape/sticky tack, sticky notes, pens/markers		
	Breastfeeding Challenges				
30 minutes	Topic Responding to Breastfeeding Challenges	PPT slides 7 – 9 PPT slide 10	Scenario cards		
20 minutes	Break				
	Weaning				
	Торіс	PPT slides 11 – 14, 16 – 21			
45 minutes	Weaning Relationship	Activity/PPT slide 15	Poster paper (or Bristol board), tape/sticky tack, RELATIONSHIP cards, pens/markers		
45 mmutes	Four Types of Weaning	Handout	Copies of handout		
	Strategies to Help Wean a Child over the Age of 1 Year	Handout	Copies of handout		
	Dealing With Advice and Criticism from Others	Activity/PPT slide 22 – 24	Scenario card		
	The Role of Peer Support Volunteers				
20 minutes	Торіс	PPT slides 25 – 26			
	In Scope – Out of Scope	Activity/PPT slide 27	Sets of three voting cards		

Continued on next page

MODULE 5: Breastfeeding Challenges and the Role of Peer Support Volunteers

Training Summary Chart: Module 5 (2.5 hours)

	Content	Teaching Strategies	Materials/Preparation	
10 minutes	Breastfeeding Advocacy			
	Торіс	PPT slides 28 – 34		
	Building a Breastfeeding Environment	Video/PPT slide 35	CD supplied with toolkit	
	Breastfeeding Dream Cloud	Activity/PPT slides 36 – 37		
5 minutes	Wrap Up and Homework			
	Topic		Peer Resource Guides, Module 5 pages	

Module 5 Facilitator Notes

Module 5 Topics

- The breastfeeding journey.
- Breastfeeding challenges.
- Weaning.
- The role of peer support volunteers.
- Breastfeeding advocacy.

Welcome

Module 5 PowerPoint slides 1 - 2.

Turn on the PowerPoint presentation and *have Module 5 slide 1 on the screen* as the group arrives.

Welcome the peers-in-training back to training.

Show slide 2 and review the topics for this training session.

The Breastfeeding Journey

Module 5 PowerPoint slides 3 – 6.

Show slide 3.

The breastfeeding journey begins prenatally and may continue for many months and years following a baby's birth. There are unique joys and challenges at each stage of the journey.

Activity: Breastfeeding Timeline

Show slide 4.

Materials:

- Timeline age cards (premade) with the following ages:
 - Age 1 3 months.
 - Age 4 6 months.
 - Age 6 9 months.
 - Age 9 12 months.
 - Age 12 18 months.
 - Age 18 24 months.
 - Age 2 years and on.
- Tape or sticky tack.
- Sticky notes.
- Pens or markers.

Note for the facilitator: The idea of this activity is to demonstrate that many women experience breastfeeding challenges beyond the first six weeks post birth. As their baby gets older, women continue to require support and resources for breastfeeding challenges. However, support services often focus on the newborn stage of breastfeeding. Hospitals have very strict guidelines as to when families qualify



for services, and this varies greatly depending on where you live. The decrease in breastfeeding support also tends to occur when mothers are faced with less support from partners, family, friends, medical professionals, and society in general. For mothers to achieve the guidelines set by Health Canada and the WHO to exclusively breastfeed for six months and to continue breastfeeding to two years and beyond, they need continuous and consistent breastfeeding support. Peers are able to empathise with and encourage mothers through their breastfeeding journey and help mothers reach their breastfeeding goals.

Activity:

- Tape the age cards to the wall, or place them on the floor, to make a timeline that goes from "Age 1 3 months" to "Age 2 years and on."
- Give each peer-in-training several colourful sticky notes and a pen or marker.
- Encourage the peers-in-training to write down challenges they experienced on their breastfeeding journey. Put one challenge on each sticky note. This can range from medical to personal challenges.
- Show slide 5.
- Encourage peers-in-training to think about:
 - When did this challenge happen?
 - Did you have different challenges while breastfeeding different children (if you breastfed more than one child)?
 - How did facing these challenges make you feel?
- Ask the peers-in-training to place their sticky notes (with challenges written on them) on the most accurate place on the timeline that the challenge occurred for them. Allow five minutes for them to place their sticky notes as the conversation will take up the majority of the time. This may be a difficult task for some and for others very clear.



- Discuss that many of the challenges can happen during any part of your breastfeeding journey, can be repeated at different times, be reoccurring, and happen in different ways for each mother and baby. Each breastfeeding journey is unique and having some challenges is normal! Research shows that when mothers feel supported through these challenges by their peers, their confidence in breastfeeding and the length of time they breastfeed increases.
- *Show slide 6* after the group has put up their sticky notes on the timeline. Many of the challenges the peers-in-training have posted on the timeline will be on this list, and new ones could be added.

Finish this activity by reminding the peers-in-training that if they are breastfeeding they have already overcome at least one (or more) challenges. They already have the skills to help breastfeeding mothers on their breastfeeding journey.

Thank the peers-in-training for their participation in this activity.

Breastfeeding Challenges

Module 5 PowerPoint slides 7 - 10.

Show slide 7.

Some breastfeeding challenges need medical attention; some breastfeeding challenges don't. There are different situations mothers face while breastfeeding that can compromise her breastfeeding goals, but do not require medical attention. Some challenges can be caused by norms and expectations in our society or by a mother's comfort level. Peer support volunteers can provide the unique support of empathy and lived experience to mothers with breastfeeding "growing pains."

Show slides 8 - 9.

Activity: Responding to Breastfeeding Challenges

Show slide 10.

Materials:

• Cards printed with breastfeeding challenge scenarios (see examples below).

Breastfeeding challenge scenarios (suggestions):

My 9-month-old breastfeeds really well most days, but lately I have been noticing two dark-red lines above my nipple when she stops breastfeeding. They hurt but then go away between feeds. I think she might be using her teeth? Is it time to stop breastfeeding?

After a long day at a wedding away from my baby, I was expecting him to want to breastfeed immediately when I got home. He acted really upset when I tried to breastfeed him and turned his head and refused to feed. He must be hungry. What's going on?

I have been giving my 6-month-old baby cereal at every meal, but he does not love it. My mother said he would get used to it. If I really work at it, he does take it. He breastfeeds less since we have been giving him other food, maybe he's weaning?

It is so cute, my 16-month-old signs "milk" when she wants to breastfeed, but now she also grabs at my top and lifts my shirt in public to breastfeed; this is getting really awkward. I always thought when they could ask for it; it was time to quit, but she loves breastfeeding, and now I am not sure what to do.

Ben, who is 21 months, breastfeeds to sleep at nap times and bedtimes and this has been great. But now that I am pregnant, I often feel uncomfortable. Sometimes, it feels like spiders crawling on me when he sucks. I feel like saying "no" a lot lately...

Molly and Issa have found a way to breastfeed together so they can both have access to my breasts, but, to be honest; I am feeling touched out some days, and I'm not sure how to change this. I don't enjoy breastfeeding them both anymore.

Activity:

- Invite six peers-in-training to come to the front of the group.
- Give each peer-in-training one of the breastfeeding challenge scenario cards to read.
- Ask the peers-in-training to suggest responses to each scenario (e.g., what would you say to this "mother?"). Remind the peers-in-training to use the 3-step approach, emphatic response, asking open-ended questions, and sharing information.

Finish this activity by thanking the peers-in-training for their participation in this activity.

Break

Weaning

Module 5 PowerPoint slides 11 – 24.

Show slide 11.

Note for the facilitator: Breastfeeding is more than food for the baby, it is also a trusting relationship that forms the foundation for future relationships. Weaning is a process that both mother and baby travel together. Weaning is a normal gradual process that starts from the time the baby starts solids foods and slowly begins to eat more and breastfeed less. Weaning is very individualistic, and a wide range of ages for weaning occurs. The biologically normal age for humans to wean, according to anthropologist Kathy Dettwyler, is between 2.5 and 7 years.

Because women's social networks are highly influential in their decision-making processes, they can be either barriers or points of encouragement for breastfeeding.

Weaning is also a great topic for future peer support volunteer meetings!

Show slide 12.

Discuss the statement on slide 12. If some of the peers-in-training have experienced weaning a baby, invite them to share their story.

Ask: "Would you have preferred to have breastfed longer?"

Ask: "Did you have trouble finding the help you needed to resolve problems?"

Ask: "How did your baby respond to weaning?"

Show slide 13.

Thank the peers-in-training for sharing their experiences and remind them that their lived experiences prepare them with the skills and empathy to help other breastfeeding mothers through the weaning process.

Show slide 14.

Weaning a baby under 1 year of age is very different than weaning a toddler. Weaning strategies used must be age appropriate and take into account the unique personality of each child. Looking at weaning as a journey rather than a destination is helpful for mothers to feel like they are doing what is best for them and their child.



Activity: Weaning Relationship

Show slide 15.

Materials:

- Large poster paper or Bristol board with the letters of the word "RELATIONSHIP" printed downward on the left-hand side.
- Cards printed with "RELATIONSHIP" words/explanations (see examples below).
- Tape or sticky tack.
- Pens or markers.

"RELATIONSHIP" words/explanations (suggestions):

- **R** is for RELATIONSHIP: Both mother and child are active participants in the breastfeeding relationship.
- **E** is for EVALUATE and EXPLORE: When considering weaning, start by evaluating your feelings and exploring your options.
- L is for HOW LONG: A mother and her child can continue to breastfeed for as long as they wish.
- **A** is for ABRUPT WEANING: Avoid abrupt weaning if possible. (La Leche League recommends weaning gradually and with love.)
- **T** is for TECHNIQUES: Try different weaning techniques to find what works best for you and your child.
- I is for INNUMERABLE BENEFITS: Breastfeeding is beneficial for the mother and her child regardless of the child's age.
- **O** is for OUTSIDE FORCES: Mother and child do not exist in isolation. Other people and events can impact the breastfeeding relationship and the weaning process.
- **N** is for NEEDS: Does my child need to breastfeed?
- **S** is for SOLIDS: Weaning is often a gradual process that starts when a baby begins to eat solid food (usually about the middle of the first year of life).
- **H** is for HUGS: Meet your child's need for emotional nourishment by giving lots of hugs and other kinds of special attention.
- I is for INSTINCTS: Trust your instincts. Make choices that feel right for your situation and your family.
- **P** is for POSITIVE: Weaning can be a positive experience for you and your child a celebration of growth.

Activity:

- One letter at a time discuss the letters of the word "RELATIONSHIP" as you work your way down the poster.
- If you wish, and time permits, add more words to describe the relationship between a breastfeeding mother and her baby especially during the process of weaning.

You can use the suggestions above. These could be written on cards in advance and handed to the peers-in-training. You can also have a brainstorming session and ask the peers-in-training to supply their own list of words.

Finish this activity by reminding the peers-in-training that weaning is a complex process and requires a new set of skills for both the mother and baby.

Thank the peers-in-training for their participation in this activity.

There are different types and stages of weaning and different strategies to help mothers and babies through the weaning process.

Show slides 16 – 19.

Handout: Four Types of Weaning

Note for the facilitator: This handout is helpful for the peers-in-training now and can be used as a topic for future peer support volunteer meetings!

Show slides 20 – 21.

Handout: Strategies to Help Wean a Child over the Age of 1 Year

Note for the facilitator: This handout is helpful for the peers-in-training now and can be used as a topic for future peer support volunteer meetings!

Activity: Dealing With Advice and Criticism from Others

Note for the facilitator: This activity reinforces some of the learning from Module 4. All parents are constantly faced with advice and criticism from others and mothers are often more vulnerable to this as they establish their parenting style and practices. The peers-in-training will benefit from repeated opportunities to practice helping mothers deal with advice and criticism.

Show slide 22.

Materials:

• Large card (or paper) printed with a scenario (see example below).

Scenario (suggestion):

Aunt Ida has come from out of town to meet the new addition to the family. You are holding your baby (Toby) when she arrives, and she immediately asks to hold him. You know he will be waking up to breastfeed soon, but hesitantly hand him over.

Aunt Ida looks at him critically and tells you he should be wearing a hat and is not dressed warmly enough. Toby starts to slowly stretch and opens his eyes; he is ready to feed! Your breasts are feeling full and tingly; they are telling you that too! You glance at your partner in the hopes that he will go over and take Toby and bring him to breastfeed, but he doesn't seem to notice.

Toby starts to make small yelps and is rooting around, so you get up to go and get him. Aunt Ida backs away from you and starts jiggling Toby up and down (something you know he hates). She tells you, "He is fine! I have had four kids, and I know what to do with a baby. Don't you have a soother for him? You aren't really still breastfeeding??

You are now sweating (and probably leaking). Toby begins to cry and tries to suck Aunt Ida's neck! Aunt Ida tells you that you are spoiling him by breastfeeding. She says that babies need to learn from the beginning that crying doesn't mean mommy will jump up and get them.

You just want to feed him NOW!

Activity:

- Ask one of the peers-in-training to read the scenario. As this scenario is written from the "mother's" point-of-view, encourage the peer-in-training to be in character.
- Ask the peers-in-training to share how they would respond to "Aunt Ida" from their perspective as a mother.

- Discuss responses to the following questions:
 - Ask: "Does anyone relate to this scenario? How did it make you feel? What did you do?
 - Ask: "As a peer support volunteer how would you support a mother who is given lots of unhelpful breastfeeding advice from others?"
- *Show slides 23 24.*

Finish this activity by reminding the peers-in-training that they are likely to get lots of advice from other people all through their parenting experience. There will always be advice/criticism from others about a mother's breastfeeding and weaning experiences. Learning to handle unwanted advice/criticism is an important skill for parents! As peer support volunteers, their lived experience enable them to understand the struggles that breastfeeding mothers may have in handling unwanted advice/criticism.

Thank the peer-in-training who participated in this activity.

The Role of Peer Support Volunteers

Module 5 PowerPoint slides 25 – 27. Show slide 25.

Note for the facilitator: Peer support volunteers are mothers with lived experience who support other mothers as they are going through their experiences. Peer support volunteers are not professionals (e.g., health care providers) or even paraprofessionals (e.g., family home visitors with the HBHC program). As such, peer support volunteers have a distinct role, and their work has a specific scope. Peer support volunteers need to know what is within the scope of their role and when they need to refer the mother to a professional service provider. This is an important part of the peer support volunteers' role and will make their work credible to families, health care providers, and other professionals.

Ensure that you take time to discuss the role of peer support volunteers with the peers-in-training.

Show slide 26.



Show slide 27.

Materials:

- Three or four sets of colour voting cards. Each set of cards includes:
 - A green card (or paper); indicating "in scope."
 - A grey card (or paper); indicating "in the grey zone."
 - A red card (or paper); indicating "out of scope."



Scenarios (suggestions):

- 1. Natalie is using a tube at the breast to supplement her new, full term, 2-week-old baby (Isaac) with formula. She is feeling overwhelmed and has asked you what you think about just feeding Isaac at the breast for a few days to see how he does.

 Red card (out of scope). Changing a baby's food intake even for a few days can be risky. Peer support volunteers should encourage a mother to speak with an International Board Certified Lactation Consultants or other medical professional before changing her baby's feeding. However, encouraging a mother to do lots of skin-to-skin and to frequently offer her breast to her baby are within a peer support volunteer's scope.
- 2. Paul, the partner of a mother you have been helping, calls to express concern that his wife (Melissa) is not acting like herself lately. She is not getting dressed, is very anxious about others visiting, etc. Their baby is 4-weeks-old. He asks you to talk to Melissa.
 Red card (out of scope). Partners can provide very good insight into how a mother is doing after the birth of a baby. Peer support volunteers could acknowledge and praise the partner for reaching out for help. Encourage Paul to call the family doctor. The mother may or may not know the partner has called. If the mother is aware of the call, then the peer support volunteer can ask to speak directly with her. If not, the peer support volunteer could call back and touch base with the mother. The peer support volunteer can contact the program coordinator for further support and resources for this family.
- 3. Bardish has a 2-month-old baby who is unhappy and choking at the breast a lot. Bardish is concerned that her baby (Sengal) will stop breastfeeding because of her milk coming too fast. Green card (in scope). Many mothers experience having a lot of milk or an oversupply or a forceful let-down. Peer support volunteers can share their lived experience and the coping tips they used (if applicable) or refer to their training. Peer support volunteers can offer some suggestions (e.g., "Some mothers with lots of milk have found using laid-back breastfeeding (reverse gravity) or hand expressing a small amount before feeding helps baby keep up."). If problems persist, the peer support volunteer can refer to a local La Leche League group, other breastfeeding services, or an International Board Certified Lactation Consultant.
- 4. Magda has a 9-month-old daughter who is breastfeeding mainly at night. The baby often goes four or five hours during the day without breastfeeding. Magda has been told her baby (Veronica) is weaning or needs formula.
 Green card (in scope). Many babies, as they discover the outside world and practice and master new skills during the day, increase the number of times they breastfeed at night while acting uninterested during the day. Peer support volunteers can encourage this mother to continue to breastfeed at night, normalise her baby's behaviour, and offer a few suggestions on keeping up her milk supply, getting baby to feed more often during the day, etc. The peer support volunteer may also want to ask questions like, "Tell me what a normal day looks like for you and your baby." This question may reveal a few barriers that are preventing more frequent daytime breastfeeding.
- 5. Dilya's baby is 6-weeks-old, and she feels that her milk supply is not as good as she would like. She tells you she would like to start taking herbal supplements (fenugreek and blessed thistle) to increase her milk production.

 Grey card (in the grey zone). Some may feel this mother should be referred to her doctor. However, many health care providers will have little information on herbal supplements. You may be able to show her research on these herbs, help her find resources, or refer her to Motherisk.

Activity:

- Divide the peers-in-training into small, equal-sized groups.
- Give each group a set of colour voting cards.
- Explain that you will be reading several scenarios that convey an issue that is either "in scope" or "out of scope" of a peer support volunteer's responsibility or it is "in the grey zone". After you read a scenario aloud, the groups will be asked to quickly discuss the scenario together and then vote whether the issue is "in scope" or "out of scope" or "in the grey zone" by raising the appropriate colour of card.
- Read each scenario card allowing time for group discussion and voting.
- Discuss with the peers-in-training the reasoning behind the correct answer.
- Bring the small groups back together.

Finish this activity by reminding the peers-in-training that peer support volunteers have a distinct role and their work has a specific scope. Peer support volunteers need to know what is within the scope of their role and when they need to refer the mother to a professional services provider. This is an important part of the peer support volunteers' role and will make their work credible to families, health care providers, and other professionals.

Thank the peers-in-training for their participation in this activity.

Breastfeeding Advocacy

Module 5 PowerPoint slides 28 - 37.

Show slide 28.

Although most mothers in Ontario decide to breastfeed, many stop breastfeeding before they have reached their goal. Sometimes early weaning is because breastfeeding is not yet the norm in our society. Working towards normalizing breastfeeding requires systemic changes that can be brought about by advocacy. Peer support volunteers can have a distinct and positive role in breastfeeding advocacy and can work towards changes in our society.

Show slides 29 – 34.

Video: Building a Breastfeeding Environment (BaBE)

Show slide 35.

Show the following video

www.youtube.com/watch?v = LhDmLRdZNko

This video is also available with your toolkit.

Activity: Breastfeeding Dream Cloud

Show slide 36.

Note for the facilitator: Breastfeeding advocacy works! This activity is based on the idea that breastfeeding mothers are best at advocating for the needs of breastfeeding families. They can be a vehicle for change in a community. It is important to empower peer support volunteers to change the culture and community where they live. Often breastfeeding mothers feel powerless in changing things like hospital breastfeeding policies, negative attitudes towards public breastfeeding, or the lack of breastfeeding resources in their communities. This activity can serve as an outline for possible community breastfeeding changes and can be used by the facilitator in the future to plan peer support volunteer meetings and program goals.

Materials:

- Large poster paper or Bristol board cut into a large cloud shape.
- Small paper cut into cloud shapes.
- Tape or sticky tack.
- Pens or markers.

Activity:

- Distribute cloud-shaped papers and pens/markers.
- Ask each peer-in-training to write down their "breastfeeding dreams" for the community. These dreams can be big or small. Give some examples such as the local hospital receives its BFI designation or starting a breastfeeding café to inspire the peer support volunteers.
- Post these "breastfeeding dreams" on the larger cloud. If possible, leave this visual on the wall for the duration of the training. More "breastfeeding dreams" can be added at a later training session.
- Keep the dream clouds for reference in future peer support volunteer meetings.
- Ask: "Which of your dreams would you most like to see come true?"

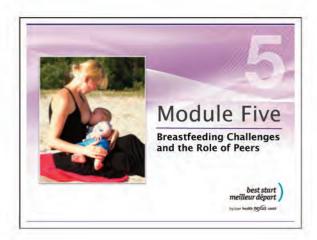
Finish this activity by sharing some examples of peer support volunteers changing the breastfeeding culture in their community. If you are not aware of any breastfeeding advocacy examples, ask the peers-in-training if they know of some.

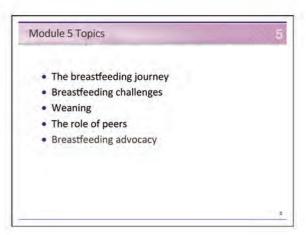
Thank the peers-in-training for participating in this activity.

Show slide 37.

Wrap Up and Homework

- Suggest that the peers-in-training add any handout(s) given during this session to their Peer Resource Guide.
- Give out the Peer Resource Guide pages related to Module 5.
- Thank the peers-in-training for attending.









Activity: Breastfeeding Timeline

Consider the following:

• When did this challenge happen?

• Did challenges differ from child to child?

• How did facing these challenges make you feel?

Activity: Breastfeeding Timeline

What challenges have you experienced in your breastfeeding journey?

Plugged ducts
Baby who spits up a lot
Reduced milk supply
Thrush
Frequent night feedings
Sore nipples
Too much milk
Baby with green poop
Slow weight gain
Nipple confusion
Baby who prefers one breast



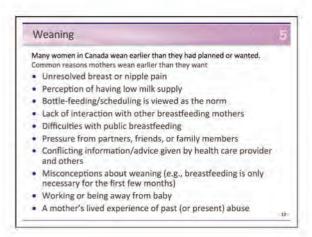


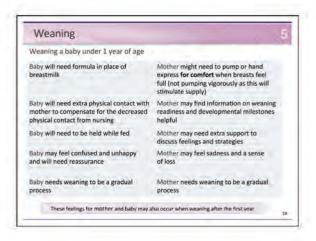




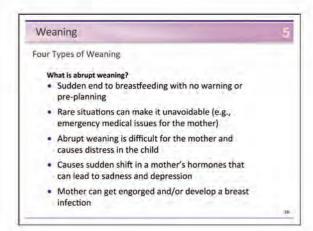


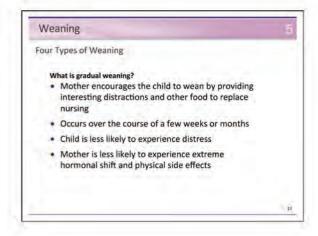


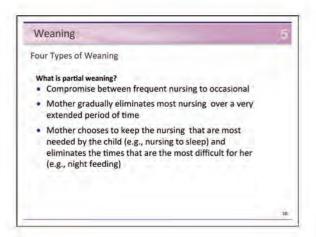


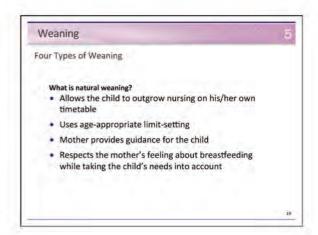


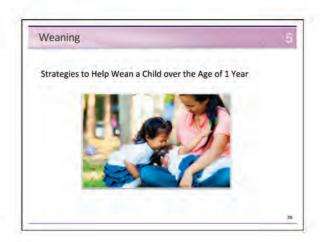


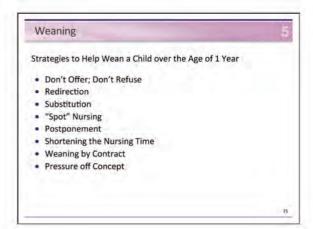




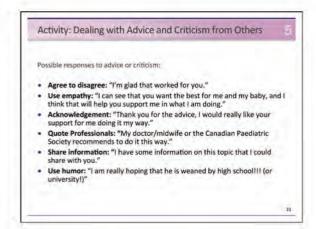






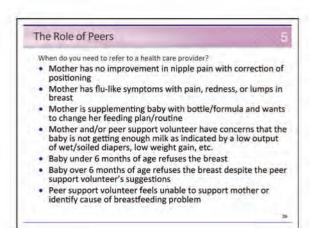






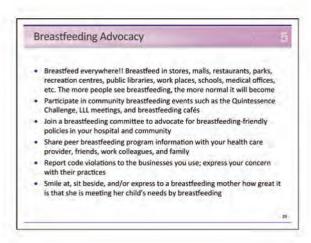












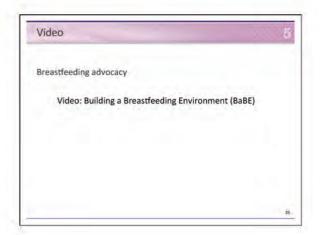
















MODULE 6: Peer Support Volunteer – Ready Set Go!

Training Summary Chart: Module 6 (2.5 hours)

	Content	Teaching Strategies	Materials/Preparation	
	Prepare the room considering the safety of mothers, babies, and toddlers			
Set up	Include a play area, quiet toys, comfortable area for breastfeeding		Quiet toys and comfortable chairs or couch for breastfeeding	
	Table for refreshments, appropriate kettles/teapots/cups and dishes for refreshments (ensure all cords are out of reach of babies/toddlers)		Drinks and food, paper towels/serviettes	
	Table or stand for computer and projector		Table/stand, computer/projector	
	Welcome			
5 minutes	Welcome	PPT slide 1		
	Review of topics	PPT slide 2		
20 minutes	Peer Support Volunteer: Roles and Responsibilities			
	Торіс	PPT slides 3 – 5		
20 minutes	Body Parts	Activity/PPT slides 6 – 7	Poster paper, tape/sticky tack, sticky notes, pens/markers	
	Helping Mothers in Different Ways			
	Торіс	PPT slides 8 – 11, 14 – 16, 18 – 19		
	The LOVE Method for Telephone Helping	Handout	Copies of handout	
60 minutes	Role Play	Activity/PPT slides 12 – 13		
	Breastfeeding Baby Sounds	Video/PPT slide 17	CD supplied with toolkit	
	Group Dynamics	Activity/PPT slide 20		
	Tip Sheet: Facilitation Techniques	Handout	Copies of handout	
	Peer Support Volunteer Opportunities			
10 minutes	Торіс	PPT slides 21 – 22		
10 minutes	Support for Peer Support Volunteers			
	Торіс	PPT slides 23 – 25		
45 minutes	Wrap Up and Celebration			
	Торіс	PPT slide 26	Peer Resource Guides, Module 5 pages	
	Celebration		Supplies/materials for planned celebration	

Module 6 Facilitator Notes

Module 6 Topics

- Peer support volunteer: Roles and responsibilities.
- Helping mothers in different ways.
- Peer support volunteer opportunities.
- Support for peer support volunteers.

Welcome

Module 6 PowerPoint slides 1-2.

Note for the facilitator: This module focuses on being a peer support volunteer and the many different ways and environments where peer support volunteers and mothers interact and receive support. Helping mothers with breastfeeding on the phone, in person, and in groups is very rewarding and also requires practice. Providing peer support volunteers with frequent opportunities to practice their helping skills is very important to the effectiveness and sustainability of your peer support program. This module does not have scheduled break to allow for a celebration time at the end of training. Turn on the PowerPoint presentation and *have Module 6 slide 1 on the screen* as the group arrives. Welcome the peers-in-training back to training.

Show slide 2 and review the topics for this training session.



Peer Support Volunteer: Roles and Responsibilities

Module 6 PowerPoint slides 3 – 7.

Note for the facilitator: This is an excellent opportunity for you to add a few slides describing your program and how the peer support volunteers are expected to work with mothers, etc. You might also want to put this information in a handout for the Peer Resource Guide.

For more information, see *Developing and Sustaining Breastfeeding Peer Support Programs*.

Show slide 3.

Peer support volunteers:

- Believe in the value of breastfeeding and mother-to-mother support.
- Help families to access resources.
- Promote breastfeeding in the community.

To serve well in the role as peer support volunteer many skills and qualities are required beyond their lived breastfeeding experience.

Show slides 4-5.

Activity: Body Parts

Show slide 6.

Materials:

- Four large pieces of poster paper.
- Tape or sticky tack.
- Sticky notes.
- Pens or markers.

Attributes of an effective helper (suggestions):

- Empathetic.
- Good listener.
- Non-judgemental.
- Resourceful.
- Tolerant.
- Dedicated.
- Experienced.

Activity:

- Divide the peers-in-training into four small groups.
- Give each group a large piece of poster paper, pens, and markers.
- Ask each group to use their poster paper and draw the outline of a person, as large as possible. The drawing does not have to be artist quality!
- When the drawings are complete, encourage the peers-in-training to think about when they felt supported by someone; this does not have to be in a breastfeeding situation.
- Show slide 7.
- Encourage the peers-in-training share responses to the following questions about the attributes of an effective helper:
 - Ask: "What qualities did this person demonstrate?"
 - Ask: "What made you feel supported?"
 - Ask: "Would you go back to that person for help again and why?"
- Provide each group sticky notes; each group should have a different colour of sticky notes.
- Encourage each group, to determine the attributes of an effective helper and write these attributes on sticky notes. Each attribute should be attached to the appropriate part of the body. For example "being accessible" could be stuck on the feet. The group can get as creative as they want.
- Post each group's final picture on the wall!

Finish this activity by reminding the peers-in-training about the importance of developing these traits. Some of these will be easier for us than others: everyone can work on improving!

Thank the peers-in-training for participating in this activity.



Helping Mothers in Different Ways

Module 6 PowerPoint slides 8 - 20.

Note for the facilitator: Peer support volunteers help mothers in different ways. Some of these ways are restricted to how your program operates. For example, if your program is a telephone-based peer support program, you may want to put more emphasis on helping by telephone. If your program offers breastfeeding cafés or similar breastfeeding support groups where peer support volunteers are expected to facilitate the group, you will want to put more emphasis on group dynamics. All peers-in-training will benefit from having some understanding of how helping differs depending on how it occurs, by telephone, in person with one mother, or in a group.

If your program includes helping moms using texting or a social media medium, you will need to talk about the parameters of this method as well.

Show slide 8.

Helping by Telephone

Show slide 9.

Helping by telephone requires good listening and observation skills. Although peer support volunteers are not observing the mother and her baby, they are forming a picture in their mind as the mother talks on the telephone. Good listening skills are essential for all helping. Peers-in-training will need to learn and practice how they can ask probing questions to supplement the information the mother is providing so they can picture what she is describing. It is very important to validate this information. For example, the mother may say, "My nipples hurt when my baby latches." The peer support volunteer can ask her to describe the pain, and when in occurs. She will then



verify that she has heard and understood the information correctly by saying, "So you are saying that your nipples hurt, not only when the baby latches on, but through the entire feeding."

The mother's experience also needs to be validated even if the peer support volunteer does not agree with her. For example, the mother may say, "I am so tired, I have been giving Ella a soother when she cries at night. Sometimes she goes right back to sleep!" The peer support volunteer can validate this statement without agreeing to the practice of giving a soother by saying, "It is tiring having a new baby and not getting a lot of sleep. Have you tried anything else?"

Lastly, peer support volunteers can empower mothers by giving information and helping her find resources. For example, the peer support volunteer can say, "The International Board Certified Lactation Consultant at the breastfeeding clinic may be able to assess why your nipples are so sore even though your baby seems to have a good latch." Another approach involves saying, "Many mothers take a nap during the day whenever the baby sleeps to catch up on sleep and help them cope with night feeding."

Peers-in-training may share examples of telephone discussions.

Show slides 10 – 11.

Handout: The LOVE Method for Telephone Helping

Activity: Role Play

Show slide 12.

Materials:

• No materials, other than the PowerPoint presentation, are needed for this activity.

Scenario (suggestion):

My baby is 2 weeks old, and I am very worried that he is not getting enough food! How do I know?

Activity:

- Ask the peers-in-training to choose a partner for the role play activity. Alternatively, the facilitator can assign partners as it is often helpful to have the peers-in-training work with someone who is not a friend.
- Ask one partner to play the role of the "mother" and the other to be the "peer support volunteer."
- Instruct the peers-in-training to imagine that they have just had a phone call from a new mother. It may be helpful if the "mother" and the "peer support volunteer" sit back-to-back to simulate a telephone conversation where they cannot see each other's facial expressions or body language.
- Show slide 13.
- Allow time for the "peer support volunteer" to practice her telephone helping skills with the "mother."
- Instruct the peers-in-training to switch roles and allow time for the second "peer support volunteer" to practice her telephone helping skills with the "mother."
- Bring the group back together.
- Invite one of the pairs to act out their conversation for the group. Remind all the peers-in-training that this is a safe place to practice their helping skills and this is part of the learning process.

Thank the peers-in-training for participating in this activity.

Helping in Person

Note for the facilitator: Much of our communication is conveyed nonverbally. Breastfeeding mothers may not feel supported if they sense judgement, or questioning/unwelcoming body language. Peer support volunteers have an opportunity to mentor breastfeeding and attentive parenting when interacting in person with mothers. Many breastfeeding mothers will look to peer support volunteers as role models and a source of confidence during their breastfeeding journey. Conveying the importance of this role to the peers is very important.

Show slide 14.

Helping a mother with breastfeeding in person allows a peer support volunteer to watch the mother-baby interactions and the baby breastfeed. The peer support volunteer can observe the position and take note of both the mother's and the baby's nonverbal communication. When supporting a mother in person, it is also important for a peer support volunteer to be aware of her facial expressions and body language. A mother, seeking breastfeeding support, needs unbiased, empathetic, and positive feedback to help her meet her breastfeeding goals. The 3-step approach, practiced in modules 2 and 5 works well. Using the LOVE Method for Telephone Helping can also be used when helping in person.

Show slides 15 – 16.

Video: Breastfeeding Baby Sounds (Mama Cabbage)

Show slide 17.

Show the following video

www.youtube.com/watch?v = h0osliMNGFA

This video is also available with your toolkit

Encourage the peers-in-training to practice the observation skills (that they will use as a peer support volunteer) while watching the video.

Discuss the video with the peer-in-training and encourage responses to the following questions:

Ask: "What did you observe about this mother's breastfeeding?"

Ask: "What questions would you ask this mother?"

Ask: "What would you discuss with this mother?"

Note for the facilitator: Ensure that the discussion about the above video includes positioning, latch, and effective breastfeeding.

Helping in a Group

Show slide 18.

Mothers learn to breastfeed by observing other mothers! For peer support volunteers, a group setting is a great place to model good positioning, attentive parenting, and convey breastfeeding information.

Show slide 19.

Group dynamics can also be challenging, even for skilled facilitators. With practice, peer support volunteers can become skillful with group dynamics.

Common challenges in group dynamics include:

- A group member who answers all the questions.
- A group member who starts side conversations.
- A group member who says nothing at all.
- A group member who wants to focus only on her issues.

Activity: Group Dynamics Show slide 20.

Materials:

 Four cards printed with a scenario representing a mother who presents with a common challenge in group dynamics (see examples on the next page).



- Cards printed with a scenario representing a mother who doesn't present with a common challenge in group dynamics. Ensure that you have enough of these "ordinary new mother" cards so that every peer-in-training in your group has a card. You will want to have different types of "ordinary new mother" cards as follows:
 - The suggested scenario (see example below).
 - Several scenarios of "ordinary new mothers" questions/concerns. These scenarios can be based on questions/ concerns that are often brought up in groups that you are involved with.
 - Several "ordinary new mother" cards can be left without a question/concern. Often, new mothers or expectant mothers attend a breastfeeding support group for information and have no specific questions/concerns.



Mothers who present with a common challenge in group dynamics (suggestions):

- A mother who answers all the questions.
 You are a mother who has experienced many breastfeeding challenges. You are proud of how much you know. You feel that others in the group don't always appreciate your advice, but you jump in to be the first to respond to every question. You want to be an International Board Certified Lactation Consultant one day.
- A mother who starts side conversations.
 You have been coming to this group for nine months now, and you received a lot of help. But everything is going fine now, and you are enjoying the social part of the group. You are happy to see some old friends and want to know how their babies are doing. As long you visit quietly with them, you don't feel like you are disturbing the group.
- A mother who says nothing at all. You find large groups quite intimidating. You have learned a lot attending this group but still feel too shy to speak up, even when you have a question.
- A mother who wants to focus only on her issues. You like to be the center of attention. You are having a problem with an overabundant milk supply, and you keep trying to turn the conversation back to your problems, even though people have given you suggestions. If someone says, "I am having a problem with low milk supply," you might respond, "that's not nearly as bad as my problem with oversupply."

Mothers who do not present with a common challenge in group dynamics (suggestions):

Ordinary new mother.
 Your baby breastfeeds a lot, and you are okay with that. But your mother told you that your baby is using you as a soother, and you should stop that bad habit. You are worried about that comment – is something wrong? Your mother also said it might mean you don't have enough milk. Should you be concerned?

Activity:

- Throughout the training sessions, the peers-in-training have been sitting together as a group and functioning as a group. For this activity, there is no need to rearrange the room or seating arrangements.
- Hand out the scenario cards, ensuring that every peer-in-training-has a card (either a common challenge in group dynamics card or ordinary new mother card).

The cards can be distributed randomly. However, this can create problems (e.g., a quiet/soft-spoken peer-in-training will struggle to role play the scenario of the mother who answers every question). Alternatively, the cards can be distributed to specific peers-in-training who have demonstrated, in other activities, that they can convincingly role play their assigned scenario. Be sensitive when distributing cards in this way to avoid unintentional offense (e.g., a peer-in-training who is quick to answer every question may take offense or see a hidden message if asked to role play this scenario).

- Ask everyone to keep their role secret; at the end of the activity the group will guess who was displaying a common challenge in group dynamics and what common challenge they were displaying.
- If there is a peer-in-training who is skilled in group dynamics, you might ask her to take on the role of "peer support volunteer" or "facilitator" during the activity. Otherwise, it is preferable for you to take on the role of "peer support volunteer" or "facilitator" during the activity so you can model responding to the mothers.
- Explain to the group that they are now in a breastfeeding support group meeting (e.g., breastfeeding café).
- Encourage the peers-in-training to role play from their scenario card.
- Bring the "meeting" to order and allow the role play to unfold.
- The "facilitator" should use strategies to respond to peers-in-training when they present a common challenge in group dynamics.
- Allow the "meeting" to take place for a few minutes so each role can develop.
- Bring everyone's attention back to the training session.
- Discuss the following:
- Ask: "What common challenge in group dynamics did you recognize and which peer-in-training was presenting this behaviour?"
- Ask: "Did the "ordinary new mothers" get the help they needed?
- Ask: "Did the mothers walk away feeling respected and heard?

Explain the role of the peer support volunteer is to make sure that all groups members feel welcome and have an opportunity to have their questions answered and/or be given resources for help.

Discuss the strategies that were used during the "meeting" to respond to common challenges in group dynamics.

Note for facilitator: The strategies on the next page can be used during the activity to respond to peers-in-training as they role play common challenges in group dynamics. The peers-in-training may also have suggestions for strategies to use in responding to common challenges in group dynamics. This can be a helpful discussion either now or in future peer support volunteer meetings.

Responding to common challenges in group dynamics

To respond to a mother who answers all the questions:

Generally, we would not want to interrupt a speaker. However, if one mother tries to take control of the discussion, the peer support volunteer/facilitator can wait for a pause in the mother's conversation and intervene by directing attention towards other mothers in the group. Pose a question to someone who has not yet contributed to the discussion and turn to face her rather than the dominant speaker. For example: "Thank you, Kate. I'm sorry that you had so little help from the hospital staff. What kind of help did you get during the first few days, Emily?" You can approach the mother after the meeting to talk about any issues with which she needs help.

To respond to a mother who starts side conversations:

Remind mothers that you want everyone to have their chance to speak to the group and to hear what is being said by others. Encourage mothers to listen to one another respectfully. Possible responses: "I'm having trouble hearing. Can we keep it to one conversation, so we don't miss anything? Jennifer, what was your experience of what Helen just said? Can everyone hear what Pam is saying?"

To respond to a mother who says nothing at all:

You could ask this mother, in a non-threatening way, if she has anything to add or wants to ask a question. If she says, "No," approach her after the meeting to ask if she has any questions. Consider splitting the group into smaller groups for part of the discussion so those who are quieter may feel comfortable talking.

To respond to a mother who wants to focus only on her issues:

Let this mother know that you appreciate that this is a big issue for her. Ask if she would like to sit down together after the meeting to talk about it further (or set up a time to meet one-to-one).

Handout: Tip Sheet: Facilitation Techniques

Peer Support Volunteer Opportunities

Module 6 PowerPoint slides 21 – 22.

Note for the facilitator: This topic provides a setting for you to share peer support volunteer opportunities that you are aware of in your community. You may want to add a slide or develop a handout for the peers-in-training to add to their Peer Resource Guide.

Show slide 21.

Peer support volunteers have many opportunities to use their skills. Often they will be providing informal and incidental support in the community, beyond what they do more formally. This support can be in the setting of conversations with friends and family and discussions with pregnant women (or new mothers) met in social situations. Other opportunities to share information or offer encouragement will happen naturally.

Show slide 22.



Support for Peer Support Volunteers

Module 6 PowerPoint slides 23 – 25.

Show slide 23.

Despite recent peer support volunteer training, it is often in the first few weeks of a peer support program that peer support volunteers need the most support. The peer support volunteer experience is new to them, and they may be surprised by the questions mothers ask. They may also be surprised by their emotions as they listen to a mother's struggles. They will likely be reminded of the challenges they experienced just a few months ago. It is essential to ensure that your support plans are in place, whether you are organizing regular meetings, having peers support each other, or having a coordinator who is available to respond to questions and concerns.

Self-care is always worth mentioning to a group of mothers! As mothers and peer support volunteers, many women overlook their needs while helping others. Encourage mothers to practice self-care and recognize when they need to step back. Providing opportunities for practicing self-care at future peer support volunteer meetings (e.g., mini-spas, make tea bags, etc.) is a great way to teach these skills and give the peer support volunteers some tips to share with mothers in the community.

Show slides 24 – 25.



Wrap Up and Celebration

Module 6 PowerPoint slide 26.

- Suggest that the peer support volunteers add any handout(s) given during this session to their Peer Resource Guide.
- Give out the Peer Resource Guide pages related to Module 6.
- Review the Peer Resource Guide and remind the peer support volunteers that the Guide is theirs to keep and add to!
- Give out reminder cards with the date of the next meeting or scheduled training for the peer support volunteers.

Show slide 26.

Note for the facilitator: This is an exciting time for the peers-in-training, who are now peer support volunteers, and for you as you finish the training sessions and can begin peer matches with your new peer support volunteers. As you end this session, you have the opportunity to celebrate the accomplishment of your new peer support volunteers.

As you plan for you graduation celebration you may want to consider the following:

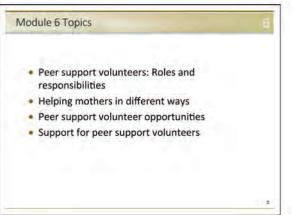
- Thank the peer support volunteers for their commitment to your program.
- Remember to congratulate the peer support volunteers on completing their training.
- Refer to the Breastfeeding Dream Cloud created in the previous module to review the many ways the peer support volunteers can support women and contribute to the community.
- Ask the peer support volunteers to share something that was new or surprising to them and something they learned that they think will be helpful when they are working with other mothers. As you ask each person to share, you might also share some positive observations of them.
- Handout certificates (if this is part of your program).
- Have a candle ceremony. This can be a nice ending.

Note: Remember to use caution because of the fire hazard of candles and the risk of burns, especially with small children and babies present.

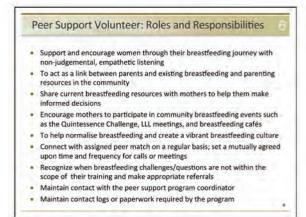
A candle ceremony involves handing out an unlit candle to each participant. Light a candle for yourself and invite each peer support volunteer to come forward (one at a time) and light her candle from yours. If you are handing out certificates, the peer support volunteer could be handed her certificate after lighting her candle. When all the candles are lit, explain that the light represents the support that we are taking out into the community. Ask everyone to blow out their candles and remind the peer support volunteers that that the light continues within them.

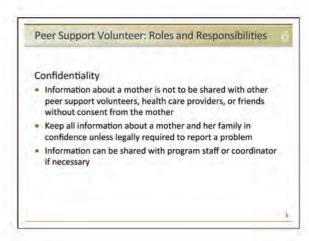
• Hold an informal celebration. If appropriate, provide healthy snacks and treats.



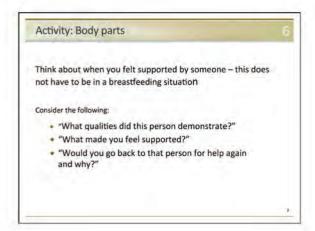






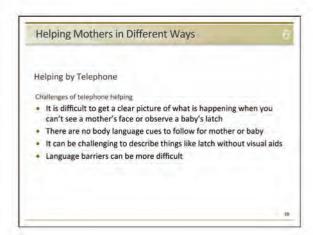


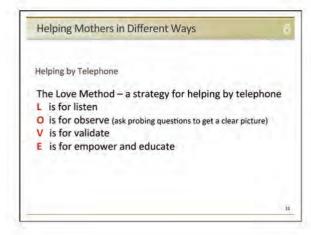


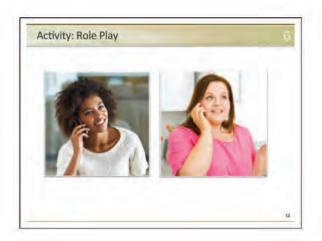


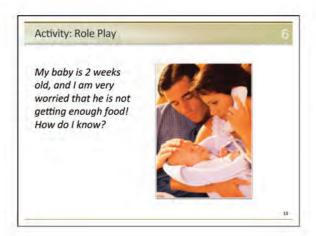




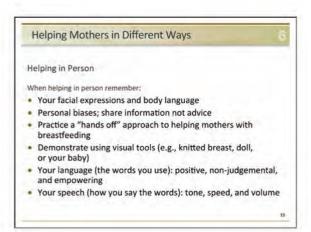


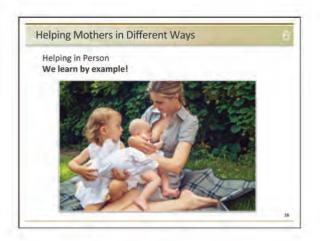






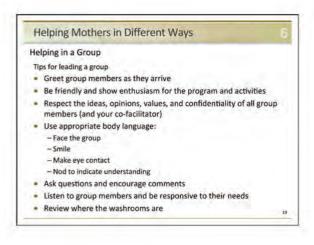






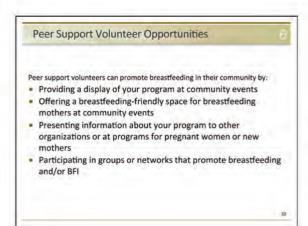




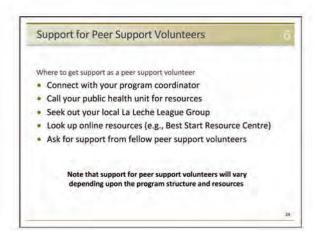


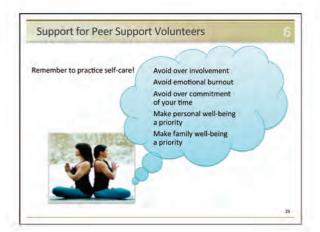


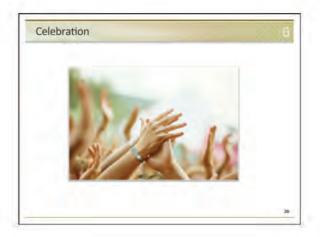












Additional Material for the Facilitator

This section will provide you, the facilitator, with additional material you may want to use for your training sessions.

Additional material includes:

- Bias Exercise.
- A pre- and post-training evaluation.
- A sample certificate for the peer support volunteers when they complete their training.
- A list of ideas for future peer support volunteer meeting topics.
- A list of social media resources in case your program has or is planning to add a social media component.
- A list of references and sources on which the content of the toolkit is based.

You can include any other materials that you find helpful for use during the six-module training or future peer support volunteer meetings. You may want to add ideas for pages for the Peer Resource Guide.

You may want to include additional materials that you need to prepare for the Peer Resource Guide.

These materials include:

- A volunteer job description. You may have one already, or you may want to use the sample provided in the resource *Developing and Sustaining Breastfeeding Peer Support Programs* (Best Start Resource Centre, 2015).
- The documentation peer support volunteers are required to complete.
- Peer support volunteer contact list.
- Peer support volunteer meeting schedule.
- Business cards/pamphlets or information sheet to hand out to mothers in your community.

Bias Exercise

Instructions for this exercise can be found on page 7.



How comfortable are you with this image?

Not comfortable at all

Not very comfortable

Somewhat comfortable

Mostly comfortable

Extremely comfortable







Not comfortable at all

Not very comfortable

Somewhat comfortable

Mostly comfortable

Extremely comfortable



How comfortable are you with this image?

Not comfortable at all

Not very comfortable

Somewhat comfortable

Mostly comfortable

Extremely comfortable



Not comfortable at all

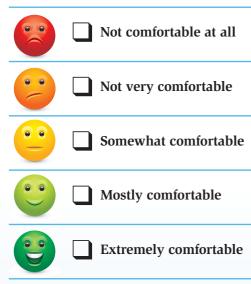
Not very comfortable

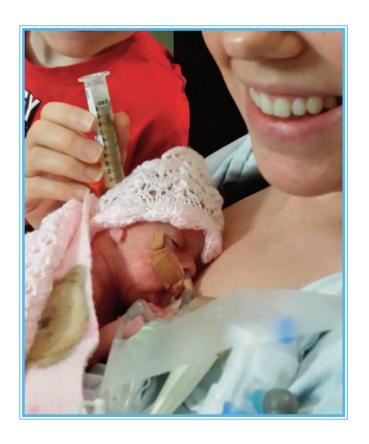
Somewhat comfortable

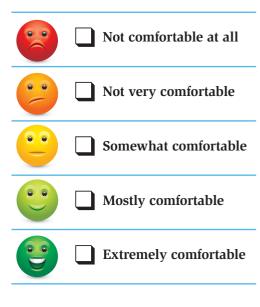
Mostly comfortable

Extremely comfortable















Not comfortable at all

Not very comfortable

Somewhat comfortable

Mostly comfortable

Extremely comfortable







Not comfortable at all

Not very comfortable

Somewhat comfortable

Mostly comfortable

Extremely comfortable



How comfortable are you with this image?

Not comfortable at all

Not very comfortable

Somewhat comfortable

Mostly comfortable

Extremely comfortable



Not comfortable at all

Not very comfortable

Somewhat comfortable

Mostly comfortable

Extremely comfortable

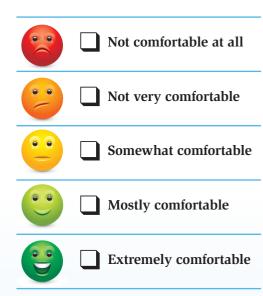




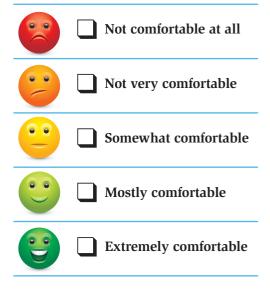












Pre- and Post-Training Evaluation

Answer each question with a number from 1 to 10, where 1 is the lowest score and 10 is the highest.

- 1. How confident do you feel about your understanding of the importance of breastfeeding?
- **2.** How confident do you feel about understanding how breastfeeding works and what mothers can do to meet their breastfeeding goals?
- **3.** How confident do you feel about helping mothers make informed decisions about breastfeeding challenges?
- **4.** How confident do you feel about your ability to refer mothers to appropriate resources in the community?

5.	How comfortable do you feel about working with families from different cultures or backgrounds				
	(e.g., teen mothers, Aboriginal women, newcomer wo	omen):			

6. How comfortable do you feel knowing your role as a peer support volunteer?

Note: Additional questions can be inserted to meet the needs of your peer support program.

Note: Following the completion of the training hand out the same questions but titled Post-Training Evaluation to the peers-in-training, who are now your new peer support volunteers and ask them to complete the post-training evaluation.

Certificate 0/ Attendance

Awarded to

for completing the Breastfeeding Peer Support Training Program developed by the Best Start Resource Centre, and provided by:

(name of program/organization offering the peer support program)

Date

Course Administrator

best start meilleur départ by/par health nexus santé

Peer Support Volunteer Meeting Ideas

1. Messages can be confusing

Breaking down messages about breastfeeding in the media, articles, and research.

2. Tandem feeding: A panel of peer support volunteers' approach

Invite a group of experienced peer support volunteers who have tandem fed to act as a panel. Encourage other peer support volunteers to ask honest/open questions about the challenges and joys of breastfeeding two children of different ages or multiples.

3. Strength-based helping

Looking at the glass half-full can be a perspective that also helps mothers with breastfeeding! Discuss how praising a mother for the things she is doing can give her the confidence to face other challenges head on.

4. Dental care and the breastfed baby/toddler

Many bits of misinformation are out there about proper dental hygiene, dental caries, and breastfeeding. Ask a breastfeeding-friendly dentist or hygienist to come and talk to the peer support volunteers on this important issue.

5. Communication 101

We all have biases, but sometimes they creep into our language, actions, and the way we help mothers. This is a great time for peer support volunteers to examine their biases and discuss with other peer support volunteers.

6. Victory stories

Breastfeeding challenges can sometimes overwhelm a lot of the conversation when peer support volunteers are helping mothers in the community. The focus of this meeting is on sharing the rewarding and triumphant times, learning from each other, and experiencing/expressing pride in the services they offer.

7. It's all in the latch

Using tools, visual aids, and imagery, the peer support volunteer will discuss and practice ways to help mothers find the most effective ways to latch her baby. This would include laid-back breastfeeding, tips for lying down while breastfeeding in unique places (i.e., plane), etc.

8. Breastfeeding devices

Many mothers are leaving hospitals using a supplementing system, nipple shield, or cup feeding, learning to pace bottle feed or pumping often. Peer support volunteers need to be familiar with these breastfeeding devices, gain a basic understanding of why they can be effective and the challenges associated. Jack Newman's handouts (www.nbci.ca/index.php?option=com_content&view=category&layout=blog&id=5&Itemid=17) are a great resource for this meeting.

9. The first seven days

How to support the new mother, baby, and family during the first week postpartum. Review what normal feeding patterns look like for a newborn and discuss questions to ask to find out how breastfeeding is going.

10. Breastfeeding in public

The peer support volunteers can discuss creative ways to feel confident breastfeeding in public, share breastfeeding-apparel ideas, and learn about the Ontario Human Rights Commission (OHRC) and their policy on preventing discrimination because of pregnancy and breastfeeding.

11. Cultural sensitivity

The peer support volunteers can discuss how to be culturally sensitive when working with mothers from different cultures.

12. Using social media in peer support programs

The peer support volunteers can discuss how social media has influenced breastfeeding and the pros, cons and cautions of using social media in their program. The resources listed on page 135 can be used to support this discussion.

Social Media Resources

- Best Start Resource Centre. (2014). *Use of Social Media in Prenatal and Early Childhood Services*.

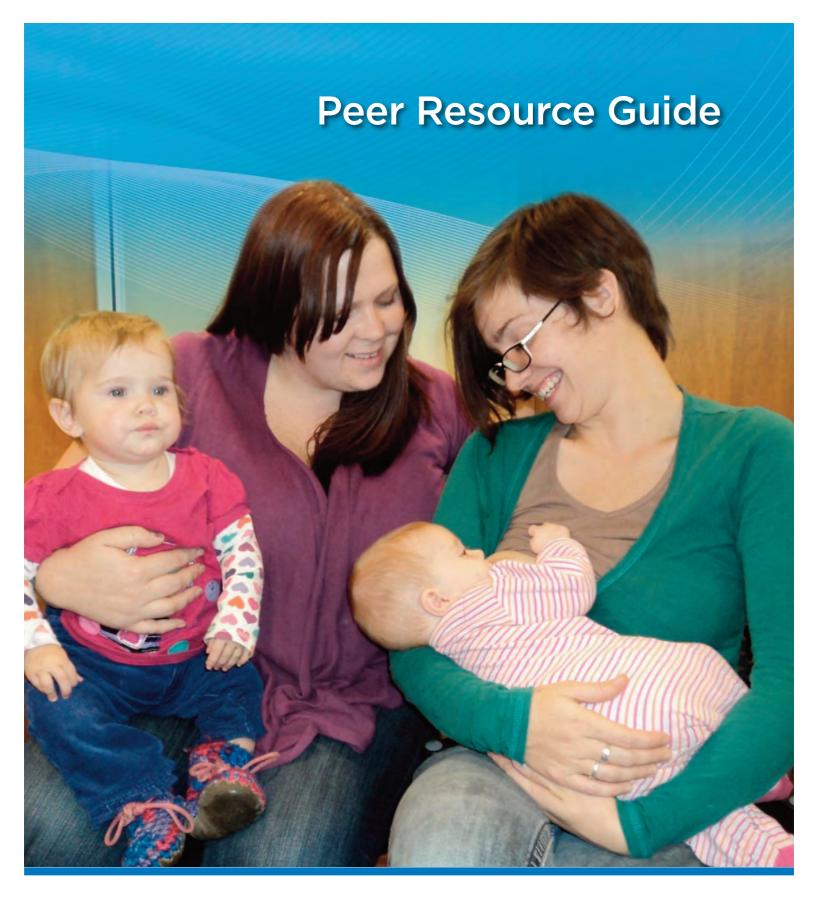
 Toronto, Ontario, Canada: author. www.beststart.org/resources/howto/pdf/SM_14MY05_Final.pdf.
- Centre for Disease Control (2012). CDC's Guide to Writing for Social Media. Washington, DC, USA: author.
- Centre for Disease Control (2010). *Social Media Toolkit*. Washington, DC, USA: author. www.cdc.gov/SocialMedia/Tools/guidelines/index.html.
- National Partnership for Action to End Health Disparities. (ND). *Introduction to Social Media Guide.* Washington, DC, USA: author. <u>www.cdc.gov/socialmedia/tools/guidelines/guideforwriting.html</u>.

References

- The Breastfeeding Peer Support Training Toolkit is based on information from the following sources:
- Baumgarder, D.J., Muehl, P., Fischer, M., & Pribbenow, B. (2003). Effect of labor epidural anesthesia on breast-feeding of healthy full-term newborns delivering vaginally. *Am. Board Fam. Pract.* Jan-Feb;16(1):7-13.
- BaBE. (2014). Building a Breastfeeding Environment. Antigonish. N.S. author.
- Bengson, D. (1999). How Weaning Happens. La Leche League International.
- Best Start Resource Centre. (2015). *Developing and Sustaining Breastfeeding Peer Support Programs*. Toronto, Ontario, Canada: author.
- Best Start Resource Centre. (2014). *Breastfeeding Matters: An Important Guide to Breastfeeding Women and Their Families.* Toronto, Ontario, Canada: author.
- Best Start Resource Centre. (2009). Breastfeeding Your Baby (magnet). Toronto, Ontario, Canada: author.
- Breastfeeding Committee for Canada. BFI Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services. www.breastfeedingcanada.ca/documents/2012-05-14 BCC BFI Ten Steps Integrated Indicators.pdf
- Breastfeeding Committee for Canada. *The International Code of Marketing of Breastmilk Substitutes and Substitutes and Subsequent Resolutions*.

 <u>www.breastfeedingcanada.ca/documents/TheInternationalCodeOfMarketingOfBreastmilkSubstitutesAndSubsequentResolutions.pdf</u>
- Chinook City Doulas. Using Your BRAIN. www.chinookcitydoulas.com/blog/using-your-brain
- Global Health Media. *Breastfeeding in the First Hours after Birth.*http://globalhealthmedia.org/portfolio-items/breastfeeding-in-the-first-hours-after-birth/?portfolioID = 5623
- Global Health Media. *How to Express Breastmilk*. <u>http://globalhealthmedia.org/portfolio-items/how-to-express-breastmilk/?portfolioID = 5623</u>
- Health Canada (2007). *Eating Well with Canada's Food Guide*. www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php
- Health Canada (2012). *Nutrition for Healthy Term Infants: Recommendations from Birth to Six Months.* www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/index-eng.php
- Health Canada (2013) *Nutrition for Healthy Term Infants: Recommendations from Six to 24 Months.* www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/recom-6-24-months-6-24-mois-eng.php
- Kujawa-Myles, S., Noel-Weiss, J., Dunn, S., Peterson, W.E., & Cotterman, K.J. (2015). Maternal intravenous fluids and postpartum breast changes: a pilot observational study. *Int. Breastfeed. J.* Jun 2;10:18. doi: 10.1186/s13006-015-0043-8. eCollection 2015
- Lawrence, A., Lewis, L., Hofmeyr, G.J., & Styles, C. (2013). Maternal positions during the first stage of labour. *Cochrane Database Syst. Rev.* Oct 9;10:CD003934. doi: 10.1002/14651858.CD003934.pub4
- La Leche League Canada (2003). Communication Skills Development Training. Ontario: author

- Moore E. R., Anderson G. C., Bergman N, Dowswell T. (2012). Early skin-to-skin contact for mothers and their healthy newborn infants (Review). *The Cochrane Collaboration*. John Wiley and Sons, Ltd. UK.
- Nationwide Children's Hospital. Kangaroo Care. www.youtube.com/watch?v = MateX87u9k
- Newman, J., & Pitman, T. (2014). Dr. Jack Newman's Guide to Breastfeeding. Harper Collins.
- Noel-Weiss, J., Woodend, A.K., Peterson, W.E., Gibb, W., & Groll, D.L. (2011). An observational study of association among maternal fluids during parturition, neonatal output, and breastfed newborn weight loss. *Int.Breastfeed. J.* Aug 15;6:9. doi: 10.1186/1746-4358-6-9.
- Provincial Council for Maternal and Child Health (2012). *Mother-Baby Dyad Care Implementation Toolkit*. Toronto, Canada www.pcmch.on.ca/health-care-providers/maternity-care/pcmch-strate-gies-and-initiatives/mother-baby-dyad-care
- Raghavan, V., Bhati, B., Kumar, P., Mukhopadhyay, K., & Dhaliwal, L. (2014). First hour initiation of breastfeeding and exclusive breastfeeding at six weeks: prevalence and predictors in a tertiary care setting. *Indian J. Pediatr.* Aug;81(8):743-50. doi: 10.1007/s12098-013-1200-y. Epub 2013 Oct 10.
- Renfrew MJ, McCormick FM, Wade A, Quinn B, Dowswell T (2012). Support for healthy breastfeeding mothers with healthy term babies (Review). *The Cochrane Collaboration*. John Wiley and Sons, Ltd. UK.
- Schore AN (2001). Effects of a secure attachment relationship on right brain development, affect regulation and infant mental health. *Infant Mental Health Journal*;22(1-2):7-66.
- Sunnybrook Health Sciences Centre. How to: kangaroo care and your baby. www.youtube.com/watch?v = svNB3yz2v8E
- The Baby-Friendly Initiative Strategy for Ontario (2014). BFI 20-Hour Course Toolkit. Toronto, Canada.
- Weissinger, D., West, D., & Pitman, T. (2010). The Womanly Art of Breastfeeding. Ballantine Books
- Weissinger, D. (1996). Watch your language! *J Hum Lact. March 1996 12: 1-4, doi:10.1177/089033449601200102*
- World Health Organization (1981). International Code of Marketing of Breast-milk Substitutes. www.who.int/nutrition/publications/infantfeeding/9241541601/en/
- World Health Organization and UNICEF. Global Strategy for Infant and Young Child Feeding. Geneva: World Health Organization, 2003.
- World Health Organization and UNICEF (2009). Baby-Friendly Hospital Initiative: Revised, Updated and Expanded for integrated Care. Geneva, Switzerland Accessed from www.unicef.org/nutrition/index_24850.html
- Yamauchi Y, Yamanouchi I. Breast-feeding frequency during the first 24 hours after birth in full-term neonates. Pediatrics, 1990, 86(2):171-175.



Peer Resource Guide Table of Contents

Introduction to the Peer Resource Guide	
Policies and Procedures	
Course Material	
Quick References	
Community Resources	
National and Provincial Resources	
Nutrition and Parenting	197
Ongoing Education	
Peer Support Volunteer Notes	
Additional Material for Peer Support Volunteers	203

Introduction to the Peer Resource Guide

We are delighted that you are interested in training to become a peer support volunteer to support breastfeeding mothers in your community. Peer support is an evidence-based, cost-effective way to help support breastfeeding mothers.

This training includes six modules that will prepare you to begin helping other mothers. However, please keep in mind that this is just a beginning and that regular, ongoing training and opportunities for peer support volunteers to discuss their experiences are essential for providing credible and helpful support to mothers in your community.

The Peer Resource Guide will be a repository for materials that you will collect during training and future peer breastfeeding volunteer meetings. It will be organized under a number of different headings, and you will be able to add your notes and additional resources. This guide will become a key resource for you, a resource you will refer to in your role as a peer support volunteer.

Policies and Procedures

In this section of your Peer Resource Guide, you can collect any materials relating to your peer support program and the organization supporting the program. You can insert your peer support volunteer job description, the documentation records required by your program, the contact information for your program coordinator or any other important contacts. Any policies and procedures related to the program you are volunteering with should also be kept in this section.

Course Material

Table of Contents

Module 1	149
Module 1 PowerPoint Presentation	149
Handout: Self-Care Ideas	151
Module 2	153
Module 2 PowerPoint Presentation	153
Handout: BRAIN	155
Module 3	157
Module 3 PowerPoint Presentation	157
Handout: Integrated 10 Steps & WHO Code Practice Outcome Indicators for Hospitals and Community Health Services: Summary (Breastfeeding Committee for Canada)	
Handout: Making the Code Work	161
Module 4	163
Module 4 PowerPoint Presentation	163
Handout: Hand Expression (La Leche League International)	165
Handout: Breastfeeding Your Baby (magnet) (Best Start Resource Centre)	167
Handout: Meeting Mothers Where They Are: Helpful Phrases to Open Communication	169
Module 5	171
Module 5 PowerPoint Presentation	171
Handout: Four Types of Weaning	173
Handout: Strategies to Help Wean a Child over the Age of 1 Year	175
Module 6	177
Module 6 PowerPoint Presentation	177
Handout: The LOVE Method for Telephone Helping	179
Handout: Tip Sheet: Facilitation Techniques	181

Module 1 Module 1 PowerPoint Presentation			

Handout: Self-Care Ideas

- Go for a walk or a run.
- Do yoga.
- Have someone rub your feet.
- Have a bath by yourself; use bubble bath or bath salts.
- Re-read a book you love.
- Go outside at night and look at the stars.
- Make your favourite meal for dinner.
- Eat chocolate.
- Write in a journal.
- Play with your dog or cat.
- Paint your toenails.
- Listen to music.
- Have someone else shampoo your hair.
- Bake something delicious.
- Watch videos that make you laugh.
- Watch a movie that makes you cry.
- Burn scented candles.
- Do crossword puzzles or a sudoku.
- Paint or draw or colour with crayons.
- Go window-shopping.
- Call a friend.
- Buy flowers and put them in a vase where you can see them.
- Knit or craft.
- Take a nap.
- Take photos of things you love in your life.

Module 2 Module 2 PowerPoint Presentation	

Handout: BRAIN

Helping mothers make decisions

- **B** What are the **benefits** of going ahead with this decision?
- **R** What **risks** are part of making this decision?
- **A** What are the **alternatives** (other choices)?
- I What is your **intuition** (gut) saying?
- **N** What would happen if you do **nothing**? What is next?

Continue to explore these concepts until a decision is reached

Adapted from Chinook City Doulas



The National Authority for the Baby-Friendly Initiative

Integrated 10 Steps & WHO Code Practice Outcome Indicators for Hospitals and Community Health Services; Summary

The WHO 10 Steps to Successful Breastfeeding (1989) and the Interpretation for Canadian Practice (2011)

	WHO	Have a written breastfeeding policy that is routinely communicated to all health
Step 1	Canada	Care staff. Have a written breastfeeding policy that is routinely communicated to all health
		care providers and volunteers.

	WHO	Train all health care staff in the skills necessary to implement the policy.
Step 2	Canada	Ensure all health care providers have the knowledge and skills necessary to
		implement the breastfeeding policy.

Step 3	WHO	Inform pregnant women and their families about the benefits and management of breastfeeding.
	Canada	Inform pregnant women and their families about the importance and process of breastfeeding.

Step 4	WHO	Melp mothers initiate breastfeeding within a half-hour of birth. WHO 2009: Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour. Encourage mothers to recognize when their babies are ready to breastfeed and offer help if needed.
	Canada	Place bables in uninterrupted skin-to-skin contact with their mothers immediately
		following birth for at least an hour or until completion of the first feeding or as long
		as the mother wishes, encourage mothers to recognize when their babies are
		ready to feed, offering help as needed.

The phrase « skin-to-skin care » is used for term infants while the phrase « kangaroo care » is preferred when addressing skin-to-skin care with premature babies.

Step 5	WHO	Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.
	Canada	Assist mothers to breastfeed and maintain lactation should they face challenges including separation from their infants.
	WHO	
Step 6	Canada	Support mothers to exclusively breastfeed for the first six months, unless supplements are medically indicated.
Step 7	WHO	Practice rooming-in - allow mothers and infants to remain together 24 hours a day.
	Canada	Facilitate 24 hour rooming-in for all mother-infant dyads, mothers and infants remain together.
	WHO	Encourage breastfeeding on demand.
Step 8	Canada	Encourage baby-led or cue-based breastfeeding. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.
	WHO	Give no artificial teats or pacifiers (also called dummies or soothers) to
Step 9	Canada	breastfeeding infants. Support mothers to feed and care for their breastfeeding babies without the use o artificial teats or pacifiers (dummies or soothers).
	WILLO	
Step 10	WHO	Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.
	Canada	Provide a seamless transition between the services provided by the hospital, community health services and peer support programs. Apply principles of Primary Health Care and Population Health to support the continuum of care and implement strategies that affect the broad determinants that will improve breastfeeding outcomes.
The Code	WHO	Compliance with the International Code of Marketing of Breastmilk Substitutes.
Ine Code	VVIIO	Compliance with the International Code of Warketing of Dreastmilk Jubstitutes.

"Making the Code Work"

World Breastfeeding Week - August 1-7



"Making the Code Work" is one focus of the World Alliance for Breastfeeding Action. This focus raises public awareness of "**The International Code of Marketing of Breastmilk Substitutes**." This Code is a powerful tool which helps health workers effectively promote and protect breastfeeding.

The Code includes these ten important provisions:

- 1. No advertising of breastmilk substitutes to the public.
- 2. No free samples to mothers.
- 3. No promotion of these products in health care facilities.
- 4. No company representatives to advise mothers.
- 5. No gifts or personal samples to health workers.
- 6. No words or pictures idealizing artificial feeding, including pictures of infants on the products.
- 7. Information to health workers should be scientific and factual.
- 8. All information on artificial feeding, including the labels, should explain the benefits of breastfeeding, and the costs and hazards associated with artificial feeding.
- 9. Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.
- 10. All products should be of a high quality and take account of the climatic and storage conditions of the country where they are used.

Written with the help of WABA, World Alliance for Breastfeeding Action. WABA is a global network of organizations and individuals that believes, promotes and supports breastfeeding as the right of all children and mothers. WABA acts on the Innocenti Declaration and works in close liaison with UNICEF.







Specific Code Goals:

- Raise public awareness about the International Code, specifically its potential and purpose.
- Remind governments of the Innocenti Declaration (on promoting and protecting breastfeeding) and encourage them to have national laws using the Code as a minimum standard.
- Train public and professional interest groups to monitor the enforcement of the Code.

Module 4 PowerPoint Presentation	
Breastfeeding Peer Support Training Toolkit	163

Hand Expression

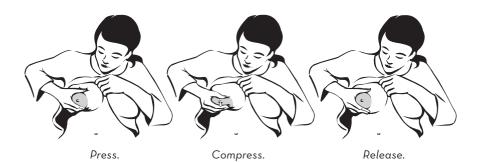
- Wake your breasts up—shake, massage, move them
- Fingers on opposite sides of your areola
- Press back toward chest
- Compress fingers toward each other, drawing slightly toward nipple but not sliding skin
- Release pressure, relax hand

Repeat several times. Don't expect anything immediately. Add massage whenever you like. Shift hand to a different position to move milk from other ducts.

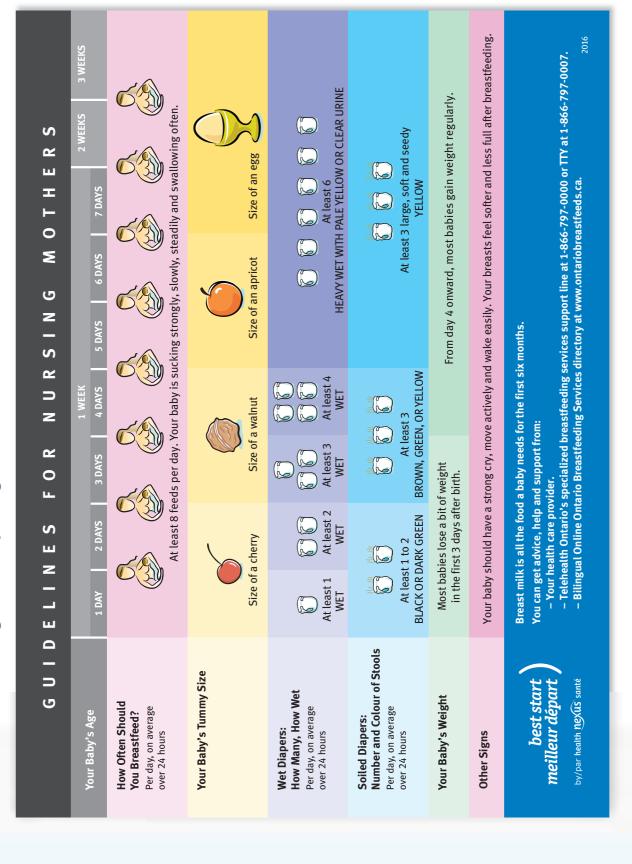
Colostrum: collect drops on plastic spoon, tip into baby's mouth or collect with dropper.

Milk: Express into pump funnel or large bowl.

See video at newborns.stanford.edu/Breastfeeding/HandExpression .html.



Handout: Breastfeeding Your Baby (magnet) (Best Start Resource Centre)



Handout: Meeting Mothers Where They Are: Helpful Phrases to Open Communication

1. Recognize a mother's feelings.

- "That must feel pretty overwhelming (scary, worrying, frustrating, etc.)."
- "Sometimes mothers are worried that (the baby will never latch, the baby isn't getting enough milk, the baby doesn't want to breastfeed). Is that something you've been concerned about?"
- "It sounds like you are (discouraged, feeling stressed out, etc.)"
- "Are you feeling anxious about (your baby not latching, your sore nipples, your baby not getting enough milk, etc.)?"

2. Ask questions to help a mother clarify her concerns.

- "What makes you think (the baby will never latch, you don't have enough milk, etc.)?"
- "Tell me more about (how the baby acts when he doesn't want to take the breast, what your mother told you about not having enough milk, etc.)?"
- "What is worrying you the most right now? What would you like to work on first?"

3. Encourage a mother and build her confidence.

- "I can see that you are very sensitive to your baby."
- "Look, your baby really knows your voice. See how he responds to you."
- "It sounds like you've done lots of reading to prepare for being a mother. That's great!"
- "That was a good idea (trying another position, undressing the baby to feed, etc.)."

4. Share information and suggestions; help a mother brainstorm solutions

- "Have you thought about trying (to use the pump, a different position for latching, feeding more frequently, etc.)?"
- "Research into how breastfeeding works says that frequent feedings are important for building and maintaining milk production. A long break between feedings can decrease your milk supply."
- "Sometimes mothers find it works to (hold the baby until he falls into a deeper sleep, rub a little breastmilk onto their nipples to help them heal, etc.)."
- "How would you feel about trying (using a lactation aid at the breast, etc.)?"

5. If the mother's response is negative... seek to understand further.

- "Tell me more about the problems you had with the pump when you tried it yesterday. Maybe we can figure out a way to make it work for you."
- "Do you have some ideas about what might work best for you and your baby? Is there something you'd like to try?"
- "Is there one baby step we could take that you think would work for you?"
- "If you could wave a magic wand and make everything perfect, how would things be? What would be different than it is now?"

Breastfeeding is not just a way of feeding the baby, it's a relationship. That's why it evokes such deep emotions.

A plan to solve breastfeeding difficulties only works if the mother is emotionally (as well as physically) willing and able to follow through with it.

Module 5 Module 5 PowerPoint Presentation	

Handout: Four Types of Weaning

From How Weaning Happens by Diane Bengson

What is abrupt weaning?

- Sudden end to breastfeeding with no warning or preplanning.
- Rare situations can make it unavoidable (e.g., emergency medical issues for the mother).
- Abrupt weaning is difficult for the mother and causes distress in the child.
- Causes sudden shift in a mother's hormones that can lead to sadness and depression.
- Mother can get engorged and/or develop a breast infection.

What is gradual weaning?

- Mother encourages the child to wean by providing interesting distractions and other food to replace nursing.
- Occurs over the course of a few weeks or months.
- Child is less likely to experience distress.
- Mother is less likely to experience extreme hormonal shift and physical side effects.

What is partial weaning?

- Compromise between frequent nursing to occasional.
- Mother gradually eliminates most nursing over a very extended period of time.
- Mother chooses to keep the nursing that are most needed by the child (e.g., nursing to sleep) and eliminates the times that are the most difficult for her (e.g., night feeding).

What is natural weaning?

- Allows the child to outgrow nursing on his/her own timetable.
- Uses age-appropriate limit-setting.
- Mother provides guidance for the child.
- Respects the mother's feeling about breastfeeding while taking the child's needs into account.

Handout: Strategies to Help Wean a Child over the Age of 1 Year

Don't Offer; Don't Refuse

Allow the child to decide when nursing is needed, but do not offer to breastfeed in other circumstances (e.g., to quiet the child when you are on the phone).

Redirection

Give the child something else to focus on such as reading a book together or another desirable activity.

Substitution

Offer the child a drink or a hug; this is often used with redirection.

"Spot" Nursing

Limit the location that nursing can occur (e.g., "you can feed in the big chair in the den or on your bed at sleeping time."). Some mothers don't want to fully wean their toddler but only feel confident breastfeeding in certain places. This allows mothers to direct where and how often nursing happens.

Postponement

Delay breastfeeding to another time (e.g., "When we are done reading the books and eating lunch you can breastfeed.").

Shortening the Nursing Time

A form of limit setting in which a mother uses a tangible way to measure the passing of time for the child to breastfeed (e.g., "When I am done singing Twinkle, Twinkle, we will stop breastfeeding and will go outside to play.").

Weaning by Contract

Only possible with an older child who is capable of reasoning and understanding the passing of time in terms of days, etc. Some mothers set a mutually agreed upon "weaning party" date with their child as an incentive to celebrate the end of breastfeeding.

Pressure off Concept

Not focusing on a date to wean by, but rather follow the child's needs and recognize when breastfeeding is working for mothers. Often used when weaning is not going well. Allows child and mother to preserve the existing breastfeeding relationship and to revisit weaning in the future in a positive way without anxiety.

Handout: The LOVE Method for Telephone Helping

L is for Listen

- Listen carefully to the mother's question and description of the situation.
- Make notes on what the mother is saying.
- Ask questions to clarify if something is not clear to you. You may want the mother to give you more of a history:
 - "When did this problem start?"
 - "Have you talked to your doctor or midwife about this?"
 - "What have you tried so far?"

Active Listening means reflecting back the mother's feelings so that she knows you are hearing her.

- You might say:
 - "It sounds like you are worried about your baby's weight. Is that right?"
 - "You seem concerned that your baby is breastfeeding so often, and frustrated that you can't get more sleep."
- An example of active listening might be:
 - "You want to breastfeed, but you have heard that it can be painful, and that worries you."

O is for Observe

- Listen to what the mother's voice is telling you:
 - Listen to how the mother responds to your comments or questions.
 - Listen to how the mother interacts with her baby and those around her.
 - Listen, does it sound like the mother is in pain or close to tears?
- While you can't **SEE** the mother over the phone, you can observe by building a mental picture by asking:
 - What is a typical day with your baby like?
 - How do you position/hold your baby for a latch? Where are your hands while your baby is latching?

V is for Validate

- Validating her feelings and concerns is very important. You might say:
 - "I'm glad you called. I can understand why you are frustrated."
 - "Many women feel that way."
 - "I remember feeling like that when my baby was that age."
 - "Of course you're upset. I would feel upset too!"

E is for Empower and Educate

You can help empower the mother by not giving her advice. Instead, you help to educate her by sharing information and pointing out other resources that might be helpful to her. Encourage her and support her in making her own decisions.

- You might ask her:
 - "What do you think you'd like to try?"
 - "Do any of these ideas seem like they might work for you and your baby?"

BABY-FRIENDLY INITIATIVE STRATEGY ONTARIO

Tip Sheet Facilitation Techniques

Start by creating a buzz around your session. Promote the event by email and/or posters. Talk it up with colleagues and leadership.

Setting Up for Optimal Participation

- Build this space to allow for eye contact between participants
- Allow walking space between tables, and front to back of room
- Allow one hour for set up, distributing supplies, setting up water, and ensuring AV equipment and sound are working

Develop Group Guidelines

Establish group guidelines with your participants at the beginning of the session. It is 10 minutes well spent as the guidelines can proactively prevent problems such as:

- Late comers
- Discussion dominators
- · Cell phone users
- Side conversations

Items to consider including on your Group Guidelines:

- No electronic noises e.g. cell phones; off, silent or vibrate
- Confidentiality define this
- Punctuality participants arrive on time in the morning and from breaks.
 Facilitators start and end on time. If need to be absent, please notify a facilitator
- All questions are good sets the tone
- Respectful listening no judgements, avoid interruptions
- · One conversation at a time
- Scent free environment
- Food, coffee, bathroom needs, stand and stretch explicitly state if people can get up for these as needed, or just at break. Tell participants where washrooms are

Creative Participant Engagement Strategies

Be mindful of principles of adult learning and change up techniques frequently to encourage discussion and engagement. Below are a few engaging learning activities:

- Brainstorm -e.g. brainstorm all types of "tactics" you can think of
- Harvest e.g. after working in small groups, ask for examples
 of what each group learned about a particular topic
- Maximize/minimize e.g. "What does a helping relationship look like" followed by "What hinders the helping relationship?" to build participants' understanding of the helping relationship
- Popcorn discussion request short responses from anywhere in the room,

no hand raising required Café discussions – e.g. si

- Café discussions e.g. small, focused group discussions that move through stations. Useful to use flip chart paper to document key points at each station
- Practice skills tables e.g. hands on practice such as hand expression, cup feeding
- Break out groups e.g. Small groups plan and implement a presentation on a focused topic. 15 minutes to prepare, 2 minutes to present to larger group

Tips for Success

- Know your goals know what you want out of a particular session. Also know what point you want to make on each slide or with each activity
- Set a detailed agenda know who is speaking to what part, when, using what teaching aids, which teaching strategies, what teaching tools, at what time. It helps to create a table with this for quick reference
- Reflect and summarize your job as facilitator is often to listen, generalize, and summarize what participants are saying about a particular topic to help the conversation arrive at a good conclusion
- *Utilize the room's expertise* pose questions back to the group and frequently engage the group in discussions throughout the presentation
- Have references and resources on hand Be prepared to answer frequently asked questions with reference materials as appropriate

Additional Resources

Community
Toolbox
"Developing
Facilitation
Skills"
http://ctb.ku.edu/en/
table-ofcontents/leadership/
groupfacilitation/facilitatio
n-skills/main

Troubleshooting

Challenge: Seemingly Off-Topic Comments or Questions

Solution: Ask questions – some examples to get more clarification or go deeper, or to guide the conversation back to the topic at hand:

- o Can you give me an example of that?
- o Can you say more about that?
- o That's interesting. How did you get to that conclusion?
- How do you see that relating to [whatever topic you're covering]?
- o What do you think a solution to that could be?
- Have you experienced something like that before? What was it?

Challenge: Skeptic or Naysayer Taking Session Off-Track

Solution: Acknowledge any skepticism, do not just ignore it and hope it will go away. You can be explicit – "I know some of you aren't sure how this workshop will help, but this is how I think it might be useful...". As appropriate ask other participants to offer counter-arguments to re-focus the discussion.

Challenge: Restless Group or Side Conversations Starting

Solution: Check in with participants and ask if everyone is OK. Ask if the pace is too fast or slow or if they might need a stretch break. Be flexible and change things up if you find that there is a need. It is helpful to proactively check in with participants throughout the session to gauge group needs before they become

restless. Consider leading a 60 second impromptu stretch break.

Challenge: Lack of volunteers for an activity and/or report back

Solution: To pick a volunteer or a starting group for a report back, ask people to raise their hand in response to fun questions. For example, Did anyone travel more than 100 KM in their car last week? Has anyone finished a book in the last week? If someone raises their hand, invite them to share (e.g. you can ask "Where did you travel? Which book did you finish?"). After breaking the ice, invite that person to participate in the activity at hand.

Consider, what have been the most effective learning sessions that you have attended as you prepare to facilitate a session. It is helpful to make the experience fun and engaging for learners.

THE BFI STRATEGY FOR ONTARIO

Growing a Baby-Friendly Ontario www.tegh.on.ca/bfistrategy bfistrategy@tegh.on.ca

Quick References

This section will contain resources you refer to frequently. There are already a few useful handouts with topics that come up often when peer support volunteers are supporting mothers. You can add anything you want to find quickly. This could be a handout from the course content materials, the contact information for your program coordinator, or specific community resources. You can individualise this section to fit with how you provide peer support.

Sharing Information versus Giving Advice

As a peer support volunteer, your role is to share information to support the mother in finding solutions to any challenges and/or to share information so that she can make the decisions that are right for her and her family.

By sharing information – and not diagnosing or giving advice – you help the mother:

- Feel more confident about making her decisions.
- Learn how to problem-solve.
- Feel respected and understood.
- Feel that she can come to you if she has problems in the future.

Some ways to share information and help a mother problem-solve:

- "Some mothers find..." You can let her know that a certain strategy has worked for other women. That leaves it open for her to decide if it might work for her.
- "Here's one way to think about it..." You can suggest a metaphor or comparison that might give her a different point-of-view on the problem. For example, to help her understand her baby's need to be held so often, you could talk about how the mother might feel if she was suddenly in a new country where she wasn't able to speak the language to communicate her needs easily. But there was one person who was familiar, whose voice she knew, and who provided food for her. Wouldn't she want to stay close to that person?
 - A metaphor that is often used: In the early days, the baby's frequent feeding tells the breasts how many "milk-making factories" to build. As time goes on, the baby's feeding patterns tell those factories how much milk to send down the production line.
- "What do you think your baby would say about this?" For some issues, helping the mother consider the baby's point-of-view gives her a new perspective and may spark new ideas.
- "I've been reading (a breastfeeding resource book or website) and there are some ideas in there you might want to try..." This helps the mother discover good breastfeeding resources. You could also recommend videos.

Be careful about sharing your experiences. It's often helpful to let the mother know that you had the same worries and emotions as she has. However, it can be a problem when you share how you solved a problem if the mother feels you expect her to do the same thing, or if it comes across as though that's the best or only way to approach it. It may be better to try the "some mothers have found..." approach – even if you're one of the mothers.

Remember that you can't diagnose a medical condition for the mother. This can be hard if you have a lot of breastfeeding experience and feel that you can identify conditions such as thrush, mastitis, and tongue-tie.

Here are some ways to talk about medical concerns:

- "I've seen other mothers with the symptoms you are describing, and often it turned out to be mastitis. It might be helpful to get your doctor to check that out."
- "Hmm, with what you are telling me, I would wonder if your baby is tongue-tied. That might be something to ask your midwife about. How soon will you see her?"
- "In *Dr. Jack Newman's Guide to Breastfeeding*, there are photos of a nipple bleb that look a lot like the white dot on your nipples. Let me show you what do you think? I can loan you the book if you want to take it to your doctor."

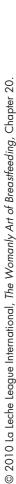
There's almost always more than one way to resolve to breastfeeding challenges. Let the mother know that if the first ideas the two of you come up with don't work, you will help her find more through research or talking to other women.



Fussy Baby Ideas

Contact, carry, walk, and talk are age-old baby soothers. Here are some variations on those from mothers who've been there:

- · Magic Baby Hold
- Low lights and soothing motions, if the baby isn't totally wound up.
- A shared bath with low lights (best if you have someone there who
 can console the baby while you get the bath ready). For a baby who
 isn't in total distress.
- A little jounce rather than swaying. Put a little bounce in your walk.
- Dancing together vigorously, especially once you find his favorite music.
- Running water, radio static, or a vacuum or washer as white noise.
- Change of scenery—a different room, a different angle, outdoors.
- Shopping! A car ride and other people/sights may break the spell.
- Bouncing on an exercise ball or birthing ball while you hold her.
- A walk outdoors, if weather permits, with your baby in a sling. Often soothes the baby and you get some exercise! The baby can even nurse in the sling while you walk.
- Nursing the baby *again*. Hunger isn't always the initial problem, but nursing almost always ends up being the solution; nursing is soothing to your baby.





Laid-back Breastfeeding



LAID-BACK BREASTFEEDING, or Biological Nurturing, means getting comfortable with your baby and encouraging your own and your baby's natural breastfeeding instincts. See biologicalnurturing.com for further information.

- Dress yourself and your baby as you choose.
- Find a bed or couch where you can lean back and be well supported—not flat, but comfortably leaning back so that when you put your baby on your chest, gravity will keep him in position with his body molded to yours.
- Have your head and shoulders well supported. Let your baby's whole front touch your whole front.
- Since you're leaning back, you don't have a lap, so your baby can rest on you in any position you like. Just make sure her whole front is against you.
- Let your baby's cheek rest somewhere near your bare breast.
- Help her as much as you like; help her do what she's trying to do. You're a team.
- Hold your breast or not, as you like.
- Relax and enjoy each other.

Community Resources

In this section, you can add information about community resources that mothers may need. Your training course facilitator may have already given you information for some of them. Over time, you may find other services and programs in your community; add or replace these as needed. Local resources can be found in some of the below-listed websites.

- Breastfeeding services.
 www.ontariobreastfeeds.ca
- Ontario Human Rights Commission (OHRC) and their policy on preventing discrimination because of pregnancy and breastfeeding.
 www.ohrc.on.ca/en/policy-preventing-discrimination-because-pregnancy-and-breastfeeding
- Counselling services (e.g., postpartum mood disorders (PPMD) groups and local information).
- Food security resource (e.g., local food hampers and Family Outreach sites).
- Breastfeeding Inc. (Jack Newman's handouts). www.breastfeedinginc.ca/index.php
- La Leche League (LLL) meeting schedule. www.lllc.ca
- Midwifery services.
 www.aom.on.ca
- Motherisk www.motherisk.org
- Ontario Early Years Centres (OEYC) information. www.oeyc.edu.gov.on.ca
- WHO growth charts. www.cps.ca/tools-outils/who-growth-charts
- Women's shelter resources. www.shelternet.ca

National and Provincial Resources

This section could include resources from the following organizations:

- Baby-Friendly Initiative Ontario (BFI Ontario).
- Baby-Friendly Initiative Strategy for Ontario.
- Best Start Resource Centre (BSRC).
- Breastfeeding Committee for Canada (BCC).
- Canadian Paediatric Society (CPS).
- Health Canada.
- Telehealth Ontario 24/7 Breastfeeding Supports, call 1-866-797-0000 or TTY 1-866-797-0007

Why is breastfeeding important?

Breastfeeding is good for babies in many ways. It protects them from growth, health and development. diseases and promotes optimal

being obese later in life by four per cent for each additional month up to eight months of age. Exclusive important for the first six months, a critical period in early childhood Breastfeeding reduces the risk of It also protects against obesity. influences longer term health breastfeeding is particularly development that strongly

Useful information:

Health Care Connect

http://www.health.gov.on.ca/en/ms/healthcar econnect/public/

Healthy Babies Healthy Children

http://www.children.gov.on.ca/htdocs/English/top<u>i</u> cs/earlychildhood/health/index.aspx

Best Start

http://www.beststart.org/

Service Ontario

http://www.ontario.ca/serviceontario

Ontario Benefits Directory

attp://www.gov.on.ca/en/residents/benefitsdirector v/index.htm

Public Health Unit

attp://www.health.gov.on.ca/en/common/system/s ervices/phu/locations.aspx

Government of Ontario information:

INFOline 1-866-801-7242 www.health.gov.on.ca

FTY 1-800-387-5559

Telehealth Ontario: 1-866-797-0000 TTY 1-866-797-0007

Breastfeeding **Telehealth** Supports Ontario 24/7

that are available to new and expectant mome simply by Learn about the supports calling:

1-866-797-0000 or

TTY: 1-866-797-0007



What services are being provided by Telehealth?

New and expectant moms now have access to expert advice and support for breastfeeding 24 hours a day, 7 days a week, through a telephone advisory service.

This free service is provided by Registered Nurses who've also received training in breastfeeding and lactation support. For more complex situations, lactation experts will also be available.

The service is provided in English and French with 24/7 access to telephone interpreters in more than 100 languages and a direct TTY number for those with hearing and speech difficulties.

Who can use the service?

The service is free and available to all new and expectant moms that have questions related to breastfeeding their child.

Family, friends and caregivers who are supporting new and expectant moms are also encouraged to call should assistance be required.

When is the service available?

The service is available starting April 1, 2014 24 hours a day, 7 days a week.



What is Telehealth Ontario?

Telehealth Ontario is a free, confidential telephone service offering health advice or general health information by Registered Nurses.

That means quick, easy access to a qualified health professional, who can assess symptoms and help determine the best first step.

What is the number to call?

1-866-797-0000

TTY: 1-866-797-0007

Nutrition and Parenting	
	•
	•
	•
	•
	•
	•
	•
	•

Ingoing Education	1		

eer Support Vol	Tarricor Hotes		

Thrush

Thrush is caused by yeast that grows in moist dark areas such as the mother's nipples and milk ducts and the baby's mouth and diaper area. Symptoms may begin suddenly, often after a time of breastfeeding without pain.

Mothers may have:

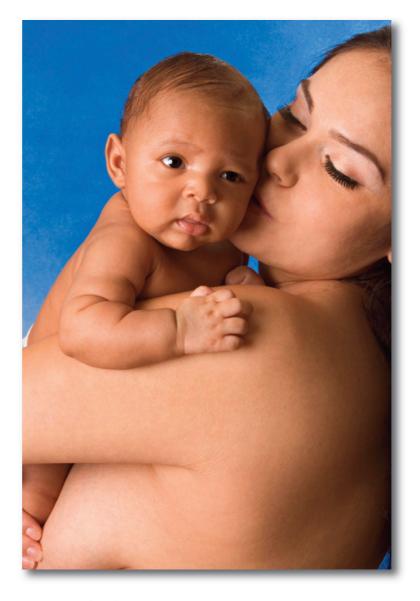
- Red, itchy, tender or burning nipples.
- Nipple soreness that does not improve by getting a better latch or changing your breastfeeding position.
- Pain radiating from your nipples into your breasts.

Your baby may have...

- White patches inside his mouth, on the inside of his cheeks, around his gums or on his tongue. These patches can't be rubbed off with a cloth.
- Diaper rash on his bottom that is red and patchy and does not get better when you use diaper creams.
- Gassiness or fussiness.
- Some discomfort in his mouth causing him not to latch or pull off the breast repeatedly.

What to do

- Continue to breastfeed your baby.
- Rinse your nipple area with warm water after each feeding, pat dry, then air dry.
- Change nursing pads frequently to keep your nipples dry.
- It may help to change what you are eating. Too much sugar and starch increases the risk of getting thrush.
- Call your health care provider or local public health unit. Both you and your baby will need to be treated to prevent passing thrush back and forth.







Blocked Ducts

A blocked duct means there is a blockage in a milk duct. The duct cannot allow the milk from one area of the breast to flow towards the nipple. This may feel like:

- A tender spot with redness or heat.
- A painful lump.
- Swelling in one area of your breast.

Sometimes milk producing cells in the breasts feel like lumps. These go away when you feed your baby. The lump from a blocked duct is different. It does not go away with breastfeeding. It usually affects only one breast and one area of your breast. It may start off without pain, but if it does not go away it may become painful. The blockage needs to be cleared or it may cause you to develop a breast infection called mastitis.

Causes of a blocked duct

A blocked duct can have a number of causes.

- Your baby is not latching well or sucking well. She may not remove enough milk from the breast.
- Your baby is suddenly feeding much less than usual. It can lead to a backup of milk in one or both of your breasts.
- Your baby is taking only one breast for a few feeds after usually taking both.
- You have been wearing a bra or baby carrier that is too tight.
- You have been wearing a purse or something else across an area of your breast.
- You are feeling tired, stressed or run-down.



What you can do

- Breastfeed your baby every two hours or more. Begin on the breast with the blocked duct. Begin all feedings at this breast until the lump and the pain are gone. Babies usually suck stronger on the first breast while they are hungry. The stronger suck is more likely to clear the blockage.
- Try breastfeeding your baby in different positions to help remove milk from all areas of your breast.
- Gently, but firmly, massage the breast just above the sore area and towards the nipple before breastfeeding and while breastfeeding.
- Apply a moist, warm compress to the breast.
- Take a warm shower or bath and massage the sore breast to help the flow of milk.
- Drink more fluids.
- The blockage may be in your nipple. Look for any dried milk on the nipple and soak it off with plain water.
- Remove your bra if it feels too tight.
- Make sure you rest when your baby is sleeping. Ask other family members to help with household tasks and older children.
- Watch for signs of a breast infection also called mastitis: chills, fever, and achiness. It is important to treat mastitis as quickly as possible.

If you have signs of mastitis or the lump will not go away, call your health care provider. For information about mastitis go to: www.beststart.org/resources/breastfeeding/index.html.





Expressing and Storing Breastmilk

Learning how to express breastmilk is an important skill for all mothers. Expressing breastmilk allows you to:

- Rub some milk onto your nipples to keep them moist and prevent infections.
- Give your baby a taste of milk to make her interested in feeding if she is sleepy.
- Soften your areola to allow your baby to get latched.
- Collect and store milk to feed your baby when you cannot be with her.

Expressing Breastmilk

You can practice expressing breastmilk as soon as your baby is born or even before. In the first 2-3 days after birth, you will get a small amount of colostrum, maybe 5-10 ml (1-2 teaspoons) or less. Expressing milk by hand is also convenient and free.

Whether you are hand expressing or using a pump, it may take a few minutes for your milk to flow. At times, your milk will come faster, then slower, then faster again. This is normal. You may have 3-6 let-downs of milk from each breast.

It will probably take 10 - 15 minutes to remove most of the milk from each breast. With practice, you will find out what works best for you.



Getting ready

When you are ready to express your milk. Relax so that your milk will flow easily. You can try some or all of these things to see what works best for you.

- Always wash your hands before expressing milk for your baby.
- Put a warm, wet cloth around your breasts, or have a shower to start the let-down reflex that helps your milk flow.
- Choose a place where you are comfortable. You may want a place where you have privacy.
- Relax by thinking about your baby, listening to music, or watching something you enjoy on television.
- Massage your breasts to help the milk to come down. There are different ways to do this. You can massage in a circular motion with your fingers together. Or, you can support your breast with one hand, and stroke the other side of your breast firmly with your other hand. Always go from the chest towards the nipple, and work all around the breast.
- Lean forward and gently shake the breast
- Gently roll your nipple with your thumb and finger.





Expressing by hand

- Use a clean container with a wide opening. Put it on a surface in front of you or hold it under your breast to collect the milk.
- Hold your breast with one hand, not too close to the nipple. The thumb and fingers of your hand should be opposite each other and about 2 ½ 4 cm (1 to 1½ inches) back from the nipple. Lift your breast slightly, and gently **press** the breast inwards toward your chest.
- Lightly **compress** your thumb and fingers together in a rolling motion towards the nipple.
- **Relax** for a few seconds, then repeat the same motion. Do not squeeze the base of your nipple, as this will stop the flow of milk.
- Move around your breast so you are emptying the entire breast. Continue this until the flow of milk has completely stopped. You may want to switch hands now and again.

Moving back and forth from one breast to the other can help with the milk flow. It may help to massage the breast each time before you start.







compress



relax

Expressing with a pump

If you decide to use a pump, you can choose a manual or an electric pump. There are good manual pumps. These are fairly inexpensive. Most manual pumps use either arm or hand action to create suction. If you have arm or hand problems, a manual pump might not work for you. Some mothers choose to purchase a pump. If you only need a pump for a few days or weeks, you can rent an electric pump. If you need a pump for a longer time because your baby is unable to feed at the breast, or you are going back to work, a double electric pump will save you time. Single electric pumps take 10-15 minutes to remove milk from each breast. A double pump removes milk from both breasts in 10-15 minutes. Battery pumps are not a good idea for long-term use because they lose pressure as the battery wears out.

Whether you decide on a manual or an electric pump:

- Check with other mothers to find out which pump worked well for them.
- Choose one that lets you adjust the pressure from low to high.
- Make sure it has a valve that prevents backflow.
- Make sure it does not hurt. If it hurts, get help.





When you are using a pump, make sure your whole nipple area is right inside the funnel so that it won't hurt. Some breast pumps allow you to choose funnels in different sizes. Choose one that is right for you. Adjust the pump to its lowest setting, and increase the pressure as your milk starts to flow. Use as much pressure as is needed to keep your milk flowing. None of this should hurt. A skilled professional can help you choose a pump that is right for you.

Reasons for Expressing Breastmilk

You may need to express and store breastmilk to feed your baby for different reasons:

- If your baby is not able to breastfeed.
- If your breasts are too full.
- If you need to give your baby extra breastmilk.
- If you are going to be away from your baby.

Expressing milk when your baby is not able to breastfeed

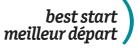
If your baby is sick or born prematurely, it may not be possible to breastfeed right away. Begin expressing your milk within 6 hours of giving birth. Ask your nurse for help to get started. In the first 2-3 days after birth, your breasts produce colostrum. Colostrum is rich in antibodies and nutrients. It is an excellent food for newborns and gives your baby's immune system an important boost.

You should express about 8 times during every 24 hour period, until your baby is breastfeeding efficiently directly from your breasts. Express your milk at least once during the night because this is when milk production is greatest. Expressing regularly, during the day and at least once at night will make sure that you have a steady supply of milk.

It took me 6 weeks to get my baby boy to breastfeed. I had to pump and feed him breastmilk while we both learned to breastfeed. It was nice to have the support. Something so natural, it's not always easy, but you can learn, if you have the right resources, support and lots of patience.

Expressing milk when your breasts are too full

Sometimes, when your breasts are too full, you may want to express some milk. Some babies find it difficult to latch when the breasts are full. If your baby will not latch, express enough to soften the area around your nipple. This will allow your baby to latch well and feed more efficiently. If your breasts are uncomfortable, express enough to make them comfortable. As your baby learns to feed well, your breasts will soften over time and before long, your breasts will produce the right amount of milk for your baby.



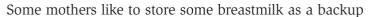


Expressing milk if your baby needs extra breastmilk

Sometimes there is a reason your baby needs extra breastmilk. She may be sleepy during feeds, not be gaining enough weight or born a little early. You can offer your baby your own expressed breastmilk after she has breastfed. Expressing milk after each feed will also increase your supply and soon your baby will not need the extra breastmilk.

Expressing milk when you have to be away from your baby

While you are away from your baby, be sure to express milk each time your baby will feed. If you don't express your milk regularly while you are away from your baby, you could end up with blocked ducts or mastitis. For more information on Blocked Ducts or a Breast Infection go to: www.beststart.org/resources/breastfeeding/index.html.



supply. If you want to store some extra breastmilk, you can express milk when your breasts are fullest, usually in the morning. Your milk supply will adjust and produce the extra milk for you to store.

If you have trouble getting your milk to flow, try pumping one breast while your baby breastfeeds on the other. You will probably find that the amount you get depends on the time of day and whether you are tired or stressed. If you want to express more milk, take a break and then try again. Before long, you will know what works best for you.



Fresh breastmilk is better for your baby than frozen breastmilk. Thawed, frozen breastmik, still has many benefits.

How long you can safely store breastmilk depends on where you store it, and whether your baby is healthy or sick.

Sick or premature babies in hospital need to be protected from harmful bacteria. Parents must be especially careful how they store breastmilk.

If you are expressing breastmilk for a sick or premature baby in hospital:

- Always put your milk in the refrigerator within 1 hour of expressing it.
- Do not store milk longer than 2 days in the refrigerator.
- You baby may not be able to feed because he is sick or too small. Freeze it for when he is ready.
- Label your milk clearly with your name and the date and time







Use clean glass or hard plastic containers that are BPA free or bags made for freezing breastmilk. Do not use baby bottle liners because they often break.

Mark the date you expressed the milk on the container and use milk in the order of the date it was expressed. Throw out any milk that is older than the storage times given above.

Store breastmilk in the amounts your baby needs for one feeding. If you don't express enough milk for a full feeding, you can add smaller amounts of milk together, as long as you cool all the milk before you combine it. Then use the milk according to the oldest date.

Store breastmilk near the back of the refrigerator where it is coldest. Don't store it in the fridge door where it is not as cold.

When freezing milk, leave a 1.5 cm (1/2 inch) space at the top of the container. It will expand when it freezes. If you are using a bag, don't seal it until after the milk has frozen. If you have a self-defrosting freezer, place the milk on a shelf, because the bottom of the freezer warms up when it is defrosting.





Thawed milk

Thawed milk may taste or smell different than fresh breastmilk. It can also look slightly blue, yellow or brown, depending on what the mother has eaten.

- Thaw frozen breastmilk for 8-12 hours in the refrigerator, or under cool and then warm running water.
- When it is thawed gently shake it to mix in the fat.
- Throw away any breastmilk which has been thawed longer than 24 hours.

Cleaning

It is important to clean your breast pump and the containers used to store breastmilk so that it is safe for your baby.

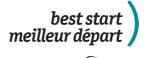
- After each use, clean the parts of the breast pump that have come in contact with your breastmilk. Wash them with hot soapy water, rinse and air dry them.
- Wash the containers you used to collect and store milk, using hot soapy water. Scrub them with a bottle brush, rinse and air dry them.

How to feed expressed breastmilk to your baby

- Whenever possible, use fresh breastmilk.
- Heat the container of breastmilk by placing it in a bowl of warm water. Do not use a microwave, and do not heat it on the stove. These methods can cause hot spots that can burn your baby's mouth, and also destroy some of the benefits of breastmilk.
- Throw out any milk your baby does not finish at a feeding.
- You can cup or spoon feed your baby expressed breastmilk.

If you would like more information or help contact your local public health unit, your health care provider or a lactation consultant.

When you compare the amount of time you breastfeed to your child's whole life, it is worth investing the time and effort it takes to give them the best start possible.





Breast Infection (Mastitis)

Mastitis begins as inflammation in the breast tissue. If it is not treated it quickly develops into an infection. It starts suddenly and usually occurs in one breast only. Signs may include:

- Pain, redness, and heat.
- Red streaking in the breast.
- Fever and flu-like symptoms.
- Feeling achy and run down.
- Feeling nauseated.

Causes of Mastitis

Mastitis can have a number of causes.

- You have damaged or cracked nipples. Germs can enter into the breast tissue.
- Your baby is not latching or sucking well. She may not remove enough milk from your breast.
- Your baby suddenly feeds much less than usual. This can lead to a backup of milk in one or both of your breasts.
- Your baby takes only one breast for a few feeds after usually taking both.
- You are wearing a bra or baby carrier that is too tight.
- You are putting pressure from a purse or something else across an area of your breast.
- You are feeling tired, stressed or run-down.
- You have a blocked duct that has not cleared up in a day or two. For information

about blocked ducts go to: www.beststart.org/resources/breastfeeding/index.html.



Breastfeeding During Mastitis

Continue to breastfeed if you have mastitis. Your antibodies will protect your baby from infection. Feed your baby every two to three hours. If it is too painful, remove the milk from your breast by hand or with a pump. You will need to do this every two or three hours as well. Removing the milk from your breast will make you feel more comfortable. A full breast can make the infection worse. This can make the infection worse and even lead to an abscess.





What you can do

- Breastfeed frequently; every 2 hours or more often. Your milk will not harm your baby and removing milk from your breast regularly will help heal the mastitis.
- Before a feed, apply warm, moist compresses to the affected area, or take a warm bath or shower. Gently massage the affected area while applying heat to promote milk removal.
- If it is not too painful, offer the sore breast to your baby first. If it is too painful, offer the unaffected breast first, then switch to the sore breast once your baby's suck becomes more gentle. Try different breastfeeding positions to have your baby remove as much milk as possible from the sore breast.
- Drink plenty of fluids and rest. If possible, ask a friend or family member to help care for you, your baby and your family until you feel better.
- Contact your health care provider right away. You may require treatment with a pain reliever and an antibiotic. Take the antibiotic until all pills are gone. There are many medications that are safe during breastfeeding. To find out about which medications are safe, go to the Motherisk website at www.motherisk.org or call 1-877-439-2744.



