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* = High risk condition

** = 24 hour referral needed

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Standard Breastfeeding Counseling

- Follow standard visit guidelines
- Refer to RD/RN if high-risk

Assessment:

- Assess breastfeeding status, problems & concerns.
- Assess postpartum problems and concerns.

Suggested counseling points (*Counsel based on your assessment of her concerns*)

1. Breastfeed on demand, 8-12 times in 24 hours for newborn.
2. Don't use supplemental formula unless medically necessary since it interferes with breast milk production.
3. Continue to breastfeed even if returning to work or school.
4. Rest when baby sleeps. Rest and relaxation are important for new moms.
5. Eat a varied diet, based on the Nutrition Guide for Breastfeeding Women.
6. Drink to thirst; get a glass of water or milk before sitting down to nurse.
7. Continue taking prenatal vitamins and/or iron per MD, and include foods high in folate.
8. Realistic and healthy weight loss is ½ - 1 pound per week
9. Eat breakfast and don't skip meals.
10. Aim for 5-9 servings of fruits & vegetables per day.
11. Drink water and low-fat milk. Limit fruit juice and sugar-sweetened drinks.
12. Keep portions reasonable.
13. Resume exercise at 6 weeks with MD's approval. Try to walk or exercise daily when medically able.
14. Avoid over-the-counter medications, herbal remedies, excessive vitamins and minerals unless recommended by MD.
15. Know HIV status – don't breastfeed if HIV positive.
16. Do not use drugs, alcohol or tobacco while breastfeeding.
17. Avoid second hand smoke.
18. Schedule postpartum check-up with MD or clinic.
19. WIC can provide breast pumps.

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Suggested referrals

- Lactation Management Specialist (LMS)
- Family Planning
- La Leche League or other breastfeeding support
- Breastfeeding Help Line: 1-800-994-9662
- Peer Counselor
- Hospital where participant delivered

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Alcohol Use**

NRF 372A Definition High Risk:

Medical Condition: Alcohol Use:

- Routine current use of 2 or more drinks per day; or
- Binge drinking (i.e., drinks 5 or more drinks on the same occasion on at least one day in the past 30 days); or
- Heavy drinking (i.e., drinks 5 or more drinks on the same occasion on five or more days in the previous 30 days)

Definition of a drink:

- 1 can of beer (12 fluid oz)
- 5 oz wine
- 1 ½ fluid ounces liquor (1 jigger [shot] gin, rum, vodka, whiskey [86-proof], vermouth, cordials or liqueurs)

→ RD/RN must provide high risk counseling within 24 hours

→ If RD/RN not available to counsel participant within 24 hours, refer to physician

Assessment

- Assess alcohol consumption.
- Assess use of cigarettes or other drugs.
- Assess ability to care for baby.
- Assess breastfeeding problems and concerns.
- Check if participant has informed her health care provider about her use of alcohol.
- Assess and counsel using the 5 A's:
 - ✓ Ask – if she drinks
 - ✓ Advise – to quit
 - ✓ Assess – willingness to attempt to quit
 - ✓ Assist – by referring to cessation resources
 - ✓ Arrange – assessment of drinking status at follow-up visits

Suggested counseling points

1. Discuss risks of Fetal Alcohol Syndrome/Fetal Alcohol Effects to breastfeeding mom and baby.
 - Depletes nutrients.
 - Destroys brain cells.
 - Increases risk of liver damage.
 - Increases risk of heart disease and certain types of cancer.
 - Decreases milk supply.
 - Alcohol is passed through milk to baby.
 - Impairs ability to care for baby.
2. Advise to quit.
 - If unreceptive to quitting, advise to cut back.
 - If unreceptive, advise to 'pump and dump' for comfort and to maintain milk supply until alcohol has cleared her body.
3. If mom chooses to drink, limit alcohol to occasional use.
 - Drink only small amounts after breastfeeding. Wait to nurse 2 hours after a drink.
 - Limit intake to a glass of beer or wine, 1 or 2 times a week.
 - Try not to drink any alcohol the first month of baby's life.
4. Emphasize normal diet for breastfeeding.
5. Encourage taking prenatal vitamins.

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6. Refer to RD/RN for high-risk counseling.
7. Refer to physician, if needed.
8. Refer to cessation/substance abuse program/resource.

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Breast Pump Loan

The RD/RN and/or staff trained in lactation management must coordinate the issuance of pumps to participants.

Assessment

- Evaluate need for a pump.
- Evaluate best type of pump for mom's situation.
 - ✓ Heavy-duty electric (*Lactina, Symphony*) – most efficient (second to baby) in extracting milk; for moms returning to work or school, or if infant unable to adequately nurse.
 - ✓ Single-user electric pump (*WIC in Style*) for moms qualifying for an electric pump who are committed to pumping for a year and providing exclusive breast milk to their baby.
 - ✓ Pedal – for women returning to work or school part time who don't want to transport an electric pump or women who are not candidates for an electric pump loan.
 - ✓ Manual – when pumping is infrequent or of short duration.
 - ✓ Hand expression – good option for moms who need to relieve engorgement or express milk on occasion.
- Assess need for supplemental formula. Determine:
 - ✓ What is mom's desire for successful breastfeeding?
 - ✓ What is mom's plan for breastfeeding?
 - ✓ Why does she need a supplement?
 - ✓ Educate on risk of supplementation.
 - ✓ Under what situation would she use formula?
 - ✓ Could she pump and use her own milk?
 - Provide no more than baby needs in order to promote breastfeeding
 - In range (mom receives Pregnant/Partial BF package)
 - ♦ No formula for infants <1 month.
 - ♦ Up to 4 (12.9-oz) cans powdered formula for infants 1-3 months.
 - ♦ Up to 5 (12.9-oz) cans powdered formula for infants 4-5 months.
 - ♦ Up to 4 (12.9-oz) cans powdered formulas for infants 6-11 months..
 - ♦ Some circumstances (mom returning to work/school and not interested in pumping) may require more formula than "In Range" amounts. If more than the "In Range" amount is issued mom's package changes to Postpartum/Novel Breastfeeding.
 - Powdered supplemental formula is recommended to allow for mixing only the amount needed per feeding.

Suggested counseling points

1. Discuss pumping plan.
2. Pump assembly.
3. Cleaning and sterilizing pump parts.
4. Pump use.
5. Storing and thawing breast milk.
6. Returning to work or school.
7. Discuss impact of supplemental formula on breastfeeding. (see assessment questions above)
8. Review *Breast Pump/Aid Release* form, obtain signatures and copy of photo ID (scanned into Compass).
9. Refer to RD/RN for high-risk counseling, as needed.

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Breastfeeding Challenges and Solutions

Assessment

- Assess breastfeeding status, problems and concerns.

Suggested counseling points (Refer to Level II WIC Certification Program *Breastfeeding Module and Resource Manual*).

Counsel on:

1. Prevention and treatment of sore, cracked or bleeding nipples.
2. Prevention and treatment of engorgement.
3. Prevention and treatment of mastitis.
4. Ways to increase milk supply.
5. Relief of obstructed ducts.
6. Poor milk let down.
7. What to do when mom is sick.

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Breastfeeding Complications or Potential Complications**

NRF 602 Definition High Risk:

A breastfeeding woman with any of the following:

- severe breast engorgement
- recurrent plugged ducts
- mastitis (fever or flu-like symptoms with localized breast tenderness)
- flat or inverted nipples
- cracked, bleeding, or severely sore nipples
- age 40 years or older*
- failure of milk to come in by 4 days postpartum
- tandem nursing (breastfeeding two siblings who are not twins)

*Exception: This 24-hour high risk counseling rule applies to all complications or potential complications listed above except for “age 40 years of older” as this is low risk.

- Refer to LMS or RD/RN for counseling within 24 hours
- If LMS or RD/RN unavailable to counsel participant within 24 hours, refer to physician
- If LMS is an educator, refer to RD/RN within 30 days

Assessment

- Assess for any of the above complications.

Suggested counseling points

1. Emphasize seriousness of breastfeeding complication.
2. Refer to LMS or RD/RN for appointment ASAP. If LMS or RD/RN unavailable to counsel participant within 24 hours, refer to physician.
3. Emphasize normal diet for breastfeeding.

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Breastfeeding Tips

Assessment

- Assess breastfeeding status, problems and concerns.
- Assess milk transfer (gulping sound, breasts feel full before feeding and empty after feeding).

Suggested counseling points

1. Wash hands.
2. Offer both breasts at each feeding. Begin each feeding with the breast that was last used.
3. To remove baby from breast, insert small finger into corner of baby's mouth to break suction.
4. Milk supply depends on the amount of milk removed; the more removed, the more produced.
5. Growth spurts occur at approximately 2-3 weeks, 6 weeks, 12 weeks, and 6 months. More frequent nursing at these times will increase supply.
6. Listen for swallowing/gulping sounds to assess milk transfer.
7. Breasts should feel full before feeding and empty or soft afterward.
8. If baby bites, stay calm; release by inserting small finger into corner of baby's mouth. Teething doesn't necessitate weaning. If baby bites, he isn't feeding. Watch for signs that he is finished or not interested in feeding and remove from breast.

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Cigarette Use

NRF 371 Definition Low Risk:

Medical Condition: Maternal smoking: Any smoking of tobacco products, i.e., cigarettes, pipes, or cigars.

E-cigarettes and chewing tobacco are not currently included in the definition of maternal smoking. However, participants who use nicotine vaporizers or chewing tobacco should be counseled and encouraged to quit.

Note: *Quitting smoking is highly recommended, however, smoking is **not** a contraindication to breastfeeding. Smoking and tobacco use are viewed as a matter of risk/benefit ratio: the risk of some nicotine exposure versus the tremendous benefit of breastfeeding. Breastfeeding provides some protection against both infections and asthma.*

Assessment

- Assess and counsel using the 5 A's:
 - ✓ Ask – if she smokes
 - ✓ Advise – to quit
 - ✓ Assess – willingness to attempt to quit
 - ✓ Assist – by referring to smoking cessation resources
 - ✓ Arrange – assessment of smoking status at follow up visits
- Check exposure to secondhand smoke.
- Check use of other drugs/alcohol.

Suggested counseling points

1. Discuss risks to mom and baby:
 - Nicotine passes through the breastmilk to the baby.
 - Decreases milk supply.
 - Second hand smoke exposure to baby.
2. Advise to stop smoking.
3. Discuss benefits of quitting:
 - Healthier baby; fewer asthma and wheezing problems, fewer colds and ear infections.
 - Less likely baby will grow up to smoke.
 - Mom will have more energy and breathe easier.
 - Fewer wrinkles for mom and skin and nails won't be stained.
 - Food will smell and taste better.
 - Clothes, car and home will smell better.
 - Mom will feel good about what she's done for herself and her baby.
 - Less likely to develop heart disease, stroke, lung cancer.
4. Refer to smoking cessation resources.
5. Suggestions for cutting back if can't quit:
 - Smoke outside; never in the same room as the baby.
 - Buy only 1 pack of cigarettes at a time.
 - Take fewer puffs on each cigarette.
 - Change to a low-nicotine brand.
 - Ask family members and friends for their support, including not smoking around you.

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6. E-Cigarettes are not an approved nicotine replacement therapy (NRT) option.
 - The amount of nicotine can vary greatly from cartridge to cartridge unlike approved NRT options that deliver a standardized dosage.
 - Early testing of e-cigarette samples show they contain cancer causing substances and toxic chemicals.

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Dental Health/Dental Problems

Dental Health – not an NRF

NRF Definition *Low Risk*:

Medical Condition: Oral Health Conditions: Oral health conditions include, but are not limited to:

- Dental caries, often referred to as “cavities” or “tooth decay”
- Periodontal diseases (stages include gingivitis and periodontitis)
- Tooth loss, ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality.

Presence of oral health conditions diagnosed, documented or reported by a physician, dentist, or someone working under a physician’s orders, or as self reported by applicant/participant/caregiver.

Note: Evidence of the condition may be documented by the WIC staff.

Assessment

- Assess severity of dental problems.
- Check if participant is following up with a dentist. Refer if needed.
- Check if participant is performing recommended dental hygiene care (brushing, flossing, special mouth rinse, etc.).
- Assess adequacy of diet. (Missing more than 7 teeth in adults seriously affects chewing ability. This leads to eating only certain foods which in turn affects nutritional intake.).
- Assess intake of sweet, sticky foods and sweetened liquids.

Suggested counseling points

1. Avoid sweet, sticky foods and sweetened liquids.
2. Choose ‘teeth-friendly’ foods, such as raw vegetables and fruits, milk, cheese, meat and nuts.
3. Brush teeth after eating.
4. If chewing is painful, eat soft, easily chewable foods with the nutrition needed for breastfeeding.
5. Encourage Vitamin C- and calcium-rich foods.
6. Encourage scheduling appointment with a dentist.

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Dietary Supplements

NRF 427 Definition Low Risk:

427A: Consuming dietary supplements with potentially harmful consequences. Examples of dietary supplements, which when ingested in excess of recommended dosages, may be toxic or have harmful consequences:

- Single or multiple vitamins;
- Mineral supplements; and
- Herbal or botanical supplements/remedies/teas.

427D: Inadequate vitamin/mineral supplementation recognized as essential by national public health policy.

- Consumption of < 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant women.
- Consumption of < 150 µg of supplemental iodine per day by breastfeeding women.

Assessment

- Assess vitamin/mineral supplements and check levels of supplement use.
- Assess herbal supplements/remedies/teas and amounts.

Suggested counseling points

1. Follow physician recommendations for vitamin/ mineral supplements.
2. Avoid teas, remedies and supplements that are potentially harmful.
3. Encourage taking daily prenatal vitamin.
4. Discuss importance of folic acid and foods fortified with folic acid.

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Eating Disorders*

NRF 358 Definition High Risk:

Medical Condition: Eating Disorders: Eating disorders (anorexia nervosa and bulimia) are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to:

- Self-induced vomiting
- Purgative abuse
- Alternating periods of starvation
- Use of drugs such as appetite suppressants, thyroid preparations or diuretics
- Self-induced marked weight loss.

The presence of eating disorders must be diagnosed, documented, or reported by a physician or someone working under a physician's orders or as self-reported by applicant/participant/caregiver.

Note: Evidence of the disorder may be documented by the WIC RD/RN.

→ Refer to RD/RN

Assessment

- Assess for above symptoms.
- Weigh and review grid to assess BMI.
- Ask if physician/care provider is aware of eating disorder.

Suggested counseling points

1. Review dietary needs for breastfeeding.
2. Discuss breastfeeding mom's need for rest, support and self-care.
3. Emphasize need to eat to produce milk for baby's growth.
4. Discuss signs of postpartum 'baby blues' and depression.
5. Refer to mental health counselor.
6. Refer to RD/RN for high-risk counseling.

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Elevated Blood Lead Levels*

NRF 211 Definition High Risk:

Blood lead level of greater than or equal to 10 micrograms/deciliter ($\geq 10 \mu\text{g}/\text{deciliter}$) within the past twelve (12) months.

→ Refer to RD/RN

→ RD/RN refer to physician (if testing was done at another location)

Assessment

- Check for pica (eating non-edible substances such as paper, dirt, laundry starch, cornstarch, or lots of ice).

Suggested counseling points

1. Discourage eating non-food items (pica).
2. Encourage high iron, calcium and vitamin C-rich foods.
 - Having normal levels of iron protects the body from the harmful effects of lead.
 - Calcium reduces lead absorption.
 - Vitamin C and iron-rich foods work together to reduce lead absorption.
3. Avoid fried and fatty foods. Cook by baking, broiling, or steaming.
 - Fatty foods allow the body to absorb lead faster.
 - Filling up on high fat foods doesn't allow enough room for foods with iron, calcium and vitamins.
4. Encourage normal nutrition for breastfeeding.
 - Individuals who eat healthy foods are less likely to get lead poisoning.
5. Don't store food or liquid in lead crystal glassware or imported or old pottery.
6. Refer to RD/RN for high-risk counseling.

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Engorgement/Severe Engorgement**

Engorgement – not an NRF

Over fullness in the breasts resulting from hormone changes after delivery and exaggerated by ineffective or irregular milk emptying. All new mothers experience some breast fullness when milk comes in abundantly a few days after delivery. Condition is usually temporary until milk starts flowing freely and production adjusts to infant's demands and nutritional needs, occurs around 2-4 days after delivery.

→ Refer to RD/RN if severe (see below)

NRF 602A Definition High Risk:

Severe breast engorgement is included with the high risk condition "Breastfeeding Complications or Potential Complications." It is often caused by infrequent nursing and/or ineffective removal of milk. With severe engorgement, massive breast congestion occurs and the breast becomes hard, shiny, and painful to touch.

→ Refer to LMS or RD/RN for counseling within 24 hours.

→ If LMS or RD/RN unavailable to counsel participant within 24 hours, refer to physician.

→ If LMS is an educator, refer to RD/RN within 30 days.

Assessment

- Assess severity of engorgement. (Unrelieved engorgement can give the body the message that milk is not needed.)
- Assess frequency of feedings. How long is baby sleeping at night?
- Assess if breasts are emptied after feedings.
- Assess use of supplemental formula and water.
- Offer use of manual or electric breast pump if necessary, to empty the breasts.

Suggested counseling points

1. Early postpartum engorgement is normal.
2. Engorgement may occur between the 3rd and 5th day when milk comes in, and resolve after 12 to 48 hours if treated promptly.
3. Prevent engorgement by nursing as soon as possible after delivery, and continuing to nurse every 1½ to 3 hours, 5-15 minutes per breast, until breasts are emptied.
4. Shower in very warm water; let water fall on breasts.
5. Put a warm, moist bath towel or washcloth on breasts.
6. Use cold compresses between feedings to reduce swelling and pain.
7. Use hand expression to soften nipples and release milk.
8. Nurse as often as possible.
9. Hand express or pump when feedings are missed or breasts are full and baby is not available to nurse.
10. Offer breast pump loan.
11. Avoid formula or water supplements which decrease baby's willingness to nurse.
12. Refer to RD/RN for counseling on severe engorgement.

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Family Planning

Assessment

- Determine if participant has already chosen a birth control method with physician's help.

Suggested counseling points

1. Breastfeeding is not a reliable method of birth control.
2. Encourage participant to talk with physician or family planning clinic about the best family planning method for her as a breastfeeding mom.
3. In addition to planning for birth control, protection against AIDS and STDs is extremely important.
4. Spacing children at least 24 months apart allows the body to recover from pregnancy and provides more time to enjoy the new baby.
5. Non-hormonal methods of contraception (i.e. diaphragm) do not interfere with lactation.
6. Wait to start progestin-only agents such as Norplant implants, DepoProvera injections, and 'mini-pills' (progesterone-only oral contraceptive pills) until 6-8 weeks postpartum when milk supply is well established.
7. Do not use any estrogen-containing contraceptives.
8. Continue taking prenatal vitamins after delivery, especially while breastfeeding.
9. Begin taking prenatal vitamins when you know you are planning to conceive.

Suggested referral

- Family Planning clinic or physician

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Food Allergies*

NRF 353 Definition High Risk:

Medical Condition: Food Allergies: Adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food.

Presence of condition diagnosed, documented or reported by a physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver.

→ Refer to RD/RN

Assessment

- Find out what foods are bothering the participant and assess if it comprises an entire food group.
- Find out what reaction she has to the foods.
- Assess how long the participant been allergic to the specific foods.
- Determine if allergy has been diagnosed by a physician or allergist and if she is currently receiving care/treatment for the food allergies.

Suggested counseling points

1. Follow health care provider's recommendations regarding avoidance of food(s) that cause allergic reaction.
2. If there is a strong family history of a food allergy, avoid those foods while breastfeeding.
3. Tailor food package to avoid allergy causing foods.
4. Refer to physician for medical care.
5. Refer to RD/RN for high-risk counseling.

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Highly Restrictive Diets

NRF 427B Definition *Low Risk*:

Consuming a diet very low in calories and/or essential nutrients; or impaired calorie intake or absorption of essential nutrients following bariatric surgery.

Examples include:

- Strict vegan diet
- Low carbohydrate, high-protein diet
- Macrobiotic diet
- Any other diet restricting calories and/or essential nutrients

Assessment

- Find out what foods are restricted and assess adequacy of diet.
- Assess reason for the food restriction (i.e. medical condition, food allergy, weight loss/gain, religious beliefs, animal rights, etc.).
- Assess how long the participant been on the highly restrictive diet.
- Determine if physician/care provider is aware of restrictive dietary practices and recommend that participant inform MD if not already aware.

Suggested counseling points

1. Emphasize need for nutrients that are eliminated or reduced by the restriction; find alternative foods if possible.
2. Discuss easing up on food restrictions, if possible, while breastfeeding, for baby's benefit.
3. Limit weight loss to ½ to 1 pound a week.
4. Encourage participant to take prenatal vitamins and iron as prescribed by MD.
5. Recommend that participant discuss her restrictive dietary practices with MD.

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Illegal Drug Use**

NRF 372B Definition High Risk:

Medical Condition: Illegal Drug Use: Any current illegal drug use

- Refer to RD/RN
- RD/RN must provide high risk counseling within 24 hours
- If RD/RN not available to counsel participant within 24 hours, refer to physician

Assessment

- Ask and document what drugs have been used and how frequently
- Assess adequacy of diet
- Assess breastfeeding problems and concerns
- Assess and counsel using the 5 A's:
 - ✓ Ask – if she uses illegal drugs
 - ✓ Advise – to quit
 - ✓ Assess – willingness to attempt to quit
 - ✓ Assist – by referring to drug abuse/cessation resources
 - ✓ Arrange – assessment at follow-up visits

Suggested counseling points

1. Discuss benefits of no drug use and risk of illegal drug use for self and baby:
 - Benefits of no drug use:
 - ✓ Healthier mom and baby
 - ✓ Better milk supply
 - ✓ Better ability of mom to care for baby
 - Risks to mom:
 - ✓ Impaired ability to care for baby
 - ✓ Heart attack or irregular heart beat
 - ✓ Stroke
 - ✓ Kidney and liver failure
 - ✓ Bleeding in the brain
 - ✓ Seizures
 - ✓ Breathing problems
 - ✓ Panic/anxiety attacks, impaired judgment and paranoia, depression
 - ✓ Overdose
 - Risks to baby:
 - ✓ Drugs are excreted into breast milk
 - ✓ Affects baby's growth and development
2. Advise to either quit drugs or stop breastfeeding.
3. Emphasize importance of normal diet for breastfeeding.
4. Encourage finishing prenatal vitamins.
5. Encourage keeping medical appointments with physician and talking with MD about his/her recommendations regarding illegal drug use.
6. Refer to cessation resources.
7. Refer to social worker.
8. Refer to RD/RN for high-risk counseling.

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Lactose Intolerance

NRF 355 Definition *Low Risk*:

Medical Condition: Lactose Intolerance:

The syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating that occurs after lactose ingestion.

The presence of lactose intolerance must be diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.

Note: Evidence of the condition may be documented by the WIC staff.

Assessment

- What symptoms does client have when consuming dairy products?
- What dairy products (if any) are tolerated?
- Has participant ever used Lactaid milk or Lactaid drops?

Suggested counseling points

1. Lactose intolerance is not an allergy, but an inability to digest lactose, milk sugar.
2. Symptoms of lactose intolerance are stomach ache, cramping, diarrhea, gas &/or bloating.
3. Calcium is needed for mom's bones, teeth, blood clotting, muscles & nerves.
4. If not enough in the diet, this increases risk of osteoporosis later in life.
5. Sometimes milk or dairy products can be tolerated better when combined with other foods, in small amounts (cereal with milk, for example).
6. Lactaid, Dairy Ease milk and soy beverage and tofu are lactose-free and available on WIC.
7. Review other non-dairy sources of calcium.

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Low Hemoglobin / Severely Low Hemoglobin**

NRF 201 Definition Low Risk:

Low hematocrit/low hemoglobin

A hemoglobin value below those listed in *Hemoglobin Levels Indicating NRF #201* table (found in the Mini Manual).

→ If no medical care, RD/RN may recommend rechecking hemoglobin/hematocrit in 1-3 months.

NRF 201B Definition High Risk:

Severely low hematocrit/hemoglobin

A hemoglobin level low enough to necessitate a medical referral as listed in the *Standards for Severely Low Hemoglobin* table (found in the Mini Manual).

→ Refer to RD/RN.

→ If permission granted to contact medical provider, MD must be sent printout of hemoglobin values with RD/RN contact information within 24 hours. Then schedule appointment with RD/RN within the next 30 days.

→ If no medical care or no permission to contact medical provider, RD/RN must be notified within 24 hours and contact the participant within 7 days to schedule a high risk counseling appointment within the next 30 days.

→ If no medical care, may recommend rechecking hemoglobin/hematocrit in 1-2 months.

Assessment

- Assess accuracy of value; WIC staff may choose to retake hemoglobin/hematocrit if accuracy is in question.
- Assess for excessive intake of coffee, tea /or milk or indications of pica.
- Check use of prenatal vitamins and iron supplements.
- Check food availability, especially red meat.
- Check if health care provider is aware of low hemoglobin/severely low hemoglobin.

Suggested counseling points

1. Discuss risks of low hemoglobin/hematocrit.
2. Continue taking iron and prenatal vitamins as prescribed by MD.
3. Eat high-iron foods.
4. Eat foods high in Vitamin C along with iron supplement or high-iron foods to increase iron absorption.
5. Avoid drinking coffee and tea with meals since they decrease iron absorption.
6. Limit excessive milk.
7. Emphasize importance of postpartum check up.
8. Encourage scheduling appointment with MD to follow up on severely low hemoglobin.
9. Refer to RD/RN for counseling on severely low hemoglobin.

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Medical Conditions*

NRF 300 series Definition High Risk or Low Risk:

Medical Conditions: Refer to *Medical Conditions* listed in the General Section. Only the medical conditions listed can be used as nutrition risk factors. All medical conditions are high risk unless indicated as low risk. Medical conditions must be diagnosed, documented, or reported by a physician or someone working under a physician's order, or as self-reported by applicant/participant/caregiver unless otherwise noted. Two medical conditions, Lactose Intolerance and Oral Health Conditions can be documented by the WIC educator; one medical condition, Eating Disorders, can be documented by the RD/RN.

→ Refer to RD/RN, if high risk

Assessment

- Assess height/weight/BMI.
- Determine how medical condition impacts participant's health and eating habits.

Suggested counseling points

1. Encourage keeping medical appointments and following advice of MD.
2. If participant had Gestational Diabetes with the most recent pregnancy, provide the pamphlet *After Delivery: Gestational Diabetes* and refer to the Diabetes Prevention Program if available in area.
3. Refer to RD/RN for counseling on high risk medical conditions.

Suggested Referrals

- Diabetes Prevention Program for women with a history of Gestational Diabetes

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Multi-fetal Gestation (Breastfeeding Multiples) *

NRF 335 Definition High Risk:

Medical Condition: Multi-fetal Gestation: More than one fetus in the most recent pregnancy

→ Refer to RD/RN

Assessment

- Assess breastfeeding status, problems and concerns.
- Assess adequacy of support for breastfeeding and for caring for babies.
- Assess adequacy of mother's diet to meet demands for increased milk production.

Suggested counseling points

1. Counsel on appropriate diet for breastfeeding.
2. Drink to thirst.
3. Rest – sleep when babies are napping.
4. Breastfeed babies together or separately.
5. Spend time alone with each baby.
6. Have babies nurse from a different breast at each feeding.
7. Pump the residual milk after nursings.
8. Arrange for help from family and friends.
9. Seek support from organizations and others who support breastfeeding multiples.
10. Use electric breast pump to increase milk supply.
11. Advise on breast pump loan program.
12. Refer to RD/RN for high-risk counseling.

Nutrition Education Counseling Guide

Breastfeeding Woman Section

Pica

NRF 427 Definition *Low Risk*:

NRF 427C: Compulsively ingesting non-food items (pica) including but not limited to:

- Ashes
- Baking Soda
- Burnt matches
- Carpet fibers
- Chalk
- Cigarettes
- Clay
- Dust
- Large quantities of ice and/or freezer frost
- Paint Chips
- Soil
- Starch (laundry and cornstarch)

Assessment

- Determine what types of non-edible items the participant is eating.
- If possible, assess reasons for eating non-edible items (i.e., cultural beliefs, iron or other nutritional deficiencies, relief of nausea and/or diarrhea, in response to stress, oral fixation, or other reasons).
- Assess if there is a family history of pica, if the woman ate non-edible items before she was pregnant, or during childhood.
- Assess hemoglobin/hematocrit levels to determine iron adequacy.
- Refer to RD/RN if needed.

Suggested counseling points

1. Discourage participant from eating non-edible items.
2. Discuss health problems and risks from pica:
 - Lead poisoning (from eating paint chips)
 - Dental injury (from eating hard substances that could harm the teeth)
 - Poor nutrition (from eating non-food items that take the place of nutritious food)
 - Bowel problems (from consuming indigestible substances like hair, cloth, etc.)
 - Intestinal obstruction or perforation (from objects that could get lodged in the intestines)
 - Parasitic infections (from eating dirt)
 - Toxicity leading to death (from eating mothballs or paint chips)
3. Encourage healthy foods and snacks to replace non-food items.
4. Encourage taking prenatal vitamins and iron as prescribed by physician.
5. Encourage participant to talk with physician about the items she is eating.

Nutrition Education Counseling Guide

Breastfeeding Woman Section

Postpartum “Blues”/Depression*

Postpartum “Blues” or “Baby Blues” - not an NRF. Postpartum “Blues” or “Baby Blues” affect up to 80% of women, peaks at the fifth day postpartum, and is characterized by a let-down feeling, fatigue, insomnia, anxiety, sadness, and anger.

Postpartum depression -

Postpartum depression is a form of depression that occurs in the year after having a baby. It affects about 10% of new mothers. Hormonal changes after pregnancy can sometimes affect a woman’s mood, leaving her feeling sad, depressed, panicky, overwhelmed, confused, or unable to sleep.

Postpartum depression is a serious condition and often starts 1-3 weeks after delivery. The feelings associated with postpartum depression last longer than two weeks.

NRF 361 Definition High Risk:

Medical condition: Depression: Presence of clinical depression, including postpartum depression, diagnosed, documented, or reported by a physician or someone working under a physician’s orders, or as self-reported by applicant/participant/caregiver.

→ Refer to RD/RN

Assessment

- Assess participant’s symptoms and how long she has felt this way.
- Ask if she has discussed her feelings with her family, physician, or a mental health worker.
- Assess mom’s capability of taking care of baby, and refer if needed.

Suggested counseling points

1. Hormonal changes after delivery and being overtired are possible causes of “baby blues.” Symptoms can include crying easily, having trouble sleeping, feeling overwhelmed, irritable, exhausted, and anxious. Baby blues typically go away in a few days or a week after delivery.
2. Postpartum depression is a serious condition and often starts 1-3 weeks after delivery. The feelings associated with postpartum depression last longer than 2 weeks
3. Urge participant to discuss her symptoms with her physician.
4. Urge sharing of feelings with family and friends.
5. Stress importance of rest, support and appropriate exercise.
6. Refer to RD/RN for high-risk counseling.
7. Refer to MD.
8. Refer to mental health counselor.

Nutrition Education Counseling Guide

Breastfeeding Woman Section

Pregnancy at a Young Age*

NRF 331B Definition *Low Risk*:

16 to < 18 years of age at time of conception of most recent pregnancy.

NRF 331A Definition *High Risk*:

Less than 16 years of age at time of conception of most recent pregnancy.

→ Refer high risk to RD/RN

Assessment

- Assess resources for caring for a child.
- Assess level of peer and family support.
- Assess teen's desire and commitment to breastfeed. Ask what concerns she has about breastfeeding.
- Assess need for electric breast pump if returning to school.

Suggested counseling points

1. Importance of postpartum medical checkup.
2. Finish taking prenatal vitamins and iron, as prescribed by physician.
3. Emphasize importance of healthful diet for lactating teen.
 - Encourage 4 servings of high calcium foods/day.
 - Encourage breakfast; discourage meal skipping.
 - Emphasize healthy snacks.
 - Healthy choices at fast food restaurants.
4. Discuss appropriate weight loss plan.
5. Know HIV status – don't breastfeed if HIV positive.
6. Discuss family planning with MD or family planning clinic.
7. Stay free of tobacco, alcohol and drugs.
8. Discuss second hand smoke risks to infant.
9. Refer to local teen breastfeeding support.
10. Refer to RD/RN for high-risk counseling for NRF 331A.

Nutrition Education Counseling Guide

Breastfeeding Woman Section

Storing and Handling Breast Milk

Assessment

- Assess adequacy of pumping.
- Assess breastfeeding status, problems and concerns.
- Assess returning to work or school.

Suggested counseling points

1. Review Colorado workplace accommodation for nursing mothers' law.
2. Store milk in clean plastic or glass bottles or plastic bottle liners. Double bag if you plan to freeze.
3. Fill containers with 2-4 oz of milk, depending on how much baby takes per feeding.
4. Label container with baby's name and the date.
5. Refrigerate immediately or put with an ice pack.
6. Can keep in refrigerator up to 48 hours.
7. Freeze if milk won't be used within 48 hours.
8. Thaw frozen breastmilk in refrigerator or in lukewarm water.
9. Do not thaw at room temperature or in microwave, which can damage nutrients and may create hot spots that can burn baby.
10. Swirl gently before feeding since separation of fat may occur during storage.
11. Never refreeze thawed milk. Use within 24 hours.
12. Breast pump loan program.