CHAPTER 1

Insights into Breastfeeding Families

In This Chapter

Psychology and Motivation

Perception and Attitude

- Attributing causes for past events influences expectations of the future.
- What we *expect* to see influences what we *do* see.
- Needs, motives, attitudes, and reactions can motivate behavioral change.
- Self-image influences actions.
- Attitudes, beliefs, and values affect societal change.
- Social situations influence our thoughts, perceptions, and impressions of others.
- First impressions tend to be lasting.
- People can be stimulated at an unconscious level.
- Attitude formation is linked to information, experience, and influence of family and friends.
- Individuals are not always ready or willing to process a great deal of information.
- Needs and goals change in response to conditions, environment, experiences, and interactions.
- Lack of confidence, negative messages, and misconceptions about normal infant behavior and breastfeeding patterns can cause parents to perceive insufficient milk production.

Behavior and Decision Making

- The roles we play in society determine our expectations and behavior.
  - Most behavior results from deliberation, judgment, beliefs, and expectations.
  - Unconscious needs or drives are at the heart of motivation and personality.
  - Privilege due to ethnicity, financial standing, or other demographic status creates unintended oppression.
  - Central beliefs and values are resistant to change.
  - The family passes along basic cultural beliefs, values, and customs.
- Motivation, perception, learning, personality, and attitudes influence decision making.
  - Your personality affects your rapport with families.
  - Educated consumers respond to factual appeals.
  - Less educated consumers react to emotional appeals.
  - Highly involved individuals are likely to evaluate the pros and cons in a message.
  - Humor increases acceptance and persuasiveness.
  - Building one influence on another influence increases compliance.
  - Product, price, place, and promotion determine behavior change.

Empowerment

- Omitting information does not contribute to a trusting relationship.
  - Noncommittal messages compromise self-confidence and create doubt about decisions.
  - Appropriate guilt can serve as motivation to change behavior.
- Families who exercise legitimate control feel more independent, self-reliant, and confident.
  - Positive self-image and confidence in parenting lead to positive attachments.
  - Taking control over their health needs empowers families to gain mastery over their lives.
- Outreach counseling and emotional support contribute to families reaching breastfeeding goals.

Advice to Clinicians
Empower

- Avoid making assumptions about parents' motivations and goals.
- Expect that parents will breastfeed unless they tell you otherwise.
- Avoid jumping to conclusions before examining all relevant information.
- Send a clear, positive message about the risk of not breastfeeding.

- Support groups educate families about options and help them make informed choices.
- Participating in a support group increases satisfaction and self-confidence.
- Mutual sharing and observing babies breastfeeding enhance personal breastfeeding and parenting.

Family Dynamics

Becoming a Parent

- Parents have a range of normal postpartum reactions.
  - They may feel isolated and lonely from the loss of adult contact.
  - They may feel a loss of control and inexperience in caring for a baby.
  - They may be anxious because of a fussy, high-need baby.
- Baby blues appear around the third day postpartum.
  - Bouts of tearfulness and sadness mingle with happiness and excitement.
  - Baby blues are more common in primiparas.
- Postpartum depression is clinical depression that lasts 1 to 6 weeks.
  - Physiological changes with birth trigger a major depression.
  - There is a higher risk when there is a history of depression.
  - Fathers experience postpartum depression at twice the rate of the general male population.
  - Untreated, it can compromise the baby's socialization and emotional health.
  - Postpartum depression requires referral to a caregiver for evaluation and treatment.

Advice to Clinicians

Be Alert!

Red flags for potential postpartum depression:

- Lacks confidence in ability to breastfeed, with a possible drop in milk production.
- Claims to be lonely and has no visitors and no place to go.
- Does not answer calls or stays away from home in an attempt to keep busy.
- Lacks tolerance for other people, including family members and friends.
- Seems detached from the baby and does not refer to the baby by name.
- Worries that something is not "right."
- Entertains thoughts of self-harm—this requires urgent medical intervention by a psychiatrist.

  - The Edinburgh Postnatal Depression Scale helps in detection. A score of 10 or more may indicate possible depression of varying severity.
- Postpartum psychosis occurs in 1 to 2 out of 1,000 women.
  - Feels a loss of control, rational thought, and social functioning.
  - Has overwhelming delusions and hallucinations.
  - May attempt self-harm or harm to the child—this requires urgent medical intervention by a psychiatrist.

Advice to Clinicians
Be Alert!

Symptoms of postpartum depression:

- Mood changes
- Loss of pleasure
- Poor concentration
- Low self-esteem
- Guilt at failing as a parent and partner
- Sleep disturbances
- Fatigue
- Flat affect in voice tone
- Loss of appetite

Survivors of Sexual Abuse

- Incidence of sexual abuse ranges from 7% to 36% of women and 3% to 29% of men.
  - It affects the functioning of at least 20% of adult survivors.
  - It predisposes women to major depression or posttraumatic stress disorder.
- Pregnancy and childbirth are common times for remembering abuse.
  - Discomfort with the sounds or feelings of giving birth.
  - Discomfort having the baby at the breast.
  - Feeling a loss of control in the early days of parenting.
  - Discomfort at the sight of milk during letdown.
- Memories, flashbacks, and emotions may interfere with the ability to breastfeed.
  - Early postpartum is the most stressful time, when fatigue and vulnerability are highest.
  - If nighttime breastfeeding is difficult, someone can feed expressed milk to the baby for those feedings.
  - Breastfeeding may be difficult when the baby gets older and more playful.
  - Breastfeeding may be healing or may be too uncomfortable to continue.

Advice to Clinicians
Seek Help

- Refer a parent for professional help if baby blues last beyond 2 weeks.
- Refer a sexual abuse survivor for professional help.

- Signs of possible past abuse
  - Late prenatal care
  - Substance abuse
  - Mental health concerns
  - Eating disorders
  - Poor compliance with self-care
  - Sexual dysfunction
  - Feeding expressed milk with a bottle and not putting the baby to breast

Adjusting as a Couple

- Emotional adjustments
  - The need for sexual adjustment is normal and common to new parents.
  - The desire for intimacy may be reduced in the early weeks or months after giving birth.
  - Breasts may be overly sensitive or unresponsive to foreplay.
  - Either partner may be reluctant to engage in foreplay that involves the breasts.
  - Increased sensuality is common and normal when breastfeeding the baby.
- Physical adjustments
  - Physicians usually recommend abstaining from intercourse for 6 weeks postpartum.
  - Hormones decrease vaginal lubrication; the use of a water-soluble lubricant will help.
  - Recovery from birth interventions can interfere with the desire for intimacy.
  - Stretched pelvic floor muscles may decrease physical sensations; Kegel exercises will help.
  - Oxytocin released during orgasm can cause milk to let down; feed the baby before intercourse and absorb milk with a towel.
  - Adjust positioning to alleviate discomfort from an incision or full breasts.

Menstruation and Fertility

- Hormones during lactation disrupt the ovulation and menstrual cycle.
  - Some women produce a scanty show before their menstrual cycles resume.
  - Menstruation causes no significant changes in the composition of the milk.
  - Altered taste of the milk may cause the baby to be fussy or refuse to breastfeed.

- Contraception
  - The lactational amenorrhea method offers 98% protection with three conditions:
    - Menses have not returned.
    - The baby is breastfed exclusively without significant amounts of other foods and with no bottles or pacifiers that would replace suckling at the breast.
    - The baby is younger than 6 months of age.
  - Natural family planning
    - The couple charts basal body temperature or checks vaginal secretions.
    - Changes in cervical mucus before ovulation help signal the beginning of fertile days.
    - The couple abstains from intercourse during fertile days.
    - Patterns early in lactation may be less clearly defined than after regular cycles resume.
  - Oral contraceptives
    - Hormonal contraceptive use should be delayed until 6 weeks postpartum and breastfeeding is well established.
    - Contraceptives containing estrogen and progesterone may lower milk production and risk thromboembolism postdelivery.
    - Progestin-only oral contraceptives may interfere with milk production, particularly when used before 6 to 8 weeks postpartum.
  - Intrauterine devices (IUDs)
    - Nonhormonal IUDs do not seem to affect lactation.
    - Hormone-releasing IUDs, especially estrogen-based hormones, may decrease milk production.
    - Risk of uterine perforation may be higher postpartum or during lactation.
  - Other contraceptive methods
    - A vaginal ring contains estrogen; a nonestrogen alternative may be a better choice.
    - The implant Levonorgestrel releases progesterone.
    - Depo-Provera may impair milk production; its use should be delayed until lactation is well established, at least 6 to 8 weeks postpartum.
    - A transdermal patch contains estrogen and progesterone.
    - Barrier methods such as a condom, diaphragm, cervical cap, and spermicidal do not interfere with lactation.
    - Tubal ligation immediately postpartum can increase pain, and IV fluids can cause edema.

Parenting

- Encourage parents to be active and informed healthcare consumers.
  - Informed consent requires sufficient information and education.
  - Parents have a *right* to the information necessary in making an informed choice.
  - Caregivers have a *responsibility* to inform parents of healthy choices.
- Couples acquire the parental role in stages
  - Anticipatory stage: Take classes, read books, search Internet sites, join social media groups, download apps, and ask family and friends about parenting.
  - Formal stage: Begin to view parenting more personally and strive for perfection.
  - Informal stage: Modify and blend individual roles to fit their family.
  - Personal stage: Parenting style evolves to be consistent with their personalities and in response to the needs of their baby, their family backgrounds, and the couple's interaction.

Advice to Clinicians
Be Empowering

- Form a partnership with parents.
- Help parents become informed health consumers.
- Place control and power with the parents and baby, not the caregiver.
- Encourage parents to be independent, self-reliant, and accountable for their choices.
- Help parents verbalize feelings, take in information, and join in problem solving.
- Boost parents' confidence, validate concerns, and point out positive things about their baby.
- Encourage parents to network formally and informally with other parents.

Advice to Clinicians
Be Alert!

Caution parents about dangerous parenting programs or practices.

- Baby-training programs can cause low milk production, low infant weight gain, baby rejecting the breast, and premature weaning.
- Present information from reliable medical sources.
- Document concerns regarding a baby's health or milk production.
- Urge parents to have frequent weight checks for their baby.

Opposition from Others

- Opposition from the partner influences the decision to breastfeed. Possible responses to concerns:
  - Believe the baby will be too dependent: *In reality, meeting a child's present needs will make the child less dependent in the future.*
  - Believe breastfeeding will interfere with their sex life: *Having a baby interferes with all parents' sex lives no matter how they feed their baby.*
  - Feel jealous or left out of the baby's care: *Planning special time alone as a couple and suggesting ways to be involved other than with feedings can help resolve these feelings.*
  - Concern about the well-being of the parent and baby: *Breastfeeding contributes to family harmony and enhances a baby's disposition, growth, and development.*
  - Regards the breasts as only sexual: *Discussing this with sensitivity and understanding helps some partners to resolve this.*
  - Questions breastfeeding when their baby gets older: *Breastfeeding has nutritional and developmental benefits at any age.*
- Grandmothers often have a pivotal role in a parent's breastfeeding.
  - Explain that the parent is doing what is best for the child, just as the grandmother did with the information available to her at the time.
    - May see the choice to breastfeed as a reflection on her parenting.
    - May believe breastfeeding increases the strains of early parenting.
    - May want to avoid the disappointment and failure she experienced when trying to breastfeed.
    - May be envious that the new parent can do something she was not able to do.
  - Explain breastfeeding patterns and dispel misconceptions.
    - Babies should be breastfed for at least 1 year or longer.
    - Putting a baby to bed with a bottle is unsafe and causes tooth decay.
    - Feeding cereal in a bottle can cause the baby to choke.
    - Babies should not receive solid foods before they are about 6 months old.
    - Placing babies on their back to sleep helps prevent SIDS.
    - Babies should not be exposed to secondhand smoke.
- Encourage the partner to assist with breastfeeding discreetly in public.
- Educate friends and develop friendships with supportive people.
- Consider whether it will help to seek a more supportive physician.

Advice to Clinicians

Be Empowering

- Support parents who experience opposition to breastfeeding.
- Provide extra contact, confidence building, and anticipatory guidance.
- Provide research articles if opposition is from a physician.
- Provide breastfeeding information, including websites, blogs, and other social media resources.
- Refer parents to a breastfeeding support group.
- Help parents cope without making judgments or becoming overly involved.

Helping Siblings Adjust to a New Baby

- Prepare the older child for the baby's arrival.
  - Explain how a fetus develops and what will occur at doctor visits and in the hospital.
  - Look at family baby pictures and read books that show a new baby in the family.
  - Have the child help with baby items and with packing the suitcase.
  - Change sleeping arrangements early and in a way the child does not feel crowded out.
  - Collect pictures to show parents in the hospital, coming home, and at home with the baby.
  - Explain what babies do and how family activities will change; visit a family with a baby.
  - Visit the hospital with the older child during the pregnancy; take a sibling class and a tour.
  - If the sibling is present at the baby's birth, have a caregiver available to meet the child's needs.
- Help the child adjust to the new baby.
  - Help the child feel special in new ways.
    - Give undivided attention to the child on their first time together following the birth.
    - Create situations where each child can look at, touch, or hold the baby.
    - Set aside special moments each day for the other child individually.
  - Incorporate the older child into feedings.
    - Use a breastfeeding position that accommodates having the child nearby.
    - Engage the child during feedings with books, games, and other activities.
    - Be sensitive to the child's possible renewed interest in breastfeeding.

- Be sensitive to the older child's need for attention.
  - The child may whine or use baby talk.
  - The child may wake during the night, cling to the parent, or hit the baby.
  - A previously toilet-trained child may wet the bed.

Lifestyle Factors

Single Parent

- Has sole responsibility for the baby.
- May live alone and juggle job, schooling, household responsibilities, and parenting.
- May live with parents, trying to maintain an identity as a family unit with the baby.
- May miss feedings and lower milk production because of emotional stress and demands.
- May lack the desire or time to prepare nutritious meals.

Teen Parents

- May lack sound prenatal care and nutrition.
- May feel inadequate as a parent.
- May be engaged in a power struggle with the grandmother.
- May not breastfeed often enough for robust milk production.
- May find it difficult to overcome problems to continue breastfeeding.
- Need a one-to-one, caring relationship.
- Need to be treated as an adult.
- Need consistency and simple, clear information.

Lesbian Gay Bisexual Transgender Queer (LGBTQ) Families

- Avoid language that inadvertently and incorrectly assigns gender to either parent.
- Sex, gender, and identity are not synonymous.
- It can be difficult for LGBTQ parents to find a supportive care provider.
- Relationship dynamics vary widely with LGBTQ couples.
- Pregnancy often involves fertility assistance and invasive procedures.
- Parental labels are very individual and personal (ask, "What will you have the baby call you?").
- Validate the nonbirth parent's place and importance in the family, and include both parents in education and support.
- Female same-sex couples may both wish to breastfeed the baby.
- Transgender men and transgender women can lactate—sometimes fully, sometimes partially.
- Chestfeeding is the male version of breastfeeding.
- There is an increased risk for postpartum depression among transgender men.

Older Primigravidas

- Are often set in their ways and have higher education and high expectations.
- May have difficulty adapting to parenthood.
- Are typically more fatigued and stressed.
- May find it difficult to make decisions and need more support.

Cultural Sensitivity

- Learning about cultural characteristics enhances sensitivity to parents' cultural beliefs.
  - Degree of acculturation determines how firmly families cling to traditional values.
  - Existence of contradictory values can create confusion.
  - Cultural heritage and economic standing will influence breastfeeding duration.
- Learn about cultural customs for breastfeeding and infant care. For example:
  - New birth parents do not consume cold foods and beverages for several weeks or months.
  - Limitations are placed on postpartum activity.
  - There are taboos on ways of touching or referring to the baby.
  - Colostrum is considered valueless or undesirable, and breastfeeding is discouraged until the second or third postpartum day.
  - The roles of each parent may differ culturally.

Advice to Clinicians
Be Empowering

Learn community demographics to assist in interactions with families.

- Recognize unchangeable factors such as personality or lifestyle limitations.
- Respond appropriately to customs and body language.
- Ask about etiquette in a situation if you are unsure of cultural customs.
- Accept health and illness behaviors that do not compromise breastfeeding.

Low-Income Families

- Low income affects healthcare choices.
  - Lower educational and occupational levels and self-esteem can lead to limited expectations.
  - Families often live in unfavorable housing conditions with inadequate community services.
  - Physical and mental health problems may be prevalent.
  - Broken families and relocation problems can create obstacles.
  - Families often experience isolation, alienation, or language differences.

  - Childbirth class participation may be low because of cost, availability, or lack of interest.
  - Families may use multiple sites for prenatal care, birth, and health care.
- Low-income families often face psychosocial challenges.
  - May lack accurate information and family and community support.
  - May find breastfeeding to be one more potential stress or failure in their lives.
  - May face crises and challenges related to survival.
  - May have little discretionary time or money.
  - May be concerned about pain, smoking, and returning to work.
  - May feel detached and unable to control their lives and surroundings.
  - May distrust the "system" that health-care providers represent.
  - May be unaware of community resources available to low-income families.
- Factors that increase the likelihood of breastfeeding
  - Higher level of education, married, and greater ego maturity.
  - Family and peer support, particularly when someone close had a positive breastfeeding experience.
  - Community health interventions.
  - Encouragement from medical personnel.
  - Peer support through discussion groups.

Advice to Clinicians
Seek Help

- Refer low-income families to community resources such as Women, Infants, and Children (WIC) in the United States and Canada Prenatal Nutrition Program (CPNP).
- Enlist help from other families in the culture to promote breastfeeding.
- Access bilingual help through a colleague, family friend or relative, translator line, or a local school.
- Enlist a same-gender interpreter who communicates accurately with no personal opinions or values.

Employment and Breastfeeding

The Decision to Combine Working and Breastfeeding

- Employees likely to combine work and breastfeeding share common traits.
  - Are older and more educated.
  - Work fewer hours per week.

- Occupy positions that are more likely to accommodate breastfeeding.
- Return to work later than 2 to 3 months postpartum.

- Employees may be unaware it is possible to continue breastfeeding.
  - Confronted with obstacles from a nonsupportive society.
  - Receive mixed messages from health professionals.
  - Have a short maternity leave.
  - Lack breastfeeding knowledge.
  - View breastfeeding as an interruption in career and lifestyle.
  - View employment as a socially acceptable reason to wean.
- An unsupportive work environment may not accommodate breastfeeding.
  - It does not allow space and protected time for milk expression.
  - The employer does not support breastfeeding.
  - Colleagues are resentful.
  - The employee faces potential demotion, job loss, verbal abuse, or social isolation.

Making It Work

- Encourage families to explore options and support at work.
  - Determine employer, supervisor, and coworkers' breastfeeding knowledge and support.
  - Extend maternity leave and insurance coverage for lactation assistance or a breast pump.
  - Return part time for days per week or hours per day; alter, reduce, or eliminate hours.
  - Arrange job sharing, telecommuting from home, or flexible hours.
  - Arrange childcare that will keep the parent and child together or near one another.
  - Return at the end of the workweek to minimize feeling overwhelmed in the transition.
- Arrange childcare that accommodates breastfeeding.
  - Decide whether the baby will receive breastmilk exclusively.
    - Nurse on breaks throughout the day if childcare is available onsite or nearby.
    - Increase feedings when the parent and baby are together (reverse cycle nursing).
    - Express milk for missed feedings to feed to the baby during the separation.
    - Feed artificial baby milk during the separation and nurse when with the baby.

- Begin preparations 2 to 3 weeks before returning to work.
  - Practice milk expression and begin storing milk.
  - Practice the feeding method when the baby is not too hungry.
  - Have a familiar person feed the baby.
  - Warm the bottle nipple to make it more acceptable to the baby.
  - Ease into a feeding routine that mimics the work schedule.
  - Make trial runs with the childcare provider.
- Acquaint the childcare provider with needs related to breastfeeding.
  - Provide written instructions about the care of expressed milk.
  - Explain preferences such as wanting the baby to be hungry when the parent returns.
  - Review the baby's feeding regimen and method.
  - Watch for signs of hunger so the baby does not become overly hungry.
  - Hold the baby in the same position as for breastfeeding.
  - Pace feedings and put the baby in charge of drawing milk into his mouth.
  - Communicate closely about feedings.
    - Amount the baby takes at a feeding.
    - How the baby handles the feeding method.
    - How the baby is doing in general.
- Prepare for breastfeeding issues after returning to work.
  - Express milk regularly to maintain milk production.
  - Respond to breast fullness.
  - Avoid engorgement, mastitis, plugged ducts, or excessive leaking.
  - Match pumping breaks to the baby's feeding schedule.
  - Pump 10 to 15 minutes at each pumping session with a double electric breast pump.
  - Combine hand expression with pumping to increase output.
- Take measures to relax when pumping.
  - Perform breast massage and apply moist heat.
  - Play a tape of the baby's sounds.
  - Keep a picture and article of the baby's clothing nearby.
- Preserve the safety of the milk.
  - Store the milk in quantities the baby will take at one feeding.
  - Milk can remain at room temperature for up to 6 hours.
  - Cool and transfer the milk to the refrigerator at home.
- Wear appropriate clothing.
  - Wear clothes with easy breast access for pumping and for nursing before and after work.

    - Wear breast pads to absorb leaking; keep a jacket, sweater, or change of clothes at work.
  - Plan quiet time with the baby at the end of the workday.
  - The baby may increase the frequency and duration of feedings when with the breastfeeding parent.

Employer Support for Breastfeeding

- Benefits to employers
  - There is a cost savings of $3 for every $1 invested in breastfeeding support.
  - Breastfed children of employees experience less illness.
  - Breastfeeding employees have less absenteeism to care for ill children.
  - Healthcare costs are lower (average of $400 less per baby over the first year).
  - Employee productivity improves, and morale and loyalty are greater.
  - Employers can attract and retain valuable employees.
  - Employers have a family-friendly image in the community.
- Breastfeeding-friendly employer practices
  - Extend the length of paid maternity leave.
  - Provide childcare at or near the work site.
  - Provide prenatal and postpartum programs for parents.
  - Protect pumping time and prohibit nonsupport or sexual harassment from other employees.
  - Allow employees to take breastfeeding breaks and bring their babies to work.

Features of an employer lactation room:

- Dedicated space with privacy, a lockable door, and a privacy screen
- Nearby access to a clean and safe water source
- Sink for washing hands and rinsing breast pump equipment
- Refrigerator or access to hygienic alternatives for storing expressed milk
- Comfortable chair with arm support
- Electric breast pump and power source
- Table, desk, or shelf for the breast pump and supplies
- Mirror for checking that clothes are back in place before leaving the room
- Wall decorations with visual appeal
- Options for passing time such as quiet music and reading material
- Sign-in book to track feedback and the number of employees who use the space

Tutorial for Students and Interns

Key Clinical Management Strategies

From *Clinical Guidelines for the Establishment of Exclusive Breastfeeding* (ILCA, 2014):

- Include family members or significant others in breastfeeding education.
- Provide anticipatory guidance for common problems that can interfere with exclusive breastfeeding.
- Discuss contraceptive options and their possible effect on milk production.

Key Clinical Competencies

Data from *Clinical Competencies for the Practice of IBCLCs* (IBLCE, 2012):

- Provide individualized breastfeeding care with an emphasis on making informed decisions.
- Assess parent's psychological state and provide information appropriate to the situation.
- Include those family members or friends identified as significant to the parent.
- Report instances of child abuse or neglect to specific agencies as mandated or appropriate.
- Instruct parents about family planning methods and their relationship to breastfeeding.
- Demonstrate knowledge of and sensitivity to cultural differences.
- Assist parents with cultural beliefs that are not evidence based and may interfere with breastfeeding.
- Assist adolescent parents.
- Assist parents with strategies for returning to school or work.
- Assist parents with postpartum psychological issues, including transient sadness ("baby blues") and postpartum depression.
- Make appropriate referrals to other healthcare professionals and community resources.
- Obtain clinical experience with breastfeeding hotlines and warm lines.
- Obtain clinical experience with a volunteer community support group meeting.

From Theory to Practice

1. How would you describe health consumerism to parents?
2. How does informed consent relate to health consumerism?
3. What distinguishes medical advice from parenting advice? What are some examples of parenting advice in breastfeeding counseling?
4. Why do parents need to be honest with their healthcare providers if they choose not to follow their advice?

5. What factors might affect motivation to breastfeed for a low-income family?
6. What special needs might a single parent have with breastfeeding?
7. How can you empower a teen parent to breastfeed for an extended time?
8. How can you ensure you meet the needs of LGBTQ families?
9. How can you learn a family's cultural influence on breastfeeding and parenting practices?
10. What cultural practices could be detrimental to breastfeeding, and how would you approach this with families?
11. What options are there in accommodating breastfeeding and employment?
12. What preparations related to breastfeeding will help to facilitate a smooth transition for returning to work?
13. What benefits are there to the employer who supports breastfeeding?
14. How would you distinguish between postpartum blues, depression, and psychosis?

Consider what you would investigate and how you would respond to these statements by a parent. What would be your first statement?

15. I feel so out of control with my emotions since my baby was born last week. I never know whether to laugh or cry!
16. My older children are constantly getting on my nerves. The baby is 2 months old, and breastfeeding still takes up so much of my time. I don't know how much more I can take.
17. My baby is 1 month old, and I am constantly tired. Breastfeeding seems to be taking a lot out of me.
18. My partner doesn't seem very interested in our baby and seems to resent all the time I spend breastfeeding.
19. My sister breastfed for 18 months and didn't get pregnant even though she wasn't using any form of birth control. I plan to do the same thing.
20. My mother-in-law is always telling me I don't have enough milk and that my baby seems hungry all the time. My husband says to just ignore her.
21. My 2-year-old daughter is jealous of the time I spend nursing my new baby and is disruptive during feedings.
22. I don't have time to express milk at work. I'm away from my baby for 9 hours, I leak all the time, and my breasts are uncomfortable. And I don't have enough milk in the freezer for my caregiver to keep giving my milk to my baby.

Resources

Edinburgh Postnatal Depression Scale: https://psychology-tools.com/epds
Lactational Amenorrhea Method: http://www.waba.org.my/resources/lam
Maternity Protection Campaign Kit: http://www.waba.org.my/whatwedo/womenandwork/mpckit.htm

The Business Case for Breastfeeding: http://www.womenshealth.gov/breastfeeding/government-in-action/business-case-for-breastfeeding/easy-steps-to-supporting-breastfeeding-employees.pdf

Supporting Nursing Moms at Work: Employer Solutions: http://www.womenshealth.gov/breastfeeding/employer-solutions