

## **Connecticut WIC Program:**

# **Consistent Breastfeeding Education Messages: Supporting Breastfeeding Goals of Overweight and Obese Women**

**Why it is important:** WIC promotes breastfeeding as the optimal feeding method for infants. Women with a high BMI may encounter physical and physiological barriers to breastfeeding successfully or meeting their breastfeeding goals. For some women, discussing weight can be a delicate issue and this content sheet provides nutrition staff with the evidence related to breastfeeding and maternal obesity along with guidance for how to address this subject appropriately with overweight and obese women to support them in meeting their breastfeeding goals.

*What the evidence says:* (Hilson et al, 2004, Journal of Human Lactation, 18-29)

For each unit increase in pre pre-pregnancy BMI there is a half hour delay in onset of Lactogenesis II (milk coming in). Therefore, larger women will not have copious amounts of milk as quickly as women with a pre-pregnancy BMI within the normal range. For example, a woman with a BMI of 40 could have a delay as great as 10 hours in Lactogenesis II compared to a woman with a BMI of 20. Babies of overweight and obese women are at increased risk of prolonged colostrum phase, leaving them more vulnerable to early breastfeeding complications and putting the baby at greater risk of formula supplementation.

### **Nutritionist should be aware of**

- Mom is likely unaware of complications that may arise with breastfeeding related to her pre-pregnancy status of overweight or obese
- Research has shown that that overweight and obese mothers compared to non-overweight and non-obese mothers showed a decrease in prolactin response to suckling that persisted over the first week. The delay in Lactogenesis II and the blunted prolactin response to suckling during the first 7 days may be contributors to the high proportions of overweight/obese women who abandon breastfeeding during the important period of time (Hilson et al, 2004, Journal of Human Lactation, 18-29). The physiological low prolactin yield results in delayed mature milk production. Women who have breasts sized DD or larger typically have large flat breasts, with large areolas. This can make positioning and latch more challenging for infant. This sheet is intended to be used only by the nutritionist.

### **WIC goal**

Prepare overweight and obese women for breastfeeding success by providing them with evidenced based information in a sensitive, individualized manner by discussing their understanding regarding potential breastfeeding complications related to body size and physiology.

**Learning objectives:** After attending an individualized counseling session, a participant will be able to

1. Understand the science that can impact her breastfeeding goals.
2. Realize her breastfeeding goal by using strategies to maximize milk supply and safety during breastfeeding.
3. Feel comfortable with discussing concerns about weight and ability to breastfeed.
4. Verbalize plan for breastfeeding when away from home, if so desired.

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### **Possible concerns mom may have**

- Lack of confidence with her body (body image) or her body's ability to support her infant's nutritional needs.
- Hesitancy to breastfeed in public

### **Questions to ask mom**

- How do you feel about breastfeeding your baby?
- How do you feel about your breasts?
- If Mom has had previous children: How did you feed your other children? If breastfed, tell me how breastfeeding experience was.

### **Ideas to appropriately discuss this information with all mothers**

- Skin to skin
- Rooming In
- Recognizing feeding cues
- Frequency of demand feedings i.e. 8-12x/d
- Avoidance of pacifier
- Comforting/nursing to soothe baby

**Provide Affirmations** (Dependent on mom's feedback/concerns: Use positive tone, non-verbal cues, and follow mom's lead)

- Other moms are concerned like you, you're not alone!
- I am so excited to learn of your interests in breastfeeding! I would like to work with you to ensure you have all the information and support you need to meet your breastfeeding goals.
- Many women are not 100% confident about their body. We can talk about ways that you can be very confident about breastfeeding.
- It's great that you are committed to your own health and baby's health. Breastfeeding is a great way to help you both be healthy

### **Key educational messages/Ways to encourage Mom:**

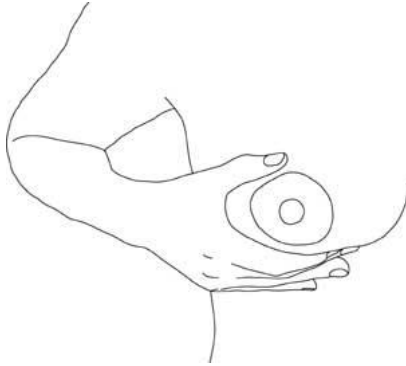
- Breastfeeding at least 10-12x/d (may not reduce the delay of Lactogenesis II (milk coming in) but will keep your baby hydrated, help protect against excess weight loss, and avoid the need to supplement with formula. It is important to monitor for excess weight loss in baby.)
- In the hospital, practice "Rooming In" to help facilitate baby led breastfeeding
- Skin to skin: helps lower stress levels in mom and baby. Keeps babies warm, and helps facilitate baby led breastfeeding

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### **Anticipatory Guidance (Can be used prenatally or postpartum)**

- Scripted dialogue for nutritionist to use with mother about how overweight may slow or delay Lactogenesis II (refer to section 1: what evidence says)
- Wear layers. Comfortable clothes, does not need to be fancy or expensive
  - Wearing restricted clothing will not only make mom feel uncomfortable and make it more difficult to put infant to breast (especially discreetly in public), but it also increases mom's risk of plugged ducts and mastitis.
- There are ways to help Mom with positioning if she is overweight or obese or if they have larger than DD sized breasts.
  - Modify inexpensive sports bras for additional support by cutting holes for the breasts.
  - Experiment with different BF position (with the football position, be sure breast is not leaning on the babies chest in order to avoid excess pressure on chest or baby)
  - Place breast on a table to support both the breast and the baby, use arm to wrap around and secure baby on the surface at all time.
  - Tuck a wrapped towel or receiving blanket under the breast for support.
- Support breast with the use "C" hold ([www.lli.org](http://www.lli.org))



- Set up a nursing station: a comfortable space in your home designated for breastfeeding your baby. Nutritionist to Refer to the "Getting ready to Breastfeed" handout from childbirth graphics.
- Good breast hygiene: clean and dry skinfolds daily, may help prevent itching, burning and infections.
- Get an appropriate sized breast flange if using breast pump to express milk
- Ask for help. Every new mom needs help, whether it is with cooking and cleaning or caring for the baby. Take some time now to identify people in your life that can help you with various aspects of being a new mom or mom again. Talk to them ahead of time about what you would find helpful.
- If it is medically necessary to supplement with formula, this does not mean breastfeeding is over.
- Prenatally when discussing weight gain grid and BMI, BMI and breastfeeding impacts can be mentioned or discussed.

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## Handouts

- C Hold ([www.lli.org](http://www.lli.org))
- Handouts from Child Birth Graphics:

“Positions for breastfeeding”



“Getting ready to Breastfeed”



## Activities

- Rolling up a small towel to tuck under breasts to demonstrate positioning assistance.
- Nursing station: review what patient has available to aid in creating a breastfeeding space in the home
- Identify a support network
  - Family/friends and how they can support
  - Support groups in community and their value
  - Clinical Lactation Support
  - WIC Lactation Support

## References

Hilson, et al. 2004. “High Prepregnant Body Mass Index Is Associated With Poor Lactation Outcomes Among White, Rural Women Independent of Psychosocial and Demographic Correlates.” *Journal of Human Lactation*, 20(1), 18-29.

Childbirth Graphics: “Getting Ready to Breastfeed” and “Positions for Breastfeeding”