Breastfeeding Resource Guide (BRG)

The Breastfeeding Resource Guide aims to provide you with certain basic information and references so that you will be ready to support the normal course of breastfeeding and to help mothers cope with common concerns. It also directs you to relevant resources to support mothers facing specific breastfeeding challenges.

The Womanly Art of Breastfeeding = WAB 2010 or WAB 2004

Other resources listed are LLLI tear-off information sheets and pamphlets. These are available from the LLLI Store http://store.llli.org/public or your supporting Leader may have copies you can borrow. Find out what other resources are available in your LLL entity; they may provide alternatives to the LLLI resources listed below. Use the most up-to-date resources available to you.

How to use the BRG

LLL Leaders support mothers by providing them with information and encouragement to make their own decisions. Providing information is just one aspect of the Leader’s role. Leaders are not expected to know everything about breastfeeding; they are required to know where to find further information and support if they do not have the information necessary to support a mother.

- The BRG is a resource which you can use later as a Leader as well as now as a Leader Applicant; add to it to develop a resource which will help you gain confidence to support breastfeeding mothers.

- Use the BRG in ways that suit you and your preferred learning style, so that you gain confidence to support mothers with relevant breastfeeding information.

- The Womanly Art of Breastfeeding (2010 and 2004 editions) is the primary resource referred to in the BRG. Chapter and index references are provided. You may want to look up key words (some of which are printed in bold) in the index of any references you use. Make a note of additional resources available to you.

- New or revised LLLI tear-off information sheets and pamphlets are continually becoming available. Make use of the most up-to-date references available to you.

- The BRG is a tool which you may choose to use in conjunction with the Preview of Mothers’ Questions/Problems and Group Dynamics/Management as you become familiar with the information and resources available to you. You can build your knowledge and skills through note taking, discussion with your supporting Leader, writing an answer to a hypothetical email question from a mother, and role-play with your supporting Leader.

How to complete the BRG

Leader Applicants are required to complete the BRG (LLLI Criteria for Leader Accreditation, Policies and Standing Rules Notebook, Appendix 18). Consider each topic presented and self-assess your familiarity with the information and resources provided. Work with your supporting Leader to practice using your knowledge in the ways described above.
Part A: LLL Resources for Mothers

Every Leader is a resource
When a mother calls for support with the normal course of breastfeeding, remember that you are a valuable resource. Listening, empathizing, reflecting her feelings back to her, clarifying her concerns—these can help in themselves, before you even begin to share information. You may be able to simply confirm to the mother that what she is experiencing is within the normal course of breastfeeding, and this will help her gain confidence to continue. She may be going through a particular phase while her baby builds up her milk supply or begins to learn the difference between night and day. There may be things she can do to help cope with her baby’s intense need for her and her milk. It may help her to know that, even if she does nothing differently, her situation is likely to change all by itself because her baby is growing, developing, and learning. This week’s overwhelming problem soon becomes history as time and our babies move on.

A Leader is also a resource in terms of the information she can provide. Her knowledge and experience, as well as her familiarity with the resources available to her, contribute to her effectiveness at imparting appropriate information to support a mother.

Published LLL resources
The Womanly Art of Breastfeeding (WAB) provides answers to many mothers’ questions. LLL Groups often keep more than one copy in the Group Library, if available, to loan to any mother who comes to a meeting. A stock of LLL pamphlets and information sheets will mean that you can provide relevant printed support on a range of topics. Find out what is available from the LLLI Store http://store.llli.org/public or from LLL in your entity. Accredited Leaders can also access resources from the Community Network (LLLI online discussion groups and resources for Leaders). Breastfeeding Answers Made Simple (BAMS, 2010) by Nancy Mohrbacher and The Breastfeeding Answer Book (BAB, 2003) are optional resources that you can refer to, if available. Make use of the most up-to-date references available to you.

Online resources
Online resources give you the option to refer a mother immediately to information or send her something electronically. On the LLLI Web site www.llli.org you can find:

- Frequently Asked Questions (FAQs) index (subjects listed alphabetically) www.llli.org/FAQ/FAQSubject.html
- Breastfeeding Answers resources index www.llli.org/nb.html

Both of the above resources will help you find answers to common breastfeeding questions; it is worth visiting these pages to see the range of information available.

- Information about LLL support available to mothers, including links to LLL Web sites around the world.
- Online Mother-to-Mother Forums on which mothers can discuss their specific questions and seek help and support from Leaders and mothers.

There are several non-LLL Web sites that Leaders find informative and helpful. If a Leader suggests these resources to a mother, it is important to mention that the information is not from LLL, yet may be helpful. Describe any association with LLL, such as if the author is a Leader, and the reason you are recommending the site. If you have any reservations about the style or content of the source, either find an alternative source of information or mention your reservations to the mother.

In the list below, Dr. Newman is on the LLLI Health Advisory Council and the others are LLL Leaders as well as holding other qualifications related to breastfeeding. Leaders need to check out the information they think is relevant before passing it on to a mother.

- Jack Newman, M.D.: www.drjacknewman.com
- Kelly Bonyata, M.S., IBCLC: www.kellymom.com
- Diane Wiessinger, M.S., IBCLC: www.normalfed.com
- Nancy Mohrbacher, IBCLC, and Kathleen Kendall-Tackett, Ph.D., IBCLC: www.breastfeedingmadesimple.com
- Suzanne Colson, Ph.D.: www.biologicalnurturing.com
Part B: Breastfeeding: How it makes and delivers milk

The structure of the breast: how it makes and delivers milk

Health and nutritional benefits of human milk

Study Questions

1. Identify the nipple, areola, and Montgomery glands on a breast and describe each.

2. What are the signs of milk ejection (let-down) reflex?

3. Name a few signs of a let-down (milk-ejection) reflex.

4. Who is your Professional Liaison (PL) Leader? How can we use the Medical Questionnaire to gather information prior to contacting the PL Leader?

Study Questions

1. What is a Leader's Log and why must all Leaders keep one? What information needs to be included in this log?

2. Beyond that? What basics are important to remember when a mother calls with a question about a medication she is taking? Who or what are your references?

3. How can we recognize situations where a mother needs extra help? Where can she turn first? Next?

4. Who is your Professional Liaison (PL) Leader? How can we use the Medical Questionnaire to gather information prior to contacting the PL Leader?

People resources

Every LLL Leader is part of a network of support which extends far beyond the individual or the Group. Sometimes consulting with another Leader (respecting the confidentiality of personal information) will provide you with the support you need. The Professional Liaison Department (PLD) offers support and accurate, up-to-date information to Leaders helping mothers in medical, legal, or other complex or unusual situations. You can contact the PLD if you receive a helping call which goes beyond the normal course of breastfeeding, and for which your usual resources are not adequate. Find out about the LLL support structure where you live.

Leader's Handbook, Chapter One, provides information about how to effectively use online and people resources, as well as how to best communicate that information to mothers. Part E of this Breastfeeding Resource Guide (see below) also provides helpful information about situations that are beyond the normal course of breastfeeding.
Part C: What Is “Normal” for a Full-Term, Healthy Breastfeeding Baby?

There is wide variation in what is normal. No one can tell a mother, for example, how often or how long her baby will need to nurse or at what age he will “sleep through the night.” Babies’ nursing patterns vary, and a pattern that is right for one mother and baby may not be right for another. Also, an individual baby’s nursing pattern may vary as he grows. A healthy baby with a good suck who is gaining normally and thriving will naturally fall into the nursing pattern that is best suited to him. By responding to her baby’s cues, a mother can be confident that she is doing the best for her baby.

From your own experience, you will know many aspects of behavior which are within the normal range for a breastfeeding baby. To read more about this topic, see:

- WAB 2010 Part II, “Ages and Stages”
- WAB 2010 Chapter 5 “The First Few Days: Hello, Baby . . . ”
- WAB 2010 Chapter 6 “The First Two Weeks: Milk!”
- WAB 2010 Chapter 7 “Two to Six Weeks: Butterfly Smiles”
- WAB 2010 Chapter 8 “Six Weeks to Four Months: Hitting Your Stride”
- Or
- WAB 2004 Chapter 4 “Your Baby Arrives”
- WAB 2004 Chapter 5 “At Home with Your Baby”
- WAB 2004 Chapter 6 “A Time to Learn”

Infant reflexes and sucking

For further information, see the LLLI pamphlets:

- LLLI pamphlet: *When You Breastfeed Your Baby*
- LLLI pamphlet: *Nipple Confusion: What’s Real and What's Not?*
- LLLI pamphlet: *Pacifiers: Yes or No?*

Maternal nutrition

- WAB 2010 index: “Latching and attaching;” or WAB 2004 Chapter 12 “Nutritional Know-How”
- LLLI pamphlet: *Nutrition and Breastfeeding*

Positioning and attaching a baby at the breast

- WAB 2010 Chapter 4 “Latching and Attaching;” or WAB 2004 Chapter 4 “Your Baby Arrives”
- LLLI pamphlet: *When You Breastfeed Your Baby*
- LLLI Web site FAQ: [www.llli.org/FAQ位置ing.html](http://www.llli.org/FAQ位置ing.html)

Signs baby is getting enough milk

- WAB 2010 Chapter 5 “The First Few Days: Hello Baby . . . ;” or WAB 2004 Chapter 4 “Your Baby Arrives”
- LLLI tear-off sheet: *Establishing Your Milk Supply*

Occasionally a mother will be concerned that her baby is gaining weight too quickly:

- WAB 2010 index “Weight gain;” or WAB 2004 Chapter 7 “Common Concerns”

Study Questions

1. How often, on average, do newborns need to nurse? About how many times in 24 hours?
2. Explain the difference between foremilk and hindmilk.
3. What is the rooting reflex and how does it affect breastfeeding?
4. Why is it important for a mother to hear or see her baby swallowing?
5. How can a mother reassure herself that her baby is latching on and sucking well?
6. What kind of a diet does a breastfeeding mother need?
7. How can a breastfeeding mother determine how much liquid intake she requires? Is any particular liquid, such as milk, required? Why or why not?

8. What are the basics of proper positioning? What can signal a possible positioning problem?

9. Describe how to help a mother get her baby latched on effectively.

10. How can a mother tell if her baby is getting enough milk? What are some signs that he is not? What might we suggest?

11. How does colostrum help a baby pass meconium?

12. On average, when should a baby regain his birth weight?

13. How can early supplements interfere with breastfeeding? How can a Leader help a mother reduce or eliminate them?

Breastfeeding and separation
If a mother must leave her baby, taking his needs into account will help ensure as positive an experience as possible for both mother and baby. Many parents find that they can minimize separation of mother and baby, adapting their lives to include their babies and children, such as by taking baby along when going out or travelling, and by altering work arrangements/taking maternity leave for as long as possible.

- WAB 2010 index: “Separations;” or WAB 2004 Chapter 5 “At Home with Your Baby”
- WAB 2010 Chapter 14 “When You Can’t Be With Your Baby;” or WAB 2004 Chapter 9 “Making a Choice”

Breastfeeding and working
The references for “Breastfeeding and separation” (above) may be helpful, as well as resources that specifically support a mother who is returning to work.

- WAB 2010 index: “Pumping;” or WAB 2004 index: “Pumping your milk”
- WAB 2010 Chapter 15 “Milk to Go;” or WAB 2004 Chapter 8 “Breastfeeding and Working”
- LLLI tear-off sheet: A Guide to Pumping Your Milk
- LLLI tear-off sheet: Choosing and Using a Breast Pump
- LLLI tear-off sheet: Storing Human Milk
- LLLI tear-off sheet: Working and Breastfeeding
- LLLI pamphlet: Balancing Act

Study Questions - continued
14. What suggestions could we offer a mother who is introducing a bottle to her baby?

15. What factors determine the number of times a mother needs to pump while away from home?

16. Stimulating the let-down reflex is the key to effective milk expression. What are some techniques a mother might employ to trigger this reflex?

17. Hand expression may be more acceptable than mechanical pumps to some mothers. How could we describe the steps of hand expression to a mother?

18. What information is important to share with a mother who plans to express and store milk for her baby?

Solid food: baby’s readiness

- WAB 2010 Chapter 13 “The Scoop on Solids;” or WAB 2004 Chapter 13 “Ready for Solids”
- LLLI tear-off sheet: Introducing Complementary Foods to Your Breastfed Baby

Weaning from the breast

- WAB 2010 “Everybody Weans;” or WAB 2004 Chapter 14 “Weaning Gradually, with Love”
- LLLI pamphlet: Approaches to Weaning

Study Questions - continued
19. For how long is his mother’s milk the appropriate primary food for an infant?

20. How does a breastfed baby indicate readiness for solids?

21. While not every baby accepts new foods in the same order, what might we suggest as a first food? What food group might follow? Why?

22. When a baby begins eating solid foods, how might the mother introduce a new food and why?

23. Describe natural weaning and its advantages

24. If a mother chooses to wean, describe a plan if time is not an issue.

25. Discuss a few situations where a mother may have been told to wean her infant. What suggestions might we offer in each situation?

26. If abrupt and/or temporary weaning is required, what consequences can a mother expect? What
suggestions might we offer to help her and her baby cope with them?

Part D: Common Concerns

- WAB 2010 Chapter 18 “Tech Support”

Allergies
- WAB index: “Allergies”

Breast refusal in the early days
A baby may refuse to take the breast, which can be very distressing for a mother. There are many possible explanations for this, and your support may enable the mother to work out what is happening and encourage her to persevere.
- WAB index: Nipple shields; Refusing to nurse
- LLLI pamphlet: How to Handle a Nursing Strike
- LLLI tear-off sheet: Nipple Shields

Cesarean birth
- WAB index: Cesarean birth
- LLLI tear-off sheet: Breastfeeding after Cesarean Birth
- Leader Accreditation Department booklet: Childbirth and Breastfeeding: Background Information for Leader Applicants and Supporting Leaders www.llli.org/docs/лад/ChildbirthandBreastfeeding.pdf

Encouraging the let-down reflex
- WAB 2010 index “Milk release” (milk ejection reflex); or WAB 2004 index "Let-down reflex, encouraging"

Engorgement
- WAB index: Engorgement
- LLLI tear-off sheet: If Your Breasts Become Engorged

Flat or inverted nipples
- WAB index: Flat nipples; Inverted nipples; Nipple shields
- LLLI tear-off sheet: Nipple Shields

“High need" babies/colicky babies
- WAB 2010 index “Colic; Fussy babies;” or WAB 2004 index “Colic; Fussiness; High need babies.”

Jaundice in healthy newborns
Jaundice in a newborn baby is a common and usually harmless condition. In most cases the jaundice will disappear by itself in two to three weeks. Learn what causes normal or physiologic jaundice and how breastfeeding can help.
- WAB index: Jaundice, newborn
- LLLI tear-off sheet: Tips for Rousing a Sleepy Newborn
- LLLI tear-off sheet: Newborn Jaundice

If a mother continues to be concerned about her baby’s jaundice or if the jaundice threatens the continuation of breastfeeding, you may need to provide additional information and support. See “Jaundice” on page 10 (Part F: “Breastfeeding Challenges”).

Nighttime nursing
- WAB 2010 Chapter 12 “Sleeping Like a Baby;” or WAB 2004 index “Nighttime nursings”
- LLLI tear-off sheet: Safe Sleep

Nipple/suck confusion
- WAB 2004 index “Nipple confusion”

October 2011
Nursing strike
Occasionally a baby will suddenly refuse to nurse for no apparent reason. This can be a real puzzle, whatever the age of the baby. A situation like this is called a nursing strike. The resources for “Breast refusal in the early days” (page 6) may also help.
- WAB index: Nursing strike
- LLLI pamphlet: How to Handle a Nursing Strike

Signs baby is not getting enough milk
Learn what weight gain and other signs of well-being to expect in the early days and weeks. Asking questions and gathering information to establish the baby's weight gain and loss are essential. If a mother’s concern about her milk supply seems to be warranted, these resources can help you support her:
- WAB 2004 Chapter 5 “At Home with Your Baby;” Chapter 17 “When Extra Care Is Needed”
- LLLI tear-off sheet: Is My Breastfed Baby Getting Enough Milk?
- Diana West's Web site: www.lowmilksupply.org

Sleepy newborn
- WAB 2004 index: Sleepy baby
- LLLI tear-off sheet: Tips for Rousing a Sleepy Newborn

Sore breasts
- WAB 2010 Chapter 18 “Tech Support”
- WAB 2004 Chapter 4 “Your Baby Arrives,” Chapter 7 “Common Concerns”
- LLLI tear-off sheet: If Your Breasts Become Engorged
- LLLI pamphlet: Help for Sore Breasts
- LLLI tear-off sheet: Care Plan for Mastitis

Sore nipples; thrush
- WAB 2010 Chapter 18 “Tech Support”
- WAB 2004 Chapter 4 “Your Baby Arrives,” Chapter 7 “Common Concerns”
- LLLI pamphlet: Help for Sore Nipples
- LLLI tear-off sheet: Are Your Nipples Sore?
- LLLI tear-off sheet: Treating Thrush
- LLLI pamphlet: Treating Thrush in the Breastfeeding Family

Too much milk
Mothers are sometimes worried about an overabundant milk supply or overactive let-down reflex.
- WAB 2010 index “Oversupply;” or WAB 2004 index “Overabundant milk supply”

When supplemental feeds interfere with breastfeeding
Mothers of young babies are sometimes advised to give supplements of water or artificial baby milk (formula) in addition to breastfeeding.
- WAB index: Supplements can interfere with milk supply

Study Questions
1. What are some typical symptoms of allergies in a breastfed baby?
2. What are some suggestions for a mother to try if she suspects an allergic reaction?
3. How long must a mother stop eating a food for it to be eliminated from her system and that of her baby?
4. How can we help the mother who has had a caesarean birth to breastfeed?
5. Name a few signs of a let-down (milk-ejection) reflex.

6. How can a mother encourage her let-down (milk-ejection) reflex?

7. What factors can influence let-down?

8. What is engorgement? How can a mother minimize it? How can it be treated?

9. What breastfeeding problems may exist for a mother with flat nipples? with inverted nipples? How can these be overcome before/after the baby is born?

10. When might a nipple shield be suggested and what information would a mother need about its use?

11. What is thought to contribute to physiologic jaundice in a breastfed infant? What can help the baby eliminate bilirubin?

12. Discuss phototherapy and the side effects bili-lights may have on a baby.

13. What suggestions might a Leader make about nighttime nursing?

14. What suggestions can a Leader make to help a mother to encourage her baby back to the breast after he has become used to bottles?

15. What is a nursing strike and what suggestions can a Leader make to help a mother in this situation?

16. What is slow/low weight gain? List some possible reasons for slow/low weight gain and the actions that can be taken to help baby gain weight. What is failure-to-thrive?

17. How can a mother increase her milk supply?

18. What is breast compression, and how does it work?

19. What are some ways to rouse a sleepy newborn?

20. What is a plugged duct and how can it be managed?

21. Give symptoms of breast infection/mastitis. What steps can the mother take to relieve soreness? When does a mother need to see her health care provider for mastitis?

22. Name some possible causes of sore nipples and suggest possible solutions.

23. What are some sucking problems that could cause sore nipples?

24. If a mother develops sore nipples, what are some things she can do to hasten healing?

25. How could teething affect a mother's nipples? What could be some suggestions to help a mother minimize this?

26. List the symptoms of a yeast infection for mother and baby. How will this affect breastfeeding? What can the mother do?

27. What are some of the predisposing conditions for a mother or baby who has thrush?

28. Some babies have problems coping with milk flow. How can a mother overcome this problem?

29. How can supplements affect milk supply and what can a mother do to get things back on track?

### Part E: Beyond the Normal Course of Breastfeeding

Sometimes mothers contact LLL with a very specific question about a breastfeeding challenge requiring specific information and support. Knowing where and how to access relevant information is crucial. The Womanly Art of Breastfeeding contains information about certain breastfeeding challenges; if this information is not enough, you will need to know where to look next or whom to ask for the information you need.

**Published resources (optional for Leaders)**

If you own a copy of the 2010 Breastfeeding Answers Made Simple (BAMS), the 2003 Breastfeeding Answer Book (BAB), or another more technical resource, such as the most current edition of Medications and Mothers’ Milk by Thomas Hale, these may provide the answers to specific questions. Sometimes it is enough to look up the relevant section of the BAMS, for instance, and learn along with the mother what she needs to know, reading aloud the relevant extract. An example is if the mother has blood in her milk. The WAB does not have an entry about this in the index, but BAMS and BAB both give detailed information about it (“Blood in milk” is in the index), which can inform a mother who may be anxious about it.

**Medical questions**

You can refer a mother’s question pertaining to a medical condition, either of the mother or the baby, to the Professional Liaison Department (PLD). Contacting a PLD Leader by telephone or email is one way of accessing information you need to help the mother.

Although most mothers' questions can be answered over the telephone, it is sometimes apparent that a mother would be helped most efficiently or effectively by a home visit (see the Leader’s Handbook index: Home visits). Making home visits, however, is not a part of basic Leader responsibilities. It is a Leader's choice as to whether she is able to provide a home visit to support a mother. If a Leader thinks a mother would benefit from a home visit but is unable to offer that herself, she
can refer the mother to another Leader in the community who is known to do home visits, a health professional, or a qualified lactation consultant.

**Handling challenging breastfeeding questions**

In certain situations, it becomes clear that the mother needs more information than you can provide. If that is the case, it is perfectly acceptable to say that you don’t know the answer to her question. In fact, it is important to be prepared to admit this. A mother will respect your honesty and appreciate your help with accessing accurate information.

So what can you do? Adapt the list below, depending on the urgency of the situation and the resources available to you:

- Explain that you would like to find out more information and get back to her.
- Make sure you have her contact details in your Leader’s Log; this could include her email address if she has an urgent question and you could send her information via email.
- Arrange to contact her within a reasonable time period, depending on the urgency of the situation.
- Refer to the LLL publications you own or have access to.
- Check out online LLL-recommended resources on the LLLI Web site Breastfeeding Answers resources index [www.llli.org/nb.html](http://www.llli.org/nb.html) See “Online resources” on page 3 (Part A: “LLL Resources for Mothers”).
- Telephone a Leader to get a second opinion, respecting the confidentiality of personal information (see the Leader’s Handbook index: Confidentiality).
- Contact a Professional Liaison Leader.
- Refer the mother to more local support from a health professional or breastfeeding drop-in, if available in your area, or to a lactation consultant.

Be sure that you record in the Leader’s Log the details of the call, the information offered, and further lines of support suggested.

Sometimes the mother will request a face-to-face visit, or you may want to suggest this as something for the mother to consider. If you are unable to visit the mother or have her come to you, it may be especially important to suggest that she see a local health care provider or lactation consultant, if there is one in the mother’s area. Lactation consultants often provide home visits for a fee. Talk to your supporting Leader about how to refer a mother to a lactation consultant.

**Medical implications**

The Leader’s Handbook refers to “health care providers,” which can include doctors, midwives, pediatricians, or any other health professionals involved in caring for the mother and baby. Read the “Breastfeeding Questions and Possible Medical Implications” section of Leader’s Handbook (Chapter 1 “Mother-to-Mother Help”) to gain confidence in handling questions relating to the following:

- When the Leader’s suggestions differ from the health care provider's advice
- Handling medically related breastfeeding questions
- The art of sharing information without giving medical advice
- Helping a mother to work with her health care provider
- Questions about medications while breastfeeding

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<tr>
<th>Study Questions</th>
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<tr>
<td>1. What resources are available to Leaders when helping mothers in situations beyond the normal course of breastfeeding?</td>
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<tr>
<td>2. What can a Leader do when she needs to find more information to answer a mother’s question?</td>
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**Part F: Breastfeeding Challenges**

The Womanly Art of Breastfeeding (WAB) 2010 Chapter 18 “Tech Support” or WAB 2004 Chapter 16 “Problems at the Beginning” and Chapter 17 “When Extra Care Is Needed” provide useful background information on many of the topics in this section. If you need information beyond the WAB, consult the Professional Liaison Department (PLD) or optional resources available to Leaders. Breastfeeding Answers Made Simple (BAMS, 2010) by Nancy Mohrbacher, and The Breastfeeding Answer Book (BAB, 2003) are optional resources that you can refer to. BAB is referred to below, since many Leaders have this book. If you have BAMS, you can look up each topic in the index. Make use of the most up-to-date references available to you. Another source of information is the LLLI Web site Breastfeeding Answers resources index [www.llli.org/nb.html](http://www.llli.org/nb.html) which provides links to relevant information and articles from Leaven and New Beginnings as well as to the Frequently Asked Questions (FAQs) pages.
This section lists the references which can help you support a mother facing a particular breastfeeding challenge. Become familiar with where to look for this information; practice explaining to a mother that you will find out more information and get back to her. You can use the references below to help you practice a helping situation from the Preview of Mothers’ Questions/Problems and Group Dynamics/Management.

Adopted baby
Sometimes mothers ask Leaders for support with relactation or induced lactation in order to breastfeed an adopted baby.
- WAB index: Adopted babies
- BAB Chapter 15 “Relactation and Induced Lactation”; See index: Adoptive nursing

Babies born with special needs
- Cleft lip/palate WAB index: Cleft lip or palate; BAB index: Cleft lip or palate; LLLI pamphlet: Breastfeeding a Baby with a Cleft Lip or Palate
- Cystic fibrosis and other metabolic conditions WAB index: Cystic fibrosis; BAB index: Cystic fibrosis; Galactosemia; PKU (phenylketonuria)
- Down syndrome WAB index: Down syndrome; BAB index: Down syndrome

Breastfeeding multiples
When a mother has more than one baby and is breastfeeding them, this is referred to as breastfeeding multiples.
- WAB index: Multiple births
- LLLI tear-off sheet: Tips for Breastfeeding Twins
- BAB Chapter 14 “Multiples—Breastfeeding Twins, Triplets, or More”; See index: Multiples, Twins

Diabetes and breastfeeding
- WAB 2010 index “Diabetes” or WAB 2004 index: “Diabetic mother; Diabetes, protection from”
- BAB index: Diabetes mellitis
- LLLI Web site New Beginnings article: “Breastfeeding With Diabetes” www.llli.org/NB/NBMayJun00p84.html

Hospitalization of mother or baby
- WAB 2010 index “Hospitalizations” or WAB 2004 index “Hospitalized mother.”
- LLLI pamphlet: When a Nursing Mother Gets Sick
- BAB index: Hospitalization: of baby, of mother, pumping

Jaundice
Newborn jaundice is a common concern; however, jaundice which continues to concern the mother beyond the first few days, or which appears to threaten the continuation of breastfeeding, can be regarded as beyond the normal course of breastfeeding and requires additional knowledge.
- WAB index “Jaundice”
- LLLI tear-off sheet: Newborn Jaundice
- BAB index: Jaundice

Postpartum depression (PPD)/postnatal depression (PND)
If you suspect, or a mother tells you, that she has postpartum depression, she may need medical or other specific support, such as from a local support group for mothers with PPD/PND.
- WAB index: Postpartum depression
Human milk is the best possible nourishment for premature infants, just as it is for full-term babies. A mother may need support and information about pumping her milk.

**Premature baby**

Situations can arise in which a mother needs to pump her milk for her baby. This can occur if the baby is premature, or if the baby has problems latching on at the breast, or there are health issues for either the mother or baby, or in situations involving separation of the mother and baby.

**Reflux**

Gastroesophageal reflux disease, which is not the same as normal "spitting up," can cause feeding problems. A doctor must diagnose reflux, but sometimes simple management strategies can help.

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**Study Questions**

1. What are some of the feelings that mothers might be dealing with in special situations? How can we help?
2. What are some good suggestions for a mother who has given birth to twins?
3. What information about breastfeeding would be helpful to a mother with diabetes?
4. How can Leaders help mothers facing hospitalization of mother or baby?
5. Under what circumstances would jaundice be of more serious concern than normal physiologic jaundice?
6. What are some symptoms of postpartum depression? How can a Leader help?
7. How can we assist the mother of a premature baby in pumping? When is it best for her to begin pumping and how often?
8. What can be expected in a premature baby’s first few feedings at the breast?
9. Give some ideas for easing the homecoming of mother and baby in special situations.
10. Name some strategies that could be helpful for a baby with reflux disease.

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The BRG will be updated online as new LLL resources become available. This version updated October 2011.
For the most up-to-date version of the BRG, visit the Leader Applicant Resources page at [http://www.llleus.org/Applicants.html](http://www.llleus.org/Applicants.html) or ask your supporting Leader or LAD representative to send it to you.