

Effective Breastfeeding Counseling



Studies show that WIC participants often know the benefits of breastfeeding....

Why then don't more breastfeed?

Perceived or Actual Barriers Have a Strong Influence



- ☒ Lack of confidence
- ☒ Embarrassment
- ☒ Fear of being tied down
- ☒ Planning to return to work or school
- ☒ Lack of support
- ☒ Incorrect information
- ☒ Belief that formula feeding is more “American”
- ☒ Hospital practices that are not supportive
- ☒ Access to “free” formula
- ☒ Lack of early assistance

The WIC Client's Perspective



- ⌘ Many aren't comfortable saying what they're really thinking.
- ⌘ Some believe that their fears or concerns are unique and have no solution.
- ⌘ Some are reluctant to share personal issues.

The "CPA's" Perspective



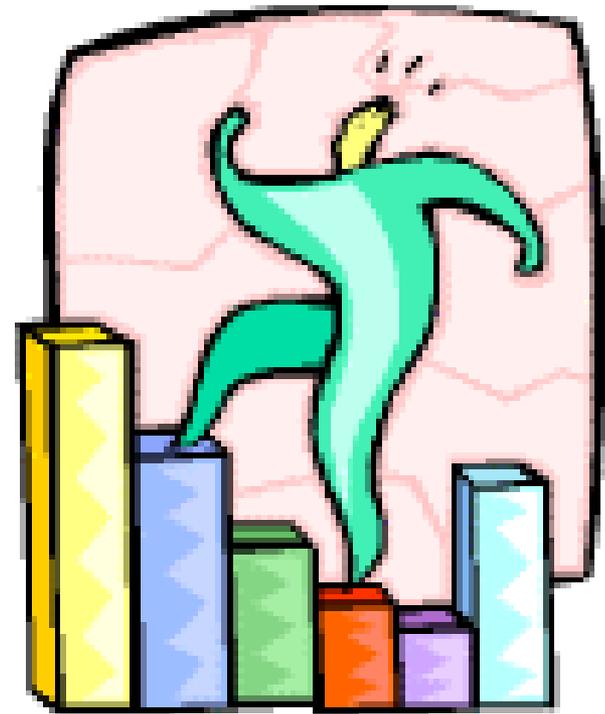
- ⌘ If the patients just knew more about the benefits, they would breastfeed.
- ⌘ I have certain things I'm required to tell the patient whether they listen or not.
- ⌘ I don't have time to do extra counseling.

What's Needed?



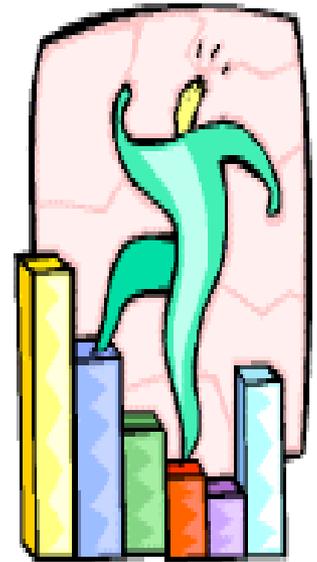
An effective counseling method that gets results, provides a sense of accomplishment, and satisfies program requirements without taking more time or adding work.

**The Three
Step
Method fits
the criteria.**



Three Steps

1. Use Open Ended Questions
2. Affirm the Participants' Feelings
3. Educate



Step 1: Open Ended Questions



⌘ Usually begin with "*what*" or "*how*" and lead to further discussion.

⌘ Examples:

☒ "What have you heard about?"

☒ "What do you know about?"

☒ "How do you feel about?"

Why Use Open Ended Questions?



- ⌘ Elicit unspoken fears or concerns.
- ⌘ Keep the conversation going.
- ⌘ Lay ground work for further questions.
- ⌘ Avoid planting *new* fears - "You probably won't get sore nipples , but if you do....."

Closed Questions

⌘ Closed questions shut down conversation and suggest an answer.



⌘ Examples:

You **do know** breastfeeding is best don't you?

You **are** going to breastfeed aren't you?

Breast **or** bottle?

Probes

⌘ Clarify a previous question

☒ "Could you tell me more about...?"

☒ "Are you saying that....."

⌘ Encourage more discussion

☒ "So, you think....."

⌘ Bring out more explanations.

☒ "Do you mean ... or ...?"

☒ "What other concerns do you have..."

Step 2: Affirming



- ⌘ This is the most **difficult** step.
- ⌘ Its tempting to omit this step and go right into giving information.
- ⌘ This step is *crucial* if you want the client to be able to listen with an open mind.

Examples of How to Affirm Feelings

- ⌘ "I've heard a lot of women say that."
- ⌘ "That's a common reaction."
- ⌘ "I felt that way, too."



Why Affirming Matters



- ⌘ Shows that you **have listened**.
- ⌘ Its reassuring to hear that others have experienced similar fears & concerns.
- ⌘ Encourages the client to suggest **her own** alternatives and strategies.

Step Three: Educate



- ⌘ Target education to the patient's specific concern.
- ⌘ Save other information for another time.
- ⌘ Give information in small bites

Tips for Meeting Program Required Education/ Checklists



- ⌘ Use pamphlets or other material to satisfy program required counseling or to cover additional education that you think is essential.
- ⌘ There'll be additional opportunities to educate using unique times and methods. Don't try to squeeze in everything at one visit.

Case 1

⌘ Mary is a heavy smoker and is 30 weeks into her pregnancy. She's here today for WIC certification. You're required to promote breastfeeding. What should you say first?



Choose the best response



- ⌘ "Babies of mothers who smoke are at higher risk for asthma so you need to plan to breastfeed."
- ⌘ " When you made your decision about feeding the baby, what were some of the things that you considered?"
- ⌘ "The current recommendation is that mothers breastfeed their babies through the first year of life."

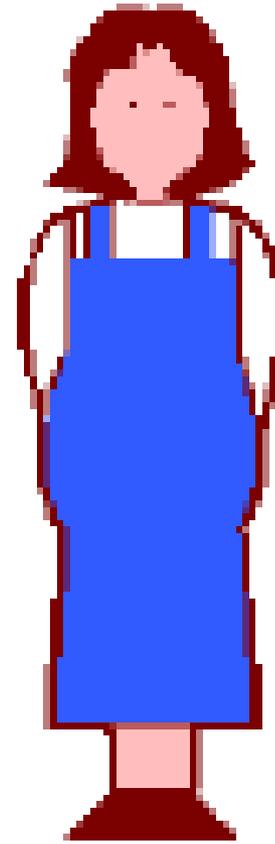
How did you do?



- ⌘ *“Babies of mothers who smoke are at higher risk for asthma so you need to plan to breastfeed.”* This is a closed statement and doesn't allow for feedback from the mother.
- ⌘ *“When you made your decision about feeding the baby, what were some of the things that you considered?”* This is an open ended question, encourages the patient to tell you more, and identify her own solutions or strategies.
- ⌘ *“The current recommendation is that mothers breastfeed their babies through the first year of life.”* The statement is correct, but probably meaningless if the woman believes that she can't breastfeed because she smokes. Need to find out her concerns first, then target the information to that identified concern.

Case 2

Glenda formula fed her first two children. She's pregnant and in clinic for WIC. What's the best approach to promote breastfeeding to Glenda?



Choose the Best Response



“You’re probably going to formula feed this baby too aren’t you?”

“Why didn’t you breastfeed your first two?”

“ If you were to breastfeed this time, what would concern you the most?”

Which Did you Choose?



"You're probably going to formula feed this baby too aren't you?"

This is an example of a closed question that also suggests an answer.

"Why didn't you breastfeed your first two?"

This one is partially correct because it is open ended. However, it might put the mom on the defensive if it is your first question.

"If you were to breastfeed this time, what would concern you the most?"

This is open ended and encourages Glenda to describe her feelings about breastfeeding. Once you know her concerns, then you can offer suggestions and encourage her to think about possibilities.

Summary



1. Use Open Ended Questions
2. Affirm the Participants' Feelings
3. Educate