

Insights

A Better Approach to Conversations about Breastfeeding



I'm worried my baby is not getting enough milk.

I need to go back to work soon, and I can't breastfeed or pump when I'm working.

My baby prefers the bottle or does not want to breastfeed.

According to a recent NICHQ survey, these are some of the challenges health professionals most hear mothers express about breastfeeding. National studies show similar results, with lactation and [latching issues](#), concerns about [infant nutrition](#), and [sociocultural barriers](#) topping the list of reasons why women struggle to breastfeed and reach their breastfeeding goals.

“More mothers are breastfeeding than ever before, so our approach is working, just not for all women—that’s why we need to be ready to adjust our approach to fit each woman’s needs,” says Suzanne Bronheim, PhD, an expert on cultural and linguistic competence with more than a decade of experience supporting safe sleep and breastfeeding practices.

Changing our approach means changing how we engage in conversations with mothers about breastfeeding, explains Bronheim. Telling mothers about the benefits of breastfeeding and encouraging them to do so isn’t good enough. Instead, conversations need to be tailored to individuals and their needs; and conversations need to inspire two-way communication rather than one-sided didactic approach.

In fact, says Bronheim, “it’s the back-and-forth of conversations that helps people choose to adapt their behavior.”

Conversations help mothers share their experiences and their opinions—what they’ve heard about breastfeeding from their friends, family and the media; and what they want to learn more about. Without hearing directly from mothers, health professionals can’t provide *meaningful* education that speaks to each mother’s individual views.

Similarly, real conversations give mothers an opportunity to express concerns, both about their own ability to breastfeed and the societal pressures they might be facing. Health professionals can then offer advice and provide resources tailored to each mother’s needs.

Understanding the importance of providing that conversational support is the first step in changing our approach. But what does it take to put that approach into action? Below, we’re sharing advice for maternal health professionals from both Bronheim and Lori Feldman-Winter, MD, MPH, FAAP, a pediatrician and breastfeeding and safe sleep expert.

Would you rather watch than read? [View a recording](#) of the recent NICHQ webinar *Improving Our Approach: Better Conversations About Breastfeeding*, featuring both Bronheim and Feldman-Winter.

First, remember to adjust your underlying assumptions: The parents are responsible for the baby. It’s up to them to decide where, when and how the baby will feed. As health professionals, our job is to help them make informed and supported decisions, not to tell them what those decisions should be. No matter your title—nurse, obstetrician, neonatologist, lactation consultant—your role is to be supportive, not authoritative.

Be passive and listen: According to Feldman-Winter, it can be difficult for health professionals to transition from a didactic, and often one-sided, dynamic to a two-sided, personal conversation. Set the tone up front by asking how the caregiver is doing, really listening to what she says, and acknowledging her experiences rather than passing judgement. This passive listening—as opposed to jumping in and assuming you know what each mother needs to hear—can help engender trust and genuine engagement.

And remember to validate feelings, Feldman-Winter continues. Mothers and caregivers are under significant emotional stress, often worried and exhausted. Validating the feelings you hear them express shows that you are on their team, ultimately rendering the conversations authentic and, in turn, more impactful.

Use open-ended, probing questions to inspire two-way conversations. “We need to get out of the mindset of looking for quick answers,” says Feldman-Winter. She recommends asking open-ended questions that begin with “How” or “What” instead of binary questions that can be summed up in one-word answers. “Have you thought about breastfeeding?” and “Are you planning to breastfeed?” can be traded in for, “What have you heard about breastfeeding?” or “What do you know about breastfeeding?”.

Probe a little further by repeating what you hear the mother express. In doing so, you give her an opportunity to correct what you’ve heard and redirect the conversation, again ensuring that the

conversation is led by her needs and experiences, not your assumptions and goals.

When providing education, share the “whys” and not just the “whats”: Families can quickly become inundated with both directives and information, which can make it difficult for messages to stick. Rather than telling families what to do, explain why it matters and why it relates to the goals or questions they’ve expressed.

Develop a plan: “We need to help families anticipate the challenges of breastfeeding and put a plan in place before they leave the hospital,” says Bronheim. When families get home, challenges like sleep-deprivation can feel insurmountable and they may give up on their intentions. In fact, according to Feldman-Winter, [60% of mothers](#) who choose to breastfeed don’t breastfeed for as long as they intend. Health professionals can improve these numbers by talking to caregivers about a breastfeeding plan that accounts for their individual beliefs, values and lifestyle.

Ask yourself, “Where do I fit in this family’s breastfeeding journey?”: A conversations approach works best when families have numerous opportunities to explore their decisions about breastfeeding—before their baby is born, at the time of delivery, and throughout the neonatal period. This means that different health professionals will have different roles, depending on when and for how long they interact with families, Bronheim explains.

Even if you only have limited time with a family, you can begin to uncover their questions or concerns, and then plan the hand-off to the person who will continue that conversation. Knowing how to leverage a conversations approach within your role and knowing who to connect families with next will help them receive consistent messages and support throughout their breastfeeding journey.

*Interested in learning more? Watch the recording of a [recent NICHQ webinar](#) featuring both Bronheim and Feldman-Winter, *Improving Our Approach: Better Conversations About Breastfeeding*.*