

## Antenatal Education – Discussing feeding

Lots of different methods and ideas for antenatal education about infant feeding have been tried and tested over the years, from the traditional ‘class’ with knitted breasts and pretend babies, to check-lists in notes for you to tick off over the course of the pregnancy.

Work environments may differ in how they present opportunities for education, but as an underlying principle, Midwives’ Rules and Standards<sup>1</sup> state that midwives should actively encourage women to think about their own, their

babies’ and their families’ health, and BFI<sup>2</sup> guides us to have meaningful conversations that fit with women’s own reality.

Continuity of carer is the gold standard of care<sup>3,4</sup>, and is the surest way to be able to understand that ‘reality’ and to respond to it meaningfully. Once recognised within structures and reflected financially to services that achieve it, continuity of carer may be more attainable, but for the time being, many midwives are needing to work innovatively to give individualised care in other ways.

This quick reference will give you a framework for discussion of infant feeding, the benefits of breastfeeding, and a framework for ensuring levels of support are in place for it to be successful.

### CHECKLIST

YES

Many health threats are more prevalent among babies and children who are not breastfed. They should all be discussed, but particular attention can be paid to them when a family has had previous experience. If anyone in the family has suffered any of the following, the need for information and the motivation to breastfeed will be stronger.

- Gastroenteritis
- Respiratory infections
- Sudden infant death syndrome
- Obesity
- Type 1 & 2 diabetes
- Allergies, asthma or lactose intolerance

Using this family’s story may be a good introduction to an affirmation of the importance of breastfeeding and a discussion of safety if co-sleeping. Babies who are breastfed are less likely to experience the above. For a Mum who is unsure about breastfeeding, a discussion about them would help her make a truly informed decision.

#### Special care

For a Mum who knows her baby/babies may need to spend some time in a special care unit, it is particularly important

to talk about how important breastmilk will be, and to set up a plan and support for how this will happen.

#### Other factors

Women and families will have their own experiences of disease and illness. Being alert to these experiences may allow you to have a conversation about:

- Protection against breast and ovarian cancer, and hip fractures in later life; the longer she feeds, the greater the protection.
- Prolonged breastfeeding and a reduced postmenopausal risk of cardiovascular disease.
- How the World Cancer Research Fund includes breastfeeding as one of 10 recommendations to reduce risk.

These problems affect women and families at all stages of life and are relevant to us all.

#### Relationships

You are also likely to speak about relationship issues during your visits. The positive impact of breastfeeding on maternal feelings and behaviour, and of strong early relationships will come into our conversations, and will naturally lead to discussions of how partners can participate, enable and contribute to that stable loving environment.

For further information and research about the benefits of breastfeeding see the article on the website.

### References.

1. *NMC (2015) “The Code. Professional standards of Practice and Behaviour for Nurses and Midwives”,* Nursing and Midwifery Council
2. *UNICEF (2013) “The Evidence and Rationale for the UK UNICEF Baby Friendly standards”* UK. Accessed (April 2015) at [http://www.unicef.org.uk/Documents/Baby\\_Friendly/Research/baby\\_friendly\\_evidence\\_rationale.pdf](http://www.unicef.org.uk/Documents/Baby_Friendly/Research/baby_friendly_evidence_rationale.pdf)
3. *Page, L (2013) “Research on Midwifery continuity of care shows many advantages”,* British Journal of Midwifery 21.10, October p690
4. *Sandall, J (2014), “The contribution of continuity of care to high quality maternity care: A report.”* RCM Accessed April 2015 at <https://www.rcm.org.uk/sites/default/files/Continuity%20of%20Care%20A5%20Web.pdf>
5. **ILO (International Labour Organisation)** [www.ilo.org](http://www.ilo.org) (accessed April 2015)
6. **Breastfeeding Network (BfN)** <http://www.breastfeedingnetwork.org.uk/breastfeeding-help/breastfeeding-support/> (Accessed April 2015)
7. **Citizens Advice Bureau (CAB)** [http://www.adviceguide.org.uk/england/work\\_e/work\\_time\\_off\\_work\\_e/maternity\\_leave.htm](http://www.adviceguide.org.uk/england/work_e/work_time_off_work_e/maternity_leave.htm) (Accessed April 2015)
8. **La Leche League (LLL)** <http://www.laleche.org.uk/find-lll-group/> (accessed April 2015)

