



What is an Infant Feeding Coach?



Clarify



Solutions

- ♥ They ask questions to help to clarify the situation
- ♥ Help the mother identify her feelings to help focus on what is important to her
- ♥ They may offer information, make suggestions, and discuss options. Helping the mother weigh the pros and cons
- ♥ They put their own feelings and experiences in the background and makes the mother the main focus

- ♥ Sometimes a mother will begin with a specific breastfeeding question and needs straight forward information
- ♥ But more often, when the mother contacts us she begins with a simple question that leads to a discussion of more general topics and complex feelings
- ♥ Breastfeeding is more than just a method of feeding; it is also a way of caring for and comforting a baby
- ♥ Breastfeeding often becomes an integral part of a mother's relationship with her baby. So, when questions about breastfeeding arise, it is not unusual for them to also involve a woman's feelings about being a mother

Infant Feeding Coach

An IFC is not a health professional. Do not give medical advice outside of your own expertise.

Listen, then ask questions

Avoid giving your personal opinion

Give the mother information from the sources you have available

Encourage her to consult with her doctor or health visitor if appropriate

Refer the mother to other helpers if necessary

Help the mother to advocate for her baby

Remember your role is not to tell her what to do rather it is to give her feeding information, encouragement, and support

Antenatal Consultation

Amanda

I had a really difficult time breastfeeding my firstborn two years ago and struggled with it for 3 months but felt quite traumatised by the whole experience.

I initially wasn't keen to try again with this baby and still have a lot of reservations but I want to at least try. I still feel like I have quite a lot of negative thoughts about that time because of the discomfort I was in and how long it took to resolve the situation.

I sought help from local breastfeeding groups and local NHS tongue tie services but eventually ended up having a private assessment with a lactation consultant who could also treat tongue tie

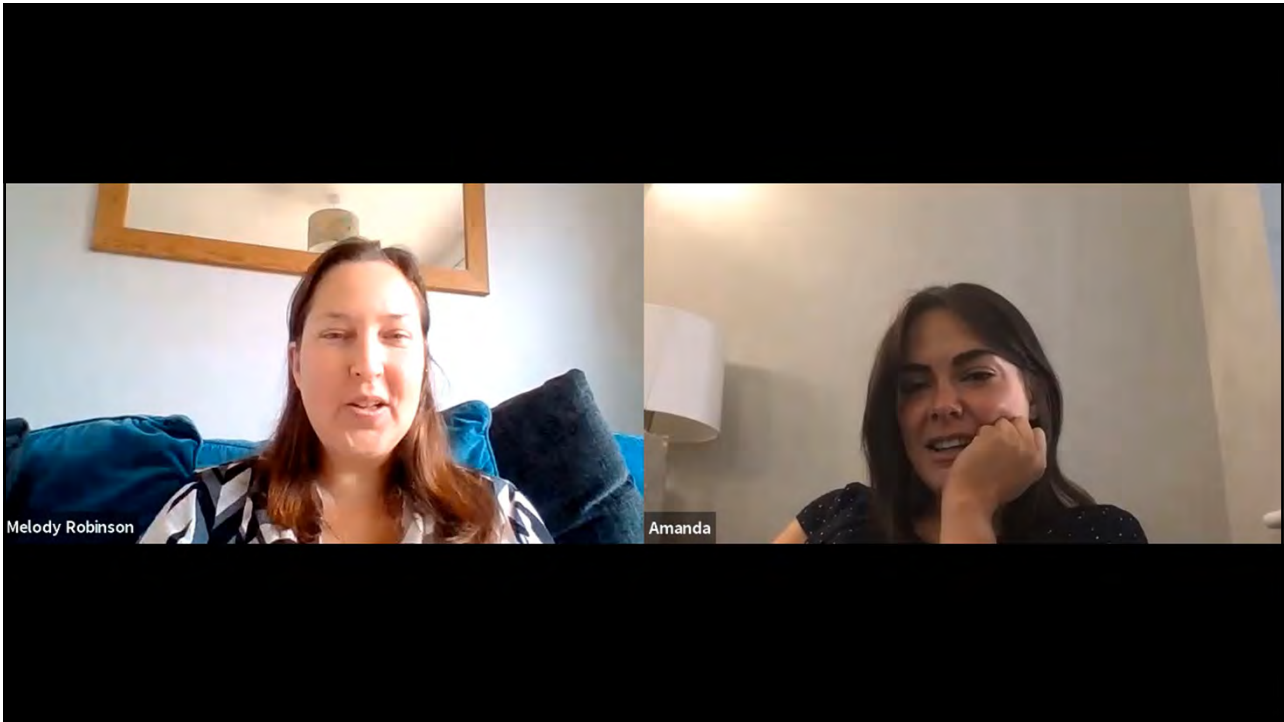
He didn't end up having tongue tie but within one session she identified the problem with latch/positioning and the fact I had thrush.

Breast feeding very quickly became much less painful but unfortunately he had then developed CMPA and despite cutting everything out was still having bloody nappies, reflux and refusing to feed.

Eventually I was so worn down and sick of cutting lots of things I enjoyed out my diet, I didn't feel I could take it anymore and so we switched to amino acid formula and he was like a different baby.

What I was hoping for with this baby was to get a review with a lactation consultant organised very quickly after the birth to review latch/position/tongue etc. to try and reduce the nipple trauma I experienced last time from happening.

If there is tongue tie then hopefully it could be sorted very quickly rather than having to wait a long time for an NHS assessment. Any assistance or further information would be greatly appreciated.



Postnatal Consultation

Hannah

Hannah's baby is 7 days old

She has been in tears with pain since about day three and has got to the point that she feels she can not carry on with breastfeeding anymore.

According to the midwives scales on day five the baby is now above birth weight. Her poos are still quite brown and are infrequent.

Hannah contacted us begging for a tongue-tie assessment, because feeding was so painful. Tongue-tie had been suggested by one of the community midwives as they were unable to resolve the issues.

Charley is an Infant Feeding Coach and is carrying out a pre-clinic support consultation, to see if she can help Hannah to feed more comfortably, whilst she waits for a face-to-face clinic appointment to have the baby assessed for tongue-tie.





Giving information

- ♥ Give in small pieces
- ♥ Get feed back
- ♥ Ask the mother to restate information you gave her, as she understands it, for your clarification
- ♥ Write down, or send any lengthy information given via email
- ♥ Recommend a book or reprint or information sheet



Many women find breastfeeding difficult

Although intention to breastfeed is high with 81% of mothers initiating breastfeeding at birth, the 2010 UK Infant Feeding Survey (IFS) found that many women stopped breastfeeding in the first few weeks, with only 17% of mothers exclusively breastfeeding at 3 months, and just 1% of mothers achieving the recommended 6 months of exclusive breastfeeding.

Providing support and guidance

- ♥ Prior to giving birth, women (and their partners and wider family) should be informed about the reality of breastfeeding and the physical and emotional changes they will experience.
- ♥ Health professionals must help ensure mothers are fully informed about the benefits of breastfeeding, know what to expect when they give birth and the support that will be available to make breastfeeding successful.
- ♥ Some women may have had little exposure to breastfeeding, lack support from friends and family, and have no practical experience of caring for a baby. As well as teaching women how to hold and care for a baby, **antenatal classes should cover the most important aspects of breastfeeding, such as:**

Antenatal classes should cover the most important aspects of breastfeeding

- ♥ The benefits of colostrum
- ♥ Establishing the milk supply
- ♥ Positioning and attachment
- ♥ Expressing
- ♥ Managing common problems, such as engorgement and mastitis
- ♥ Educating mothers as to what normal patterns of breastfeeding are like, how to ensure their baby latches onto the breast correctly, the signs that their baby is receiving sufficient milk, and how to manage any pain or discomfort may play an important role in reducing both breastfeeding difficulties and emotional distress
- ♥ Partners also need support to adapt to their new role and should be included in antenatal education as well

Reasons for stopping are complex and may encompass physical difficulties, pain, social pressures, inconvenience, embarrassment, poor body image or feeling unsupported, but finding breastfeeding difficult is a common feature.

In the IFS, the most frequently cited reason mothers gave for stopping breastfeeding was the perception that they had insufficient milk (31%).

Other reasons given were:

Problems with the baby
not latching on properly
(19%)

Painful breasts or nipples
(12%)

Baby feeding too often or
being constantly hungry
(10%)

Breastfeeding taking too
long or being too tiring
(8%)⁹

Reasons for stopping breastfeeding

What will help mothers to continue?

In the IFS, many women (63%) who stopped breastfeeding over the survey period reported that they would have liked to have breastfed for longer.

It is crucial that women are educated about breastfeeding antenatally so that they are able to continue breastfeeding when they encounter difficulties.

Although there is little evidence of a clear link between breastfeeding and maternal mental health, enabling women to breastfeed for longer may be key in helping to prevent postnatal depression.

The main factors that mothers said could have influenced them to breastfeed for longer were:

- ♥ More support and guidance from hospital staff, midwives and family (17%)
- ♥ If the baby had latched on the breast more easily (17%)
- ♥ Naturally producing more milk (15%)
- ♥ Less pain and being more comfortable (10%)



What are 10 Steps to Successful Breastfeeding?

Ten Steps to Successful Breastfeeding

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
2. Train all health-care staff in skills necessary to implement the policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding soon after birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practice rooming-in – allow mothers and babies to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or dummies to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospital.



**What is
The Seven
Point Plan?**

The Seven Point Plan

For Sustaining Breastfeeding in the Community

1. Have a written breastfeeding policy that is routinely communicated to all health-care staff.
2. Train all health-care staff involved in the care of mothers and babies in the skills necessary to implement the policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Support mothers to initiate and maintain breastfeeding.
5. Encourage exclusive and continued breastfeeding, with appropriately-timed introduction of complementary foods
6. Provide a welcoming atmosphere for breastfeeding families.
7. Promote co-operation between health-care staff, breastfeeding support groups & the local community.

Reasons to hand express

- ♥ Women who are obese: Women who are obese require additional support with breastfeeding. Women with a BMI > 30 kg/m² are less likely to initiate lactation, have delayed lactogenesis, lowered prolactin responses to suckling and are prone to early cessation of breastfeeding.
- ♥ Furthermore, comfortable positioning of the baby at a larger breast may be a challenge.
- ♥ Women who have diabetes: Extra support is also needed to ensure successful breastfeeding in women who have diabetes.
- ♥ Diabetes can delay lactogenesis.
- ♥ Also, babies born to diabetic mothers have a higher risk of hypoglycaemia following birth. Prompt feeding is required to raise the baby's blood sugar levels.
- ♥ In preparation for birth, diabetic mothers may need to express their colostrum and freeze it, so there is extra colostrum readily available should their baby need it.