

GUIDELINES FOR SELECTING MATERIALS FOR CLIENT EDUCATION

Materials for breastfeeding education or promotion should **INCLUDE** factors that are necessary for breastfeeding success, and **EXCLUDE** factors that contribute to breastfeeding failure or are irrelevant to lactation success. The proportion of space for a topic should correspond to its relative importance to the breastfeeding relationship.

Section I: TOPICS THAT SHOULD BE INCLUDED TO FOSTER SUCCESS

Maternal factors that are necessary for successful breastfeeding are:

- A. Motivation, founded in
 - 1) a belief in the superiority of human milk, and
 - 2) a belief in her own ability to breastfeed.
- B. Trust in herself and her baby to find loving ways of interacting.
- C. Commitment, including persistence and a tenaciousness of purpose.
- D. Access to skilled, knowledgeable and timely help that prevents and solves technical problems related to lactation.
- E. Access to support systems, including clinical settings that foster the mother-baby interactions necessary for successful breastfeeding.

Statements, photographs, images and ideas that support any of these factors are supportive of breastfeeding. Most mothers know that "breast is best," but need instruction and support to make it a reality. *Listing advantages does not assure success; mothers need accurate and complete information on the process.*

The five central messages of "**WHY BREASTFEED**" are:

- 1. Human milk is species-specific nourishment for the baby.
- 2. Human milk produces optimum growth and development.
- 3. Human milk provides substantial protection from illness.
- 4. Lactation is beneficial to mother's health.
- 5. Breastfeeding biologically supports a special mother/baby relationship.

The five central concepts of "**HOW TO BREASTFEED**" are:

- 1. Nurse soon and often, within the first hour after birth.
- 2. All sucking should be at the breast; the length and frequency of feedings are to be determined by the baby.
- 3. Position the baby so nursing is comfortable and milk transfer is maximized.
- 4. Watch baby's urine and stool output for assurance of supply.
- 5. Problems have solutions. Help is available.

Section II: CAUSES OF BREASTFEEDING FAILURE

Understanding the primary causes of lactation failure helps prioritize the information presented to mothers. In order of frequency, the causes of breastfeeding failure are:

A. Perceived or actual milk insufficiency, caused by:

1. Inappropriate feeding practices, rooted in:
2. Lack of understanding of the process of lactation.
3. Lack of knowledge of infant behavior.

B. Pain during breastfeeding, caused by:

1. Nipple trauma from inappropriate technique or practices.
2. Breast pain from inappropriate technique.
3. Nipple or breast pain from pathological organisms.

C. Lack of support or undermining the decision, from:

1. Family and friends.
2. Health professionals.
3. Employers and school administrators.

The five central **causes of problems** in the first 6 weeks are:

1. *Too few nursing sessions per day.* A normal pattern is 8-12 sessions per day; more are fine. Watch the baby for hunger cues.
2. *Nursings too short, ended by mother.* Session length should be unrestricted. Let the baby end the session.
3. *Overuse of pacifiers and bottles.* Nipple confusion can lead to breast refusal. Use of supplements decreases milk supply.
4. *Poor attachment, causing nipple pain and low milk transfer.* Breastfeeding should never hurt the mother. ANY pain associated with breastfeeding should be investigated.
5. *Blaming breastfeeding for normal newborns' need for closeness, cuddling, holding, etc.* ALL babies need frequent feeding, carrying, and comforting.

Section III: COMMON ERRORS IN EDUCATIONAL MATERIALS

Any statement, photograph, image or product that undermines the mother's belief in the superiority of her milk, her trust in her ability to make milk, her need for breastfeeding to be comfortable and pleasant, and/or her need for support from society thereby undermines breastfeeding. *Errors are italicized; the most serious errors are also underlined.*

ERRORS IN CONTENT OF NARRATION and WRITTEN TEXT

See also: Auerbach, Kathleen, PhD. "Beyond the Issue of Accuracy: Evaluating Patient Education Materials for Breastfeeding Mothers." Journal of Human Lactation, 4: 108-10, 1988.

ERRORS IN PRESENTING LACTATION PHYSIOLOGY

1. *Hinting that milk supply may be inadequate, fixed or unchangeable.*

"Not enough milk" is the most common cause of breastfeeding failure. True milk insufficiency is exceedingly rare. Establishing, maintaining and increasing the milk supply is usually quite easy.

2. *Restricting the length of nursings by:*

-Emphasizing the removal of the baby from the breast.

-Establishing rules for feeding length.

The baby should determine the end of feedings, not the mother; the baby will stop swallowing and release the breast when finished. Arbitrary rules for feeding length interfere with the balance of nutrients that change dynamically during the course of the feeding and with total milk volume consumed by the baby.

3. *Making strict rules for the number or frequency of nursing sessions, especially without stressing the need for watching the baby for hunger and satiety cues.*

No restrictions should be placed on the number or frequency of nursing sessions. Normal demand-fed infants consume irregular quantities of milk at irregular intervals from each breast according to their own needs. An average MINIMUM number of sessions may be suggested, but NOT a maximum.

4. *Failing to discuss the risks of pacifiers, bottles, and supplements to an adequate milk supply.*

The use of bottles, pacifiers, and supplements is a primary cause of lactation failure and early weaning. Other sucking objects may disrupt the oral response. Giving other fluids results in milk retention in the breast, which suppresses further milk production.

5. *Recommending elaborate prenatal "nipple preparation" routines.*

Except for correcting severely retracted nipples, prenatal preparation has not been shown to be beneficial. Excessive manipulation or rough treatment can cause premature labor contractions and tissue damage.

ERRORS IN PRESENTING BIOCHEMISTRY AND IMMUNOLOGY

6. Implying the equivalence of human milk and infant formula.

Implying equivalence disregards species specificity and reduces human milk to a combination of carbohydrates, proteins, and fat. Nutrients from other species or vegetable sources differ substantially from human nutrients. Implying equivalence also disregards the presence of protective proteins and cellular components in human milk that are absent in all prepared formulas. See also #18.

7. Suggesting that mother must eat a perfect diet, a restricted diet, or follow a pure lifestyle in order to breastfeed safely.

Human milk volume and composition are essentially unaffected by mother's diet. Most medications are compatible with breastfeeding. If "safety" or "purity" of mother's milk is brought up, the issue of risks and safety of alternatives must likewise be discussed. Overemphasis on an ideal maternal diet can be interpreted as requiring the mother to be a martyr to breastfeed. While good nutrition is important for general health, maternal diet has minimal impact on lactation success.

8. Minimizing the benefits of human milk and the process of lactation.

Human milk protects the baby's health in many ways; lactation protects the mother's health in several ways. Failure to breastfeed has short- and long-term health implications.

ERRORS IN PRESENTING PSYCHOSOCIAL FACTORS

9. Implying that the mother may be a risk to the baby.

10. Implying that the baby may be a risk to the mother.

Mother and baby must develop a mutually trusting, intimate relationship for breastfeeding to succeed.

11. Suggesting that breastfeeding won't work.

12. Making breastfeeding sound complicated, painful, or stressful.

13. Implying that "normal" activities are difficult when the mother is breastfeeding.

Breastfeeding is sometimes treated as a convenient scapegoat for the normal inconveniences of infancy. This ignores the concept that baby care is time-consuming, regardless of feeding decisions.

14. Focusing on any aspects of breastfeeding that could be approximated by artificial feeding.

15. Treating breastfeeding as the exception, thereby establishing artificial feeding as the norm.

16. Drawing attention to, or exaggerating, any possible drawbacks of breastfeeding.

17. *Minimizing the role of the mother, by emphasizing the role of the father, grandparents, or other family members in feeding the baby.*

When others are feeding the baby, the mother isn't breastfeeding. Without the mother, breastfeeding is impossible. Family members' help is beneficial to the breastfeeding mother in everything except feeding. See also #43.

18. *Implying that formula should be given to breastfed babies, that human milk and formula should be used together, or that formula should be used when breastfeeding is discontinued, without giving any real "reasons" why breastfeeding should stop.*

When a baby is breastfed, formula is unnecessary. Formula is a replacement for breastmilk, not a necessary addition to it. See also #6, 19.

19. *Hinting that formula will eventually be necessary for all babies.* See also #18.

20. *Suggesting that breastfeeding is only for newborns; that babies should wean by age 12 months, or that longer nursing is abnormal, harmful, or inappropriate.*

There is no documentation to support an arbitrary weaning age of 12 months. The American Academy of Pediatrics endorses breastfeeding for at least 12 months; other health agencies concur. The baby derives benefit from human milk regardless of age. Normal acquisition of feeding skills occurs over time. Mandating feeding skill progression or overemphasis on type and amount of foods consumed can lead to future eating disorders. See also #30.

21. *Presenting too many points in a given amount of space or time, causing sensory overload and confusion.* See also #49.

ERRORS IN VISUAL PRESENTATIONS/PORTRAYALS

NOTE: These are especially detrimental because 85% of all people are primarily visual learners.

22. *Showing the baby poorly positioned at breast, usually with the mouth too close to the nipple tip, lips pursed or curled in, not open widely, or puckering.*

This is typical of bottle-suck, and a primary cause of nipple pain, tissue damage, and inadequate milk transfer, which contribute to breastfeeding failure. See also #35-41.

23. *Hiding detail of baby's positioning at breast, resulting in no useful information being conveyed.* See also #35-41.

24. *Showing excessive or inappropriate nudity; mother is shown with much breast exposure.*

Some cultural groups view breast exposure as offensive, and this becomes a significant barrier. Others view breast exposure as appropriate and beautiful. Cultural beliefs of the target audience must be considered. If in doubt, avoid visual images with the breast exposed.

25. *Avoiding eye-to-eye contact between mother and baby; the baby is shown asleep, the mother's eyes are closed or the mother is looking away.*

26. *Depicting the mother in a bathrobe or nightgown, suggesting that limitation of lifestyle is necessary to breastfeed.*
27. *Dressing the mother in white clothing, suggesting "purity."*
28. *Depicting the mother as very beautiful, wearing a wedding ring, and/or shown in affluent settings.*
29. *Situating mother and baby in overly romantic, sentimental settings that portray an unrealistic view of the early postpartum period.*
 Poor women and single mothers often feel they are not "good enough" to breastfeed. Seeing pretty women and beautiful settings is motivating for some mothers, but a significant barrier for others. Few women feel pretty or beautiful in the early postpartum period. Cultural sensitivity is mandatory.
30. *Showing only very young babies breastfeeding, suggesting early weaning. See also #20.*
31. *Using colors that set a negative mood.*
32. *Showing the baby at breast without showing the mother, or cutting off part of her head.*
 This minimizes the mother's importance.

ERRORS SPECIFIC TO MOVING VISUAL IMAGES

NOTE: When reviewing videos or films, the visual track should be watched without sound, and then again with it. Discrepancies between the audio and visual images will create cognitive dissonance. (Teaching for the Two-Sided Mind, Linda Verlee Williams. Simon & Schuster, 1983.)

33. *Using video images that conflict with the narration.*
 The human brain retains visual images longer, and in preference to, auditory messages when dissimilar messages are received simultaneously. See also #45.
34. *Repeating incorrect techniques multiple times.*
 This error is particularly misleading when the audio track is fairly good while the visual track shows poor positioning. The incorrect image tends to invite imitation.
35. *Failing to show baby going to breast easily and correctly.*
36. *Removing appropriate images very quickly, before retention is assured.*
37. *Failing to reassure new mothers that several tries may be necessary to correctly position the baby for nursing.*
38. *Failing to show mother responding appropriately to baby's feeding cues.*
39. *Failing to show and comment on infant swallowing to confirm intake.*
40. *Failing to show long, pleasant breastfeeding interactions.*

41. *Failing to show close-up details of the baby at breast.*

Detailed visual images of realistic babies nursing correctly are beneficial. Images must be shown long enough for retention. Incorrect technique or too-perfect images can interfere.

42. *Showing little or no mother-infant non-breastfeeding comforting, communication and interaction, implying that breastfeeding is the only way mother can show affection to the baby.*

Breastfeeding is one of many appropriate ways that a mother and baby can interact lovingly. This idea's presentation will be affected by the total length of the video. A long program should include non-feeding interactions, while a short one should instead concentrate on details of the breastfeeding process.

43. *Showing many scenes of other family members with baby, with mother absent.*

Mother/baby closeness is central to breastfeeding success. See also #17.

ERRORS SPECIFIC TO AUDITORY PRESENTATIONS (SENSORY FAULTS)

44. *Narrating in choppy, rushed, or excessively enthusiastic manner, creating a sense of anxiety.*

45. *Providing audio messages that conflict with visual track.* See also #33.

46. *Using a female voice that is shrill, grating, or nasal.*

47. *Using a male voice that is too low in pitch, which may be intimidating.*

48. *Allowing the music to overpower the narration, or create a mood of tension, sadness, or anxiety.*

49. *Including too many points made in a given amount of time.*

Too much information causes sensory overload and confusion. Presenting one idea per 10-15 minutes is enough. See also #21.

ERRORS PRESENTED BY PACKAGING OF MATERIALS

50. *Including formula samples in "breastfeeding" packets.*

51. *Including coupons for infant formula in "breastfeeding" packets.*

Samples or coupons encourage the use of and imply the necessity of formula. See errors #1, 4, 6, 11, 18, 19.

52. *Listing of toll-free phone numbers staffed by sales representatives of competing products.*

Breastfeeding information should be provided by unbiased, well-informed sources.

Section IV: RECOMMENDATIONS OF WORLD HEALTH ORGANIZATION

The World Health Organization's guidelines on educational materials for breastfeeding promotion as stated in the International Code of Marketing of Breastmilk Substitutes contain the following language:

(4.2) "Informational and educational materials, whether written audio or visual, dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children, should include clear information on ALL the following points:

1. The **benefits** and **superiority** of breastfeeding;
2. Maternal nutrition, and the **preparation for** and **maintenance** of breastfeeding;
3. The **negative effect** on breastfeeding of introducing **partial bottle-feeding**;
4. The **difficulty of reversing the decision** not to breastfeed;
5. **Where needed**, the proper use of infant formula, whether manufactured industrially or home-prepared. **When** such materials contain information about the use of infant formula, they should include the **social and financial implications** of its use; the **health hazards** of inappropriate foods or feeding methods; and, in particular, **the health hazards of unnecessary or improper use** of infant formula and other breastmilk substitutes. Such materials **should not use any pictures or text which may idealize** the use of breastmilk substitutes."

Section V: SELECTION CRITERIA

When selecting materials, consider the following factors in addition to the issues of reading level, esthetics, and layout design:

- Completeness
- Inclusion of supportive information
- Exclusion of errors
- Cost

Where circumstances necessitate the use of less-than-optimum resources, the deficiencies or errors should be corrected by the professional. As better materials become available and budgets permit, replacement of deficient materials should be strongly considered in order to foster increased support for breastfeeding.

A WORD ON GUILT: Providing complete information on benefits AND helpful techniques allows mothers to make an informed decision and successfully implement that decision. Lack of information on helpful techniques contributes to breastfeeding failure and the resultant grieving process. ***The guilt of failed breastfeeding is caused by an insufficiency of information on techniques, NOT an abundance of information on the benefits.***

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