

# Respecting and Responding to Mom's Request for Formula

Anamaria Luna, IBCLC

Jackie Kampp, MSN, RN, NP-S

Jeanette Panchula, BSW, RN, PHN, IBCLC

# Objectives

- \* State Baby Friendly recommendations related to supplementation
- \* List 3 tools to use to improve communication and education with mothers
- \* Use these tools in a variety of common situations

# Tools for Helping Moms

- \* Evidenced Based Practice
- \* Respecting Cultures
- \* Baby Behavior
- \* Collaboration
- \* The “Cycle of Support”

# Baby Friendly Hospital Initiative

- \* Currently, scientific evidence overwhelmingly indicates that breastfeeding is the optimal method of infant feeding and should be promoted and supported to ensure the best health for American women and their children.

# Baby Friendly Policy: Step 6



- \* Exclusive breast milk feeding shall be the breastfeeding method expected from birth to discharge.
- \* “Give infants no food or drink other than breastmilk unless medically indicated.”

# Baby Friendly Policy: Step 6

## Exclusions

- \* NICU
- \* Diagnosed with galactosemia
- \* Enrolled in clinical trials
- \* Documented medical reasons



# Respecting Cultures

- \* Mexican Latina Culture
- \* Infant feeding choices for low income mothers
- \* Our experiences

# Respecting Our Culture

Mi friend Cuca

- \* Working and breastfeeding mom in a bazaar in Araro Michoacan, Mexico



# Respecting Cultures

## Challenges for new immigrants

- \* Family
- \* Living arrangements
- \* Language
- \* Returning to work too soon

# Respecting Cultures

- \* In small groups answer this question:
- \* From your family, how and what did you learn about infant care and parenting?
- \* Share thoughts

“All women are the same; they want the best for their baby.” Jane Heinig, PhD

# Respecting Cultures

- \* Supplementation is not a cultural thing! No blame should be placed on mothers
- \* It is up to us as professionals to support
- \* We can support the mothers through prenatal education, WIC, Collaboration, Continuum of Care
- \* This is important for women of all ethnic backgrounds

# ABM Clinical Protocol #3

ABM Clinical Protocol #3: Hospital  
Guidelines for the Use of Supplementary  
Feedings in the Healthy Term Breastfed  
Neonate, Revised 2009

# ABM Clinical Protocol #3

- \* Illness
- \* Separate hospitals
- \* Dx with galactosemia
- \* Unable to feed at the breast
- \* Contraindicated maternal medications

# ABM Clinical Protocol #3

## Infant Indications

- \* Asymptomatic Hypoglycemia
- \* Significant dehydration
- \* Wt loss + delayed lactogenesis II
- \* Delayed BM's or meconium on day 5
- \* Hyperbilirubinemia

# ABM Clinical Protocol #3

- \* Maternal indications
  - \* Delayed lactogenesis II
  - \* Retained placenta
  - \* Sheehan's syndrome
  - \* Primary glandular insufficiency
  - \* Breast pathology or prior surgery
  - \* Pain with feedings

# Baby Behavior



# Baby Behavior History

- \* Study funded by WIC through USDA
- \* Create environment where caregivers learn about baby behavior
- \* Increased breastfeeding rates
- \* Decreased formula usage/requests

# Behavioral Misconceptions

- \* Crying baby is a hungry baby
- \* Overfeeding helps with crying and sleeping through night
- \* Solids help babies sleep through night

# Baby Behavior

- \* Can influence perceptions
- \* “My baby cries....”
- \* “My baby won’t wake up...”
- \* “My baby wakes up right after I feed him...”

# Key Newborn Behaviors

- \* Sleep
- \* Crying

# How Can You Help?

- \* Help mothers recognize babies cues
- \* Teach mothers about normal newborn sleep
- \* Teach repetition to soothe
- \* Attend the Baby Behavior track tomorrow

# Respecting and Responding To Mother's Request for Formula

## Utilizing our Communication Skills

---

Jeanette Panchula, BA-SW, RN, PHN, IBCLC  
Maternal, Child and Adolescent Health Division  
Center for Family Health  
California Department of Public Health

[Jeanette.panchula@cdph.ca.gov](mailto:Jeanette.panchula@cdph.ca.gov)

- State Baby Friendly recommendations r/t supplementation
- List 3 tools to use to improve communication and education with mothers
- Use these tools in a variety of common situations



# Clinical Competencies

---

According to the Clinical Competencies for IBCLC Practice, Lactation Consultants must:

"demonstrate effective communication skills to maintain collaborative and supportive relationships."





# Code of Professional Conduct

---

The Code of Professional Conduct (2011) for IBCLCs states the IBCLC must:

“Provide care to meet clients’ individual needs that is culturally appropriate and informed by the best available evidence.”



Do your interactions with moms look like this?

---

Or like this?

How do we get to this?



In order to provide education and support we all must be members of a team

---

- Collaborate
- Discuss options
- Have different skills and strengths, but are EQUAL
- LISTEN to others' thoughts, fears, plans
- Return again to discuss outcomes and other alternatives



When we CONNECT with a family...

---

solutions can be EXPLORED rather  
than PRESCRIBED...

and families must consider us part  
of their TEAM rather than people  
who are telling them what to do.

# The “Cycle” of Support





# First, we have to know ourselves

---

Be aware of the feelings elicited by situations we face

- What feelings am I having?
- How will these feelings help or hinder my communication with the mom?
- CAN I provide adequate support?



# Be aware of your responses

---

Teens

Language  
barriers

Education

Religious beliefs

Different cultures

# How come???

---

## Be aware of your body language

- Posture
- Gestures
- Facial Expressions
- Eye contact
- Voice



# Non Verbal Communication

---

- ◆ Voice Timbre
  - “Loudness” is interpreted differently
- ◆ Touch
  - Some are very uncomfortable being touched
- ◆ Space
  - Personal space is very variable
- ◆ Time
  - Appointments, feeding times, weaning age are all very variable



# Activity 1: Self-awareness

---

- Clarify your job...what is your responsibility?
- Can you do it?
- Is there someone else who can do it better?
- What next?



# Self Awareness

---

- Please take out the handout with the list of feelings ...
- Read one of the small cards placed on your tables
- Identify YOUR feelings that were elicited by this statement
- Repeat this a few times
- You can discuss with a neighbor if you wish



# Some thoughts....

---

# Getting to Know the Mom

---

## *1. Ask Open Ended Questions*

- What happens when...
- Can you tell me more?
- How...

# Listen

## *2. Reflect/Validate Feelings*

- Sounds like you feel...
- Many mothers feel...
- Are you feeling?

# Listen



# Activity 2: Validating Feelings

---

- Have the list of feelings handy
- Read a statement
- Identify how many words in the list **COULD** be reflected as feelings expressed by this person and **circle** them
- Repeat this a few times, and see how many words you can use from this list.



# Some thoughts....

---





# Getting to Know the Mom

---

## 3. *Clarify Information*

Leading questions

Restate responses

Listen



# Getting to Know the Mom

---

ONLY THEN - Provide appropriate  
and timely education/information  
without overwhelming



# Education:

## Need to know vs Nice to Know

Elevator Talk

E-mails

Facebook

Twitter



# Refer and Follow-up

---

- YOU are not the only resource this mom needs
  - Support group
  - Sources of education/materials
- Provide information
  - Health Care Provider
  - Patient – e-mail, weblinks, handouts
- Learn about your effectiveness
  - How are you doing?



# Some Mnemonic Devices:

---

## L.O.V.E.

- Listen
- Open ended Questions
- Validate Feelings
- Educate

## AAER

- Ask
- Affirm
- Educate
- Refer

# Practicing our skills

---

- Find the Case Study Worksheets in the syllabus
- Read the short summaries of cases
- Pick one case study and work out the questions listed:
  - Open ended questions you could ask
  - Feelings that you sense and you would validate
  - ONE piece of information you would share



# Case Study Practice...

1

## Fears baby is hungry

---

Maria is worried that her baby is fussy, wanting to eat all the time and is sure he is hungry.

She requests a bottle to “keep him happy until my milk comes in”



# Case Study Practice...

2

## I want to do both

---

Anna is at home with her baby, whom she started to breastfeed when she was in the hospital.

However, she lives in crowded conditions with non-family members. She wants to formula-feed when she is with them, and breastfeed at night when she is in her bedroom.





# Case Study Practice...

## Mom is tired

---

3

Gloria states she has been feeding her baby all day, and now she wants to sleep tonight.

“Formula for tonight will be OK – and I’ll go home and breastfeed.”



# Case Study Practice... 4

## Mom has sore nipples

---

Stephanie has been trying and trying to breastfeed, but no matter what she does, it hurts!

She wants the baby to be given a bottle right now.



# Case Study Practice...

5

## Your Own Case

---

Think of the words you heard from a mom during a recent encounter – and use the process to develop a scenario.



# What's next?

---

In the cards provided, write ONE activity you will try in the next week to improve your communication with your patients/clients.

Describe your choice to your neighbor.



Thank you!

Gracias!

---

[Jeanette.Panchula@cdph.ca.gov](mailto:Jeanette.Panchula@cdph.ca.gov)

[Jackie.Kampp@cdph.ca.gov](mailto:Jackie.Kampp@cdph.ca.gov)

[ana@sccwic.org](mailto:ana@sccwic.org)

<http://cdph.ca.gov/breastfeeding>