A tricky balancing act: the role of a breastfeeding counsellor

As part of their training to be NCT breastfeeding counsellors, students are required to reflect on their personal beliefs and experiences and the tensions inherent in breastfeeding counselling practice. Kerry Radden, a breastfeeding counsellor student, offers her personal response to this challenge.

As an NCT breastfeeding counsellor student, I am developing a foundation of person-centred counselling skills to support mothers through their feeding journey, based on the core conditions expounded by Carl Rogers: unconditional positive regard, or non-judgmental warmth; congruence, or genuineness; and empathy. ¹ In addition, I need to offer evidence-based information, and may also play a role in the broader promotion of breastfeeding. In order to be an effective breastfeeding counsellor, it is important to reflect on these apparently contradictory elements of my role, both within my training and in my future practice.

Promoting a breastfeeding-friendly culture

In my role as a breastfeeding counsellor I will promote the conditions that support breastfeeding² and work to bring about a breastfeeding culture³ and the services that enable it. Developing relationships with local health professionals may involve willingness to present the evidence and lobby for improvements in the breastfeeding (and possibly bottle-feeding) support offered to mothers. Improving support helps to value and normalise breastfeeding; this normalisation is key to passing on the skill of breastfeeding from mother to mother.⁴ Alongside my counselling work with individual parents, I have a keen interest in policy issues and see progressive policies and conditions as highly important. I therefore expect to have an influencing role on forums such as the regional breastfeeding strategy group or the maternity services liaison committee.

There are issues, however, with balancing promotional activity with the person-centred counselling approach. Both aim to create the conditions that help those who wish to breastfeed to do so successfully, but, whereas counselling addresses issues at the level of the individual (their experiences, feelings and challenges), promotional activity preferably addresses the historical, economic and social circumstances in which an individual feeds their baby. I think it is important to work in both ways but to keep the two aspects of the role distinct; however, the very name ‘breastfeeding counsellor’ may create assumptions that we are breastfeeding promoters rather than mother-centred supporters, and may discourage some women from seeking support with their feeding challenges. On the other hand, the name may offer hope to mothers struggling with breastfeeding and needing support.

‘I recognise tensions from my own experiences when feeding my daughter.’

I also feel internal tension between wanting to promote the benefits of breastfeeding (or risks of formula), and wanting to maintain empathy and unconditional positive regard towards an individual mother, for whom health concerns are only one element in her feeding decisions. ⁵ ⁶ A residual issue for me is my discomfort around decisions to use formula: my deep-rooted feelings around breastfeeding’s superiority alongside a lack of embodied experience of bottle-feeding could put up barriers to empathy. I feel that some of this internal tension stems from an experience I had with my first daughter being given formula, and I have become aware that I need to explore and reflect on this experience in order to counsel effectively. Should other issues like this emerge during my future training or practice, exploring them with an experienced supervisor will be critical.

Evidence-based information

Informed choice is defined by the breastfeeding counsellor Code of Practice as offering information and suggestions to enable decision-making. ² In theory, enabling informed choice involves offering ‘comprehensive information’ so that a mother may be the ‘primary decision maker’ in feeding her baby. ⁴ However, fully informed decision-making is dependent on the ability and willingness of the mother to understand the evidence-based information being provided. In remaining person-centred, my role is to offer a mother the option of becoming more informed if she feels it will enable her decision-making. Moreover, the assumption that simply conveying information enables mothers to make autonomous decisions is part of a consumerist model which depicts the mother as somehow ‘dispassionate, thinking, calculating’. ⁷ As a breastfeeding counsellor I need to be aware of the broader social, cultural, personal and emotional influences on her decision-making.⁵ A counselling approach is person-centred and regards empathic listening as the primary aspect of the relationship with the mother. Evidence-based information is shared as seems appropriate in each individual situation and information is co-created through active listening, building a two-way ‘relational’ approach to informed decision-making.⁸

Even as I empathise and listen, it is important to remain aware that the choice of information I offer as a breastfeeding counsellor — and the way I frame that information by the
language I use – impacts the mother and her autonomy in choosing how to use it. I may hold back information so as not to undermine the mother’s own experience or self-esteem. If she is considering offering a bottle of formula in the evening so she can tidy the house, I might offer her information on the impact of such a decision on her milk supply or perhaps information about the allergy risks of introducing cow’s milk. However, if she is happily giving a bottle of formula in the evening and breastfeeding is going well, I will have to offer any information about the impact of that bottle very sensitively and only after establishing whether that information would benefit her decision-making. This restraint can exert emotional pressure on me: I have sometimes felt sad for a baby when a mother has moved away from breastfeeding out of choice; I have sometimes felt angry when a mother has moved away from breastfeeding due to inaccurate information or lack of support. Importantly, however, neither of these emotions is directed at the mother, for whom I maintain unconditional positive regard. Offering information to enable decision-making is thus complex and dynamic, and dependent on a counselling foundation.

My approach to supporting breastfeeding is encapsulated in the NCT infant feeding messaging as ‘protecting’ breastfeeding.² but I feel that ‘enabling’ breastfeeding would be more appropriate to my feelings about the role. As an NCT breastfeeding counsellor, I feel tension between the strategic aspirations of the charity to support all parents and the need to inform people fully about the normality of breastfeeding, both policy-makers and parents. Perhaps I have not yet reconciled my feelings on which matters more to me: breastfeeding rates rising or more parents having a positive feeding experience, although logic tells me that the latter is both more humane and within my circle of influence.

Reflective practice
Counselling (of any kind) presents challenges, including the risks of becoming over-involved or doubting my own usefulness.³ As an NCT breastfeeding counsellor, I have several opportunities for supervision, which enable me to look at my experiences as a counsellor objectively and to evolve my practice.⁴ Using my reflective diary is another tool that helps me to reconcile any concerns.

My role as a breastfeeding counsellor is to enable mothers to enact their feeding desires – in particular where they require support with breastfeeding. To reconcile the conflicts within myself in achieving this aim, I need to be able to empathise with mothers whatever their situation and ensure I am offering person-centred support, as well as influencing the wider political arena and the conditions necessary to support and increase breastfeeding. I need to be particularly aware of my boundaries and my limits, and regularly reflect on where I am with regard to my levels of frustration, anger and sadness - and where those feelings are being directed - in order to remain effective in my practice.

References
3. NCT. Code of Practice for student breastfeeding counsellors and breastfeeding counsellors. NCT; 2011.

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