



Updating NCT's messages around infant feeding

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Introduction

In 2011, NCT produced an [Infant Feeding Message Framework](#) (IFMF) as a guide for volunteers, practitioners and staff.¹ It described how to talk about feeding in a way that supported parents no matter how they were feeding, whilst protecting the conditions to make women's decisions to breastfeed straightforward.

Whilst an update was long overdue, the [refreshed 2018 version](#) has the same underlying ethos, including how to talk about formula feeding without undermining breastfeeding, and supporting breastfeeding without making parents who use formula milk feel guilty.²

This is an important piece of work because we know at some time most parents will use formula milk or give their babies a mixture of breast and formula milk. Research shows that 'by one week of age over half of all babies will have received formula milk via a bottle, and by six weeks, this rises to three quarters of all babies.'³ We also know that one of the things that parents tell us after NCT classes is that they want to know more about

how to use formula alongside breastfeeding. We are in a unique position to share information with parents about how to do this safely, whilst protecting breastfeeding at the same time.

The current project

Updating the IFMF has entailed extensive discussions on how to get the message across. We asked practitioners to contribute their thoughts early in 2017, and in May 2017 a group of 20 cross-specialist practitioners (many breastfeeding counsellors, or BFCs) and some staff, came together to discuss the issues. We asked the group to identify what they felt success would be like, and together produced the following statements:

Parents

- open to parents' concerns
- parents feel informed but not pressured during their courses and are able to make the right decision for them
- mothers' mental, physical and emotional wellbeing is placed at the centre of all our communications

Consistency

- following contact with an NCTP or volunteer, every parent feels completely accepted whatever their feeding decision
- all practitioners working together whilst using the IFMF
- parents are receiving a consistently clear message that practitioners are truly person-centred

Quality

- don't get feedback that says 'the BFC was biased and would not answer questions or discuss bottle feeding'
- fewer complaints that relate to bias
- that NCT is known and admired as the 'go to' organisation for information and support for infant feeding

Identifying barriers

The same group then explored what they felt the barriers had been or might be in making this happen. The barriers seemed to fit into the following categories:

1. Knowledge, skills and confidence of practitioner	2. Relationship with others in NCT and with parents
Practitioners trained at different times on different courses	The BF session set up by PSAs and ANTs who sometimes don't understand what it is about
Lack of confidence facilitating groups	Volunteers not 'on message'
Antenatal teachers (ANTS) unaware of IFMF	Practitioners isolated
Uncertain how to deal with difficult questions	Team work between BFCs and ANTs isn't happening
Mismatch between why and how (to breastfeed)	Marketing – description of what is being sold and what the session is
Fear of being seen as promoting formula	Lack of modelling of good practice
A few practitioners not on board	The framing of postnatal services
	Better links between branch and practitioners

3. The breastfeeding session	4. Content of session
Time – not enough on feeding	How to breastfeed, not why
Poor join-up with the whole antenatal sessions/how breastfeeding integrates into the whole course	No health benefits (as a specific activity, since it's perceived as too promotional)
Name of the session	Aims and outcomes not always useful
Needs to be more directive (as in instructions as to what to include and do)	Outdated visual aids/teaching resources
Having expressing sessions	Too much differentiation between feeding a new baby and life with a baby

Next steps

From the barriers listed, we identified themes to work on, including the following actions, some already completed:

- Pulling together [practitioner guidelines](#) to sit alongside the IFMF. These include a sample session plan that highlights when, during a breastfeeding session, practitioners can touch upon other feeding methods whilst remaining focused on breastfeeding.
- The Quality Team's production of a document that describes [best practice for practitioners working together](#).
- Incorporating topics from the above categories of 'Knowledge, skills and confidence', and 'Content of session', into one-to-one work with practitioners and the content of the Tricky Questions – 2 Study Day.
- Feeding other points into other strands of ongoing work, such as our Improving Resources project and our Review of NCT Services.
- Recruiting selected practitioners as champions rooted in their local areas, to support others within NCT locally with any questions that they may have about the IFMF.

References

1. NCT. *NCT values and approaches to infant feeding support. A message framework*. 2011. Available from: <http://bit.ly/2Hfbtds>
2. NCT. *Infant Feeding Message Framework: values and approaches to infant feeding support*. 2018. Available from: <http://bit.ly/2JlboS9>
3. Unicef UK. *Responsive feeding: supporting close and loving relationships*. 2016. Available from: <http://bit.ly/2F6LNdc>
4. McLeod SA. Person centered therapy. *Simply Psychology*; 2015. Available from <http://bit.ly/2HEiW5j>

How does this fit with person-centred practice?

All NCT breastfeeding counsellors are trained to be person-centred counsellors⁴ and during their training, other NCT practitioners also learn the value of this way of being with parents. We have constantly returned to the notion of person-centred practice when discussing the way that we work with parents.

Person-centred practice is about so much more than just going with what the parents are thinking. It means that we use the core skills of empathy, congruence and unconditional positive regard. We would aim to put ourselves alongside them or in their shoes (empathy). That can sometimes be quite challenging especially if parents are in very a different place to us.

Unconditional positive regard forms part of hearing and accepting ideas that may sit slightly uncomfortably with us from time to time, valuing that person for what they are and what they feel, and demonstrating this through hearing and working with them. If we are able to be congruent – genuine and truthful – and share what we know in a sensitive way, whilst holding the individual parent's needs and desires at the heart of the conversation, then we can play a part in supporting that parent on their feeding journey.

For parents, to be understood, heard and supported by us is truly empowering, and it also places them at the centre of our practice.