NCT antenatal breastfeeding preparation: a look at the evidence

Patricia Wise, NCT breastfeeding tutor, Heather Trickey, NCT research manager, and Rosie Dodds, NCT senior policy adviser, highlight evidence for key components of NCT antenatal breastfeeding support.

NCT’s antenatal education is delivered by its skilled practitioners, who work within an adult-learning model, tailoring sessions to the needs of their clients. Preparation for feeding runs as a theme throughout antenatal and Pregnancy, Birth and Beyond (PBB) courses, and is a focus for the one or two antenatal breastfeeding sessions, which provide a safe environment to explore feeding plans in depth.

It is NCT policy to focus specifically on enabling breastfeeding because, whilst the majority of mothers plan to breastfeed, there is a real gap in help and information to enable those decisions to be sustained. NCT practitioners work within a parent-centred framework, with a strong emphasis on respecting and responding to parents’ experiences and values.1

Feeding is discussed in the context of responding to babies’ behaviour, an approach which is relevant to all parents, and practitioners respond in a non-judgemental way to questions and comments from parents about formula milk. Practitioners know that antenatal education is only one factor influencing parents’ knowledge, beliefs and confidence around feeding. Their challenge is to use sessions to maximum benefit. The evidence base for preparing and supporting parents with feeding is continuously growing. Currently, there is limited trial data to support any specific approach to antenatal preparation in terms of enabling women to breastfeed for as long as they want, or to increase breastfeeding duration.7 There is good evidence about group education on positioning and attachment, which is covered below,2 and there are particular care practices, discussed here, which are likely to help breastfeeding go well, some of which – such as skin-to-skin contact and responsive feeding – are considered positive for all babies, so there is a good case for discussing them in antenatal courses.

A facilitative approach
Research into parents’ experiences confirms the importance of person-centred communication skills.4 A non-judgmental, facilitative approach, respecting parents’ perspectives, helps to build supportive relationships. NCT breastfeeding counsellors have all breastfed; training ensures they come to terms with their own feeding experiences, are comfortable with NCT’s values and learn to embody a person-centred approach.5

Skin-to-skin contact
Early unhurried ‘skin-to-skin’ contact (STS) between mother and baby facilitates breastfeeding initiation, reduces crying and is associated with longer breastfeeding.6 STS and feeding within the first hour or so after birth are so closely interrelated that many research studies use the terms interchangeably. Early breastfeeds increase breastfeeding duration and enhance the mother-baby relationship.7

Responsive feeding
During the early weeks, if there are no restrictions, the frequency and duration of breastfeeds for each baby vary greatly.8 Babies often feed frequently,9 which can be explained by their small stomach size and rapid digestion of human breastmilk, and this is associated with longer durations of breastfeeding. ‘Responsive feeding’ – feeding whenever babies show signs that they are beginning to be hungry – helps ensure a sufficient milk supply,10 may minimise babies’ stress, and is also appropriate for babies who are formula fed.11

Enabling parents to identify feeding cues is therefore important.12 However, ‘responsive feeding’ may challenge anticipated parenting styles.13 For some parents, the idea of an early-weeks ‘establishing breastfeeding’ period, during which frequent feeding is important to milk supply, can help to prepare them for the reality; furthermore, parents may benefit from exploring the idea that feeding is part of their relationship with their baby, and more than nutrition.

Signs that the baby is getting enough
Mothers often stop breastfeeding because they feel they have insufficient milk,14 and parents sometimes worry that they cannot gauge whether their baby is getting enough breastmilk.15 NCT practitioners aim to build parents’ confidence to recognise signs that their baby is sufficiently nourished – the number of wet and dirty nappies, the baby’s alertness and weight gain. These signs are relevant for parents using formula milk.

Effective attachment (and comfortable positioning)
Antenatal education covering positioning and attachment can increase the duration of exclusive breastfeeding.16,17 Ineffective attachment can lead to poor milk transfer, sore nipples or other breastfeeding problems, causing distress and unwanted breastfeeding cessation.18 Enabling parents to identify signs of effective attachment and to recognise when extra support is needed may help empower them.19 Encouraging mothers to discover comfortable feeding positions, including semi-reclining (laid back) positions,20 which can promote relaxation and release neonatal reflexes that support breastfeeding,18 is important.

Breastfeeding challenges
Mothers commonly experience early feeding problems for which they sometimes feel unprepared.19,20 Discussing the prevention of nipple pain and trauma21 is helpful; this can include the message that pain during feeds usually indicates that attachment could be more effective. Raising awareness of common challenges can provide mothers with an opportunity to anticipate and visualise how they would cope.22 This includes ensuring that parents feel able to contact help through local services and national helplines.

A supportive context
A new feeding relationship develops while a mother is recovering from the birth and family members are all adapting to their new circumstances. This is a period of biopsychosocial adjustment, and many factors can lead to feelings of strain, lack of confidence and exhaustion. A supportive context is important for mothers, however they plan to feed their babies. Mothers who breastfeed have frequently to negotiate powerful expectations and beliefs in their family and wider social networks.22-24,25

Affirmation and help from family and friends can be crucial; the views of fathers26 and grandparents27 can be particularly influential. During the antenatal session expectant parents can think about what they each hope for from the feeding relationship, how they can make this happen and what additional help they might need.

Proactive peer support for breastfeeding may be helpful, particularly if there is limited
experience of breastfeeding within existing social networks. 28

Formula milk
A fifth of mothers use formula milk from the start and nearly nine out of ten mothers give formula at some stage in the first six months, mostly introducing formula before they had planned.14 The challenge for NCT practitioners is to endeavour to meet the needs of all parents without undermining confidence in breastfeeding. NCT antenatal sessions do not include demonstrating making up formula feeds as there is a risk this may undermine decisions to breastfeed,3,29 but parents often ask questions about formula or mixed feeding in sessions. Topics discussed may include formula milk composition, differences between milks,30 and recommendations for making up powdered formula.11

Accessing help
Ensuring parents feel able to access non-commercial sources of help – including NCT’s helpline, local breastfeeding commercial sources of help – including Ensuring parents feel able to access non-commercial sources of help – including NCT’s helpline, local breastfeeding

Our approach to antenatal feeding preparation
NCT’s model of antenatal preparation is parent-centred and evidence-based. When working with groups of parents and providing antenatal feeding education, practitioners employ a facilitative approach, drawing on the principles of adult-learning and person-centred counselling, and adapting their sessions to the needs of those present. NCT has a specific focus on enabling breastfeeding. However, practitioners provide antenatal support for all parents who attend sessions and seek to enable parents who plan to use formula milk to respond to their baby’s needs.

Topics whose inclusion in antenatal sessions is supported by the current evidence base include: (i) early skin-to-skin contact, (ii) responsive feeding and babies’ feeding cues, (iii) enabling effective attachment and comfortable positioning, (iv) signs that the baby is getting enough milk, (v) overcoming breastfeeding challenges, (vi) enabling a supportive context, and (vii) non-commercial sources of postnatal help for breastfeeding and formula feeding.

References