

World Alliance for Breastfeeding Action



WABA ACTIVITY SHEET

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P.O. Box 1200, 10850 Penang, Malaysia. Tel: 60-4-658 4816; Fax: 60-4-6572655

Transforming Health Colleagues into Breastfeeding Advocates

"No one is more dedicated to a cause than a sceptic who becomes convinced."

- Richard Hartland, in Ciba News.

1. Respecting one's colleagues:

That "Breast is Best" is now agreed upon by all health professionals. Yet, it is being increasingly recognised that doctors and nurses could play a more effective role in promoting breastfeeding - particularly, exclusive breastfeeding in the first six months of life.

Some colleagues may lack commitment to the cause; others may not be fully equipped to help mothers breastfeed successfully; a few may be sceptical about this whole business of breastfeeding. However, most of them could become our allies, provided we start with the premise that love and respect for others is essential before expecting any kind of transformation in their behaviour.

In our eagerness to win a battle, we have on occasion, lost the war by being abrasive or by forgetting the age-old dictum that love is the greatest thing in the world. Let us not lose our respect for our

- **STEP ONE: Respecting one's colleagues**
- **STEP TWO: Providing accurate information**
- **STEP THREE: Recognising the stages of change in ourselves and colleagues**
- **STEP FOUR: Personal commitment**
- **STEP FIVE: Creating opportunities for others to lead**

colleagues if they tend to differ with us. Let us hear their viewpoint. They may have something important to tell us.

It is also possible that what our colleagues are advocating is not consistent with the latest knowledge of optimal infant feeding practices. In such a situation, let us remember that all of us have made mistakes in the past. "Every saint has a past and every sinner a future." At times, the author himself has failed to give

appropriate support to mothers who were keen to breastfeed.

The key word is **Patience**. We need to be patient with our colleagues, especially when we face opposition. About 100 years' ago, Swami Vivekanand, the Indian sage said that for any worthwhile cause, we may have to first face ridicule, then opposition and finally gain acceptance. Although we must not have spineless co-existence with wrong, we should first accept our colleagues as they are and then work towards the goal of transforming them into breastfeeding advocates.

To listen carefully is the first step, and to respond positively to the valuable points in our colleague's view is the second. This builds a foundation for constructive discussion.

With this frame of mind, let us sit with them and discuss. Do not take a fixed position on exactly what should be done. Listen to the others' point of view. In her manual on Lactation Management, Helen Armstrong has listed the following **basic negotiation skills**. It may be worthwhile to keep these in mind during the discussions.

Basic Negotiation Skills

- **Let us define our main interests**

"We would like to see most newborns exclusively breastfed" expresses our interest. It leaves open to negotiation just how it could be accomplished. It does not demand that everything be done one's own way.

- **Find and define common ground and shared interests**

For example, "We all want our hospitals to be respected (or granted the status of a baby-friendly hospital). We hope to reduce costs of maternity care. We all want to reduce our infant mortality rates."

- **Watch your and their body language and tone of voice: try to limit the expression of negative feelings**

Negotiations have difficult moments. If emotions are too high, a period of group silence, reflection and sharing may help. (see fig. Working Together)

- **Do not give in just to keep the atmosphere pleasant or because the other side is of higher status**

You are speaking for thousands of babies and mothers. Keep advocating their interests.

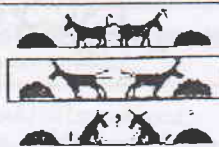
- **Be sure that decisions taken are not ambiguous or vague**

Do write down what has been decided. Propose wording which is clear and exact.

So let us start with the assumption that our colleagues would not knowingly harm the baby under their care. It is possible that some of them

may not have fully grasped the importance of the subject and may label us as fanatics. At times, we may have really behaved like fanatics! Alternatively, our colleagues may not be well-informed about certain facts, or they might have formed certain set habits.

THE TWO MULES



CO-OPERATION

IS BETTER
THAN
CONFLICT



"Working Together"-adapted from a Quaker poster

2. Providing accurate information:

(see list of resources)³⁻¹²

Many textbooks contain conflicting advice on breastfeeding. For appropriate consistent information, try to provide colleagues with breastfeeding guidelines approved by national and international academic organisations of nurses, midwives, paediatricians, obstetricians and lactation consultants. Books which provide accurate and supportive information on breastfeeding could be recommended.

'Breastfeeding Paper of the Month' selected by UNICEF New York could be made available to colleagues with the help of local UNICEF offices. Video films made by UNICEF and others could be provided. Breastfeeding training courses and workshops have been found extremely helpful in winning many colleagues to our side. You might decide to organise one of these. It might be possible to send a team from a hospital to an international centre for training. Another possibility could be to form a local lactation centre where colleagues could refer problem

cases. A directive from the government to all hospitals to ensure that maternity practices are conducive to breastfeeding can be used effectively to put pressure on colleagues who are either not aware or just do not bother to put the instructions into practice.

Colleagues should be briefed about the WHO/UNICEF Global Strategy for Infant and Young Child Feeding and the International Code of Marketing of Breastmilk Substitutes which restricts the marketing of infant formula and feeding bottles. This has now become a legal document in several countries.

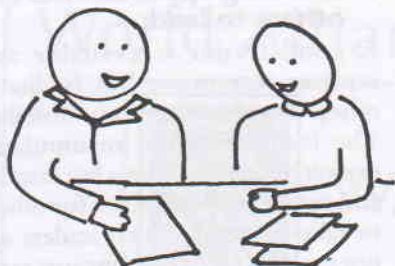
Colleagues should also be made aware of the policy of the infant formula industry to woo the doctors and nurses to their side. Those who believe that there is no harm in accepting 'help without strings attached' may be cautioned that industry does not spend its shareholders' money without a profit motive and that profit for the formula industry means more and more babies being displaced from their mother's breasts and getting accustomed to formula.

3. Recognising the stages of change in ourselves and colleagues:

(adapted from Lyra Srinivasan's stages of change, published by SARAR International and World Neighbours in Action)

There is a danger that we may expect our health system to change overnight. This is not likely. Let us learn from community development educators who have developed a very helpful representation of stages of change. (see fig. Stages of Change 1- 8). They make us aware that our colleagues may go through the following predictable stages of resistance, doubt and change:

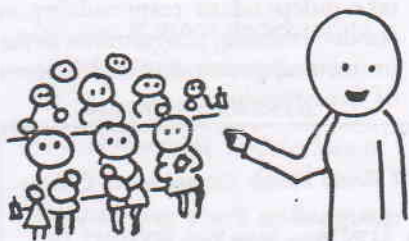
Stage 1:



"There is no problem"

For instance, if we go to an administrator of our health system with a plan to conduct a series of workshops on breastfeeding, he or she may say that everyone breastfeeds in our country, and there is no problem.

Stage 2:



"There is a problem but it is not my responsibility"

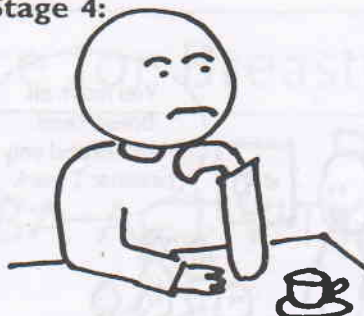
At this stage, people often look for someone else to put the blame on. Nurses may blame doctors or doctors may blame nurses. But if we have provided facts to underline the importance of exclusive breastfeeding and the extent of its decline in the country, we may help our colleagues from there is no problem to "there is a problem but it is not my responsibility." This is indeed progress.

Stage 3:



"I have doubts about the possibility of change, about myself and about others"

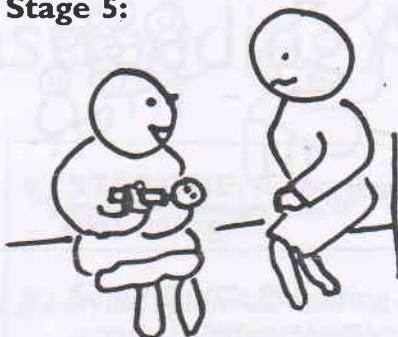
Stage 4:



"There is a problem, but I am afraid of the risk"

Stage 3 and 4 reflect universal feelings and could be accepted without giving up the effort.

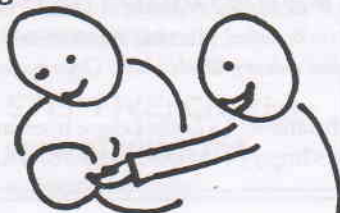
Stage 5:



"I see the problem. I want to find possible solutions"

With this really positive stage, the individual begins to consider taking on personal responsibility.

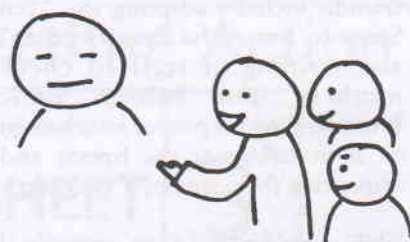
Stage 6:



"We believe that we can do it"

Solidarity is an important attitude to encourage among all people working for better infant feeding. An international list of people committed to the promotion of breastfeeding is available from WABA and the International Baby Food Action Network (IBFAN). It helps develop solidarity among colleagues around the globe. We are part of a worldwide effort. We can make constructive use of national and international networks to even get outside resource persons for help.

Stage 7:



"We can do it, and obstacles will not stop us"

Stage 8:



"We were successful. Now we want to show the results to others"

4. Personal commitment:

We have to first transform ourselves before we can aspire to transform others. Commitment comes out of conviction.

Most of the health workers who are breastfeeding advocates got convinced from their close observations that even the poor could thrive well on exclusive breastfeeding, and children of rich parents could also become the victims of artificial feeding due to increased risk of infections and allergic disorders.

Doctors noticed that they started having fewer night calls and a much more peaceful life because infants breastfed under their care had fewer serious problems.

Once convinced, they tried to set an example to their colleagues by personally talking to each mother during pregnancy, and soon after delivery in the presence of junior colleagues and making themselves available for all possible questions and doubts that the lactating mother had. An earnest effort was made to make their hospital Baby-Friendly, where breastfeeding is supported and all the Ten Steps to Successful Breastfeeding are practised.

The process of becoming baby-friendly includes adapting the "Ten Steps to Successful Breastfeeding" and training of staff to check mothers and babies while breastfeeding for proper attachment of their babies at the breast and improving the position, if necessary.

They should take it very seriously if any baby stops breastfeeding even if it is temporary and help the mother to relactate whenever possible.

Commitment should also make us practise what we preach. We should ensure that not only the children who come under our professional care, but also our own children and grandchildren get exclusive breastfeeding for the first 6 months of life and sustained breastfeeding in the second year. (see next fig.)



5. Creating opportunities for others to lead:

A good leader is available and remains responsive but facilitates others to take more responsibility. The leader doesn't 'manipulate', exploit or criticise others but inspires and creates opportunities for others to take the lead. Such leaders are not eager to take credit for successes but are rather ready to take responsibility for failures.

If difficulties arise, they carefully examine the problem, especially if it is due to lack of acknowledgement of others' efforts. They are ready to share their books, articles, transparencies or slides with potential leaders, and invite them to become 'trainers in training' at courses and workshops. The new leaders finally become regular trainers who then take independent responsibility to conduct training programmes in the protection, promotion and support of breastfeeding.

Resources

1. WHO/UNICEF Global Strategy for Infant and Young Child Feeding, 2002 World Health Organization, Geneva <www.who.int/gb/ebwha/pdf_files/WHA55/ea5515>
2. Breastfeeding Paper of the Month. Local UNICEF office or UNICEF New York, 3 UN Plaza, New York NY10017, USA.
3. Breastfeeding Courses and Workshops. For details, contact Breastfeeding Promotion Network of India (BPNI), BP 33, Pitampura, Delhi 110 034, India or Dr F Savage, Centre for International Child Health, Institute of Child Health, 30 Guilford Street, London WC1N, 1EH, UK or sandralang@compuserve.com
4. Breastfeeding Counselling. A Training Course. Department of Child & Adolescent Health & Development, WHO, Geneva.
5. Evidence for the Ten Steps to Successful, WHO Geneva, 1998. Website: www.who.int
6. International Code of Marketing of Breastmilk Substitutes, Geneva, WHO, 1981.
7. Working Together poster. A Quaker poster by TALC, PO Box 49, St Albans, UK.
8. Lawrence RA. *Breastfeeding: A Guide for the Medical Profession*, St Louis. The C V Mosby Co, 1994.
9. King FS, Anand RK. *Helping Mothers to Breastfeed*. Mumbai. Association for Consumers Action on Safety and Health, 1992.
10. Anand RK. *Health workers and baby food industry: World Health Organization acts to end conflict of interest and promote breastfeeding*. Br Med J 312: 1556-57, 1996.
11. The Breastfeeding Answer Book. Schaumburg. La Leche League International, 2003.
12. Ted Greiner's breastfeeding website <<http://www.welcome.to/breastfeeding>>

Key contacts

1. The Academy of Breastfeeding Medicine (ABM). Email: abm@bfmed.org. Website: www.bfmed.org
2. International Baby Food Action Network (IBFAN). Email: ibfanpg@tm.net.my. Website: www.ibfan.org
3. International Lactation Consultant Association (ILCA). Email: info@ilca.org. Website: www.ilca.org
4. La Leche League International (LLL). Email: illi@illi.org. Website: www.lalecheleague.org
5. UNICEF. Email: netmaster@unicef.org. Website: <http://www.unicef.org>
6. WHO. Email: info@who.int. Website: <http://www.who.int>
7. Wellstart International. Email: info@wellstart.org. Website: www.wellstart.org

This activity sheet has been prepared by Dr Raj Anand, for World Alliance for Breastfeeding Action (WABA). Further information can be obtained from: Dr RK Anand, 55 Kavi Apartments, Worli, Mumbai 400 018, India. Tel: 91-22-24999812.

Or

The WABA Secretariat, PO Box 1200, 10850 Penang, Malaysia. Tel: 60-4-6584816; Fax: 6572655; Email: waba@streamyx.com
Website: www.waba.org.my

Dr RK Anand, MD, FRCP, FIAP, DCH is Head of the Department of Paediatrics and Neonatology at the Jaslok Hospital and Research Centre, Mumbai. He is a former Professor of Paediatrics at the TN Medical College, Mumbai, and founder president of Association for Consumers Action on Safety and Health (ACASH), Mumbai.

This activity sheet is part of a series from WABA to assist groups with their activities to protect, promote and support breastfeeding, and in particular, to provide action ideas that could be focused on World Breastfeeding Week, 1-7 August.