INFLUENCES ON BREASTFEEDING

Through the eyes of an NHS midwife/IBCLC

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WHO AM I?

- NHS Midwife since 2011
- 4 years as community midwife (plus homebirths), 2 years Labour ward/Birth centre, 2 years infant feeding team, 1 year fetal medicine & maternity leave
- 2019 IBCLC
- IG: Olivia_lactation_consultant
- My ethos: inform and empower people however they want to feed their child
- We don't need more gadgets, we need more factual support & cheerleaders

ANTENATAL

- 10-15 minutes: prioritising clinical aspects eg blood pressure, blood tests, fetal heart rate
- Discussing feeding is an ongoing aspect, evolves with trust and familiarity
- High risk pregnancies: increased screening eg glucose tolerance test for gestational diabetes. Specialist feeding input in pregnancy?
- Continuity of care: hugely improving with implementation of Better Births: 51% March 2021
- Colostrum harvesting – (my beloved) insurance policy
- Finding quality feeding education in pregnancy

INTRAPARTUM

- Medicalisation of birth – increased induction rates, up to 40% some months
- Epidurals – wonderful pain relief, effect on newborn behaviours? How do we support this?
- Caesarean section – rise in electives (no big squeeze)
    - Getting to skin to skin
    - No cot thanks
    - Gentle support
- Autonomy – translates to feeding their baby

GOLDEN HOUR

- SO SO SO SO IMPORTANT
- Importance of birth partner support
- Productive midwives – ‘quick’ checks ruin the flow
- No weight, no NHS number, halt in documentation, bed blocking
- Chronic understaffing – gentle interventions with good intentions
- Observations whilst skin to skin
- No partner skin to skin until first feed/hour at least

IMMEDIATE POSTNATAL PERIOD

- Sleepy babies – management in two extremes
- Feeding chart
- Expectations – celebrating few feeds
- Early feeding cues
- Help them believe in their instincts

GROUP WORK (SORRY!)

- Within your groups
- Lets utilise that you all come at infant feeding from different perspectives and experiences
- What are your first thoughts that have come in to your mind during this session so far. Can be anything, eg how you can help your clients more effectively, hurdles/challenges that you see most commonly, or any words that come to mind to describe your feeling or those commonly felt by your clients
- Do common themes arise within your group? Do you have any reflections of your peers thoughts/experiences?

GOING HOME

- 2nd night syndrome – start of supplementation cycle
- Navigating help – formal and informal
- Community midwifery – an art and a skill
- Day 3 weights for 'high risk' dyads
- Supplemental milk – how is this given?
- Family pressure – rods for backs
- Support bonding in ways other than feeding
- Societal norms – based on 'good' / formula fed babies

HOW CAN YOU HELP?

- Shout loudly and advocate
- It's the way we do things – not good enough
- Ask direct questions
- Accountability - "Please document my wishes in my notes"
- "Please write your explanation in my notes"
- Individualise our care, shake off our ideals
- Thank you for caring about how people feed their baby's

QUESTIONS OR THOUGHTS?