



THE BABY
FRIENDLY
INITIATIVE

unicef 
UNITED KINGDOM



**HAVING MEANINGFUL
CONVERSATIONS
WITH MOTHERS
A GUIDE TO USING THE BABY
FRIENDLY SIGNATURE SHEETS**

WELCOME

Welcome to this short guide to using the Baby Friendly Initiative signature sheets. The signature sheets are designed to help you deliver Baby Friendly care to mothers and babies in the antenatal and postnatal period and beyond. They are intended to be part of the mothers' records so that they can be referred to and completed by staff during routine care.

Examples of the signature sheets can be found on pages 12–14 of this booklet. They cover conversations during pregnancy and in early and later postnatal periods.

Full size, printable versions can be found at <http://unicef.uk/conversations>



Further reading

- Building a happy baby: A guide for parents: unicef.uk/happybaby
- Guide to the Unicef UK Baby Friendly Initiative standards: unicef.uk/babyfriendlystandards
- The evidence and rationale for the Unicef UK Baby Friendly Initiative standards: unicef.uk/babyfriendlyevidence

COMMUNICATION – AN OVERVIEW

Communication is at the heart of effective care and good communication skills are essential for maintaining relationships built on trust. You might feel that as a health professional you have little to learn about communication, but in reality you might have had little opportunity for much recent formal education on communication and, even if you have, there is little harm in reminding ourselves and reinforcing what good practice is. It is worth noting that most complaints within the healthcare system arise from poor or insensitive communication and therefore working on ways to improve the way you communicate with mothers and their families will have a positive impact across all your care.

Guiding not directing

Communication is a process used to help us interact and share information, feelings, ideas and concerns with other people. Good communication should be a two way process: an exchange rather than a monopoly of a conversation. Rollnick et al (2008) describe three main communication styles to show different approaches used within health care and counselling services:

- **Directing** – when the conversation is led or ‘monopolised’ by the person telling or prescribing information. There is very little exchange going on. This best describes a tick box approach often used by health professionals as a means of getting information across when pushed for time.
- **Following** – when the conversation is led by the person receiving information. This approach is often used in counselling and is particularly valuable when supporting women who have experienced trauma or loss.
- **Guiding** – when the conversation is shared between the two parties. This approach involves exploring feelings through active listening and then providing information and alternatives to support informed decision-making. It enables relevant information to be shared and has been used effectively to support behaviour change.

Shifting the emphasis from a **directional approach** to a **guiding approach** is key to implementing the new Baby Friendly standards.

Effective communication also involves elements of verbal skills (words, tone of voice, clarity of language) and non-verbal skills (facial expressions, gestures, body language). Although greater emphasis is often placed on the words that we use when communicating, it is often the non-verbal elements that people pick up on and remember.

Communicating with new mothers

Evidence suggests that pregnant women and new mothers have greater right brain dominance (intuitive, subjective) than left brain (analytical, objective), which increases their sensitivity to non-verbal communication approaches. They may also be less receptive to large volumes of verbal information. Developing strategies to move from a more directional approach to information sharing with a more person-centred approach will help you to practice in ways that are really useful to the mothers in your care.

Rollnick, S, Miller, WR, & Butler, CC, *Motivational interviewing in health care: Helping patients change behaviour*, The Guildford Press, New York, 2008.



CONVERSATIONS IN PREGNANCY

We want all pregnant women to have the opportunity for a discussion about feeding their baby and how to recognise and respond to their baby's needs. We also want to encourage them to develop a positive relationship with their growing baby in utero. This discussion can take place as part of routine antenatal care or as part of a class.

Keeping conversations woman-centred: key tips

1. Agree an agenda

The conversation should be a two-way partnership to ensure it remains mother-centred. Find out what she wants to talk about and address her needs first. She will then be more open to what you have to say.

to individual needs and expand on what she already knows. It is neither useful nor effective to list all the health benefits of breastfeeding if she has had a previous bad experience, as this will make her feel a failure.

2. Ask open questions

This will help you to explore feelings and emotions and will provide a clearer outline of her story and previous experience. Use phrases like "tell me about" and "how do you feel about" to help to encourage her to talk.

6. Show empathy

Remember the importance of walking in the other person's shoes. If she reports a previous bad experience or she says the thought of breastfeeding makes her feel sick, don't dismiss these feelings as they matter to her.

3. Listen actively

Making eye contact, smiling and nodding all help to show you are listening and will encourage more discussion.

7. Remain neutral

Avoid being judgmental, even if you don't agree with what is being said.

4. Reflect back

This shows you have heard what was said and helps clarify any misunderstandings. You can say things like "you feel that breastfeeding isn't for you because..." or "you are anxious that...".

8. Don't collude

Sometimes in an effort to be kind, it may be tempting to say things like "it doesn't matter if you breastfeed or not – your baby will do just as well". Kindness is important but as a health professional you have a duty of care to provide evidence-based information. You can talk about the importance of developing a close and nurturing relationship with her baby but don't patronise her with information that she knows is incorrect.

5. Find out and build on information she knows

Don't overload with facts and figures. Try to tailor the information

CONVERSATIONS IN PREGNANCY: THE KEY POINTS

Encouraging parents to connect with their baby

Many mothers live very busy lives, including working until almost the end of pregnancy and caring for other children. Encouraging mothers to take time out to develop a relationship with their unborn baby will have a positive impact on the emotional well-being of them both. It may be appropriate to suggest talking to baby and encouraging partners and siblings to do the same. Noticing the baby's movements and responding to these can also be helpful to mothers, as can naming the baby and considering what he might look like. Discussing babies' developmental stages can also be helpful, particularly how babies can hear and sense their mothers' moods.

Sharing the value of skin contact

Discussing the value of skin contact and how this can happen straight after birth will help mothers prepare and value this special time.

Responding to baby's needs

The way a baby is parented can have a long-term impact on his development. When babies are brought up in loving, nurturing environments they are more likely to become confident and secure adults. Encouraging mothers to think about their baby's need for closeness, comfort and love and reassuring them that responsive parenting will not make babies spoilt or clingy could have positive effects that last a lifetime.

Feeding

Deciding how to feed their new baby is a major decision that can be influenced by many different events and experiences in mothers' lives. It is important that mothers have the opportunity to discuss the various options available to them so that the decisions they make are based on the best available information, rather than hearsay.

Sharing information about breastfeeding in pregnancy: Additional tips

Check what she already knows

Example questions:

- Has anyone you know ever breastfed?
- If yes: what were your own thoughts about this as a way to feed babies?
- If no: what do you know or feel about breastfeeding?

Allow her to talk with some prompting from you. Avoid expressing an opinion or contradicting what she is saying. Reflect back what she is saying to show you are listening.

Ask permission to share additional information

Example questions:

- Would it be alright if I told you a little bit about how breastfeeding could benefit you and your baby?
- Is it okay if I tell you a bit about what will happen after your baby is born?

Keep information succinct and don't overload. Use leaflets or props to re-enforce key messages.

Check that she has understood what you have said

Example questions:

- What do you think about what I have told you? or How do you feel about what we have discussed?
- Is there anything else that you would like to know about...?

Don't expect a commitment straight away. Provide links to additional information such as the Baby Friendly website.

POSTNATAL CONVERSATIONS: THE KEY POINTS

A mother-centred approach

Shorter hospital stays and reduced contact can present challenges and so it is important to make the time you do have with mothers count. Mother and baby dyads have individual needs, which vary according to the mother's condition, confidence and previous experience. It is therefore important to find out what those needs are and to avoid making assumptions. Use the woman-centred conversation techniques described on page 5 to find out what information is needed and to avoid overloading tired, new mothers with too much information that they might find difficult to retain.

After birth

All mothers and babies (where clinically possible) should be supported to spend time together in skin-to-skin contact after the birth. This is a good time to revisit the importance of always keeping babies close, and introduce the concept of responsive feeding. Allowing mother and baby time together in skin contact will provide the foundation for a loving relationship to begin. All mothers should offer the first feed in skin contact when their baby shows signs of readiness. Babies should not be rushed to feed before they are ready.

Care for all mothers

Young babies need to be close to their mother as this is the biological norm. Encouraging mothers to keep their baby close to them and continuing support for skin-to-skin contact throughout the postnatal period and beyond will help with this. Supporting parents to understand their baby's needs for frequent touch and sensitive visual and verbal communication (including that this is good for their baby's brain development) will help them get to know their baby and build up strong and loving bonds. Explaining to parents that giving love and comfort will not make their baby demanding or 'spoilt', but rather ensure the best possible development for him, can be very reassuring.

Breastfeeding mothers

All breastfeeding mothers will benefit from some one-to-one time to ensure they are supported with the basic principles of positioning and attachment, including how continued skin contact can help facilitate feeding. This is also a good time to check if they are able to hand express breastmilk as this skill may be needed to tempt their baby to feed, soften a full breast as the milk comes in or deal with issues such as blocked ducts.

Building on conversations started after birth around closeness, the meaning of responsive feeding and how to make it work for them can be part of ongoing discussions. Ensuring that mothers understand that they cannot overfeed their baby and that breastfeeding can be used for comfort and rest, as well as food, can be helpful. Before mothers leave hospital, making sure that they know the signs to look out for to reassure them their baby is getting enough breastmilk is an important safety issue. Leaflets will help re-enforce information around recognising effective feeding, including the importance of urine output and stooling. Parents also need to know how to access appropriate help if they have concerns when at home.

Formula feeding mothers

Supporting mothers to recognise their baby's feeding cues, inviting the baby to draw in the teat (rather than forcing the teat into the mouth), pacing the feed so that the baby is not forced to take more milk than they need and recognising the signs that their baby has had enough, will all help make bottle feeding a pleasant experience for the baby. Encouraging mothers to hold their baby close and to look into their eyes during feeds will also help build a close and loving relationship.

Mothers need to know how to sterilise equipment and make up feeds as safely as possible. It is also important to stress that 'first milks' are most appropriate for all babies throughout the first year. This is also the time to discuss how much better it is for babies to have a limited number of people involved with feeding them, so that babies feel secure and don't have different people feeding them using different techniques.

Breastfeeding assessments

All breastfeeding mothers should have a full feeding assessment carried out at least twice during the first ten days, and then again at the Health Visitor new birth visit, to identify and address any problems that might have developed. The Unicef UK breastfeeding assessment form (<http://unicef.uk/bfassessmenttool>) is designed to help with this. It is best to do the assessment in partnership with the mother and involve her in the plan of care. A new mother can often feel overwhelmed when her milk comes in and her baby becomes more alert, wanting frequent feeds. This is the time to talk about what is normal in terms of feeding frequency and that babies need to do this to set up future supply. Help her accept that this can be a challenging time and offer the following suggestions to help her cope:

- feeding lying down so she can rest whilst feeding
- catching up with sleep during the day
- involving partners in comforting and cuddling baby after feeds

Talk about what support is available locally, such as baby cafes and groups, and ensure she knows who to contact if she has worries or concerns.

Sometimes mothers will have started to introduce some formula milk and it is helpful to allow her to talk through why she might have done this. Avoid appearing judgemental but discuss options available with her as she may be unaware that she could still return to exclusive breastfeeding at this early stage. Whatever she decides, it is important to praise her for continuing to give her baby breastfeeds and agree a plan to help her continue to maximise the amount of breastmilk her baby receives.

Regardless of feeding method, new mothers might have concerns about night time feeding and an open conversation should be had according to individual circumstances. This is a good time to give her the Baby Friendly Initiative leaflet, *Building a happy baby: A guide for parents* (unicef.org.uk/happybaby). Breastfeeding mothers might also like information on how and where to breastfeed in front of other people whether in their own home or when out and about.

*All breastfeeding
mothers will
benefit from some
one-to-one time.*



Conversations in pregnancy: Key points

Remember: Explore what parents already know, accept it and offer relevant information.

Encouraging parents to connect with their baby

Taking time out to connect: talking to baby, noticing and responding to movements

Skin contact

The value of skin contact
What this means for mother and baby

Responding to baby's needs

How closeness, comfort and love can help baby's brain develop
Responsive feeding (and paced bottle feeding where appropriate)

Feeding

Value of breastfeeding as protection, comfort and food
How to get off to a good start

Confirmation that a conversation has taken place to cover relationship building, responsiveness and feeding, as per mother's needs.

Signature:

Date:

Comments:

1

2

3

Conversations in the postnatal period: Key points

Remember: Explore what parents already know, accept it and offer relevant information.

After birth

All mothers are offered support with:

- Unhurried skin contact
- Recognising early feeding cues
- Offering the first feed in skin contact

Signature:

Date:

Comments:

Postnatal

All mothers are offered support to:

- Appreciate the importance of closeness and responsiveness for mother/baby wellbeing
- Hold their baby for feeding
- Understand responsive feeding

Breastfeeding mothers are offered support to:

- Hand express
- Value exclusive breastfeeding
- Understand how to know their baby is getting enough milk
- Access help with feeding when at home

Mothers who formula feed are offered support on:

- Sterilising equipment and make up feeds
- Feeding their baby first milks
- Paced bottle feeding
- Limiting the number of people who feed their baby

Signature:

Date:

Comments:

Breastfeeding assessments

Breastfeeding assessments carried out using the breastfeeding assessment form (minimum of two in the first week) and an appropriate plan of care made. This may include referral for additional/ specialist support.

Signature:

Date:

Comments:

Conversations for the health visiting team: Key points

Remember: Explore what parents already know, accept it and offer relevant information.

All breastfeeding mother/baby dyads should have a feeding assessment using the breastfeeding assessment form during the new birth visit and an appropriate plan of care made. This may include referral for additional/specialist support.

New birth visit

All mothers are offered support and information on:

- The importance of closeness and responsiveness for mother-baby wellbeing
- How to hold their baby for feeding
- Responsive feeding
- Where to access feeding and social support within the local area
- Caring for their baby at night

Breastfeeding mothers are offered support and information on:

- Why hand expression is a useful skill and how to do it
- How to recognise effective feeding
- The value of breastfeeding

Mothers who formula feed are offered support on:

- Sterilising equipment and make up feeds
- Feeding their baby first milks
- Paced bottle feeding
- Limiting the number of people who feed their baby

Signature:

Date:

Comments:

All mothers are offered support and information on:

- Appropriate introduction of solid foods

Continued breastfeeding

All breastfeeding mothers are offered support and information on:

- Feeding whilst out and about
- Maximising breastmilk if other milks have been introduced
- Continuing to breastfeed upon return to work

Signature:

Date:

Comments:

1

2

3

UNICEF AND THE BABY FRIENDLY INITIATIVE

Unicef works around the world, including right here in the UK, to keep all children healthy, happy and safe.

We work in 190 countries, ensuring more of the world's children are vaccinated, educated and protected than any other organisation. We have done more to influence laws, policies and customs to help protect children than anyone else. We want to create a world fit for every child, and we start by helping the most vulnerable.

In the UK, the Baby Friendly Initiative is revolutionising healthcare for babies, their mothers and families, as part of a wider global partnership between the World Health Organization (WHO) and Unicef. We enable public services to better support families with feeding and developing close, loving relationships, ensuring that all babies get the best possible start in life.



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[unicef.org.uk/babyfriendly](https://www.unicef.org.uk/babyfriendly)

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