CH 1.10

WORLD ALLIANCE FOR BREASTFEEDING ACTION

WABA ACTIVITY SHEET 3

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Transforming Health Colleagues into Breastfeeding Advocates

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

- Richard Harland, in Ciba News.

- 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

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 four months of life.

While 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 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 appropriate 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 colleges 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 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 other's point of view. In her manual on Lactation Management, Helen Armstrong[1] has listed the following basic negotiation skills. It may be worthwhile to keep these in mind during the discussions.

... for all possible questions ... doubts that the lactating ... had. An earnest effort was ... to make their hospital ... friendly, where brea...feeding ...orted and all the Ten Steps ...cessful Breastfeeding are ...d.

...gramme includes training of ... to check mothers while ...eding for proper positioning ... babies and not to take ...even temporary stoppage of ...eding. Relactation is ...ed whenever possible.

...tment should also make us ...y practise what we preach. ...uld ensure that not only the ... who come under our ...ional care, but also our own ... and grandchildren get ...e breastfeeding for the first 4-6 months of life and sustained breastfeeding in the second year. (see fig. below)

"Which communicates better?"

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' or exploit 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" for the HLMT 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.

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...nstrong H. Training Guide in Lactation Management. New York, UNICEF 1992.

...orking Together poster. A Quaker poster by TALC, PO Box 49, St. Albans, UK.

...commendations of the Special Committee of Indian Academy of Pediatrics. Indian Pediatr. 1988; 25: 873-874.

...and, RK et al. Maternity Home Practices and Breastfeeding. Bombay, ACASH, 1990.

...eastfeeding Paper of the Month. Local UNICEF office or UNICEF New York,3 UN Plaza, New York, NY 10017, USA.

...sources for Advocacy and Training in the Baby Friendly Hospital Initiative (Part V). New York, UNICEF 1992.

...MT Workshops. For details contact Breastfeeding Promotion Network of India (BPNI), BP 33 Peampura, Delhi 110 ..., India or Dr F Savage, CDD Programme, WHO/OMS, 1211 Geneva 27, Switzerland.

...n Diego Lactation Program, 407 Fifth Avenue, San Diego, CA 92103, USA.

...e International Code of Marketing of Breastmilk Substitutes, Geneva, WHO, 1981.

...AN, PO Box 19, 10700 Penang, Malaysia.

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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 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)[2]

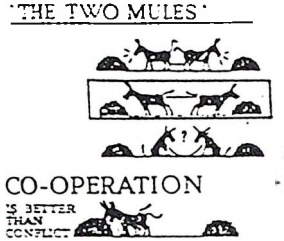
- **Do not give in just to keep the atmosphere pleasant or because the other side is of higher status**

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 shall 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.



"Working Together" - adapted from a Quaker poster

2. Providing accurate information:

(see list of resources) [3-9]

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. Human Lactation Management Training (HLMT) workshops have been found extremely helpful in winning many colleagues to our side. A lactation centre where collea could refer problem cases, or international centre where a t from a hospital could go for trai should be considered. A dire from the government to all hosp for ensuring maternity prac conducive to breastfeeding can used effectively to put pressur colleagues who are either not a or just do not bother to put instructions into practice. Collea should be briefed about International Code restricting marketing of infant formula feeding bottles. This has now bec a legal document in se countries.

They should also be made awar the policy of the infant for industry which seems to be catc the young medical students conducting paediatric quizes national level and assisting the el in academic pursuits. Those believe that there is no harm accepting 'help without str attached' may be cautioned industry does not spend shareholders' money without p motive and that profit for formula industry means more more babies being displaced f their mother's breasts and hoo onto the formula.

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

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

There is a danger that we may ex our health system to ch overnight. This is not likely. Le learn from community develop educators who have developed a helpful representation of stage change. (see fig. stages of chang 8). They make us aware that colleagues may go through following predictable stages 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 breast-feeding 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 doubt about the possibility of change, about myself and about others."

Stage 4:

"There is a problem, but I am afra... 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."

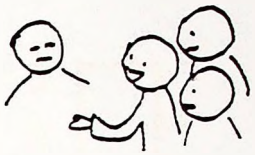
With this really positive stage, the individual begins to consider taking on personal responsibility.

Stage 6:

"We believe that we can do it."

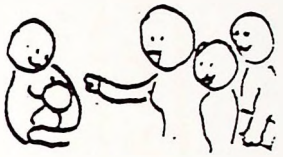
Solidarity is an important attitude to encourage among all people working for better infant feeding. An international list of people committed to the promotion of breastfeeding is available from WABA and the International Baby Food Action Network (IBFAN).[10] It helps develop solidarity among colleagues 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 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. They also noticed that they started having fewer night calls and a much more peaceful life because infants breastfed under their care have serious problems less frequently.

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