Can you help me breastfeed? Building Breastfeeding Self-efficacy – from theory to practice. By Rebecca Glover

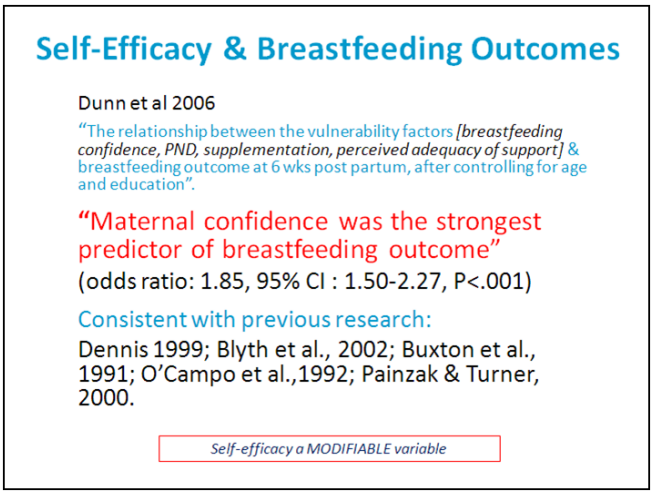
1.Since the first mother and baby I tried to help in my midwifery training I have been asking the question,

"When a baby is not latching how can I help without damaging the mothers self confidence in her ability to breastfeed?"

2. Many known predictors of breastfeeding success or failure are NON-modifiable social or demographic variables, such as maternal age, education level, socioeconomic status or support from significant others; things that we cannot change during the short relationship we have with a breastfeeding dyad.

However, there is a way to improve success rates in the early post partum period. For more than 30yrs studies across a wide range of fields such as athletics, business and education (Stajkovic A 1998) have shown that **a person's sense of Self- Efficacy about performing a particular task or behaviour is a strong predictor of the outcome** – the higher the self-efficacy the higher the likelihood of success.

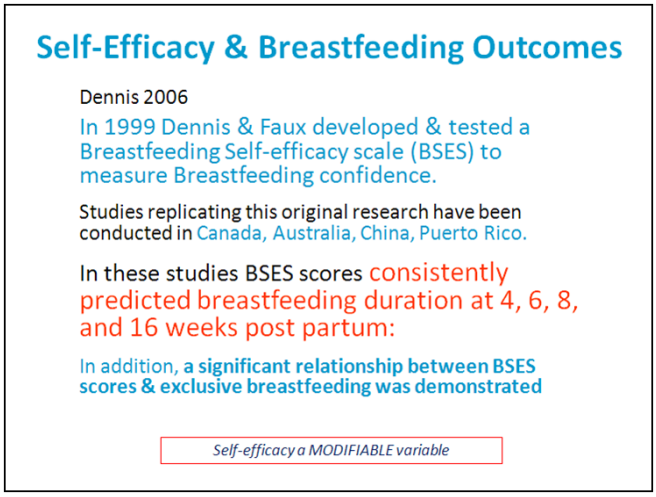
Recent studies have identified that "**Enhanced maternal self-efficacy is a modifiable variable associated with successful breastfeeding outcomes**" (Kingston 2007)



3. I wont spend a lot of time on the research, you can peruse the attached reference list, but will note a couple of important studies here.

In 2006, Dunn et al – Looked at the "The relationship between the vulnerability factors *[breastfeeding confidence, PND, supplementation, perceived adequacy of support]* & breastfeeding outcome at 6 wks post partum." After controlling for age and education, they found that **"**Maternal confidence was the strongest predictor of breastfeeding outcome" (odds ratio: 1.85, 95% CI : 1.50-2.27, P<.001) and that "low level of confidence with breastfeeding is a powerful predictor or early weaning"

Which was consistent with previous research by: Dennis 1999; Blyth et al., 2002; Buxton et al., 1991; O'Campo et al.,1992; Painzak & Turner, 2000; Creedy 2003.



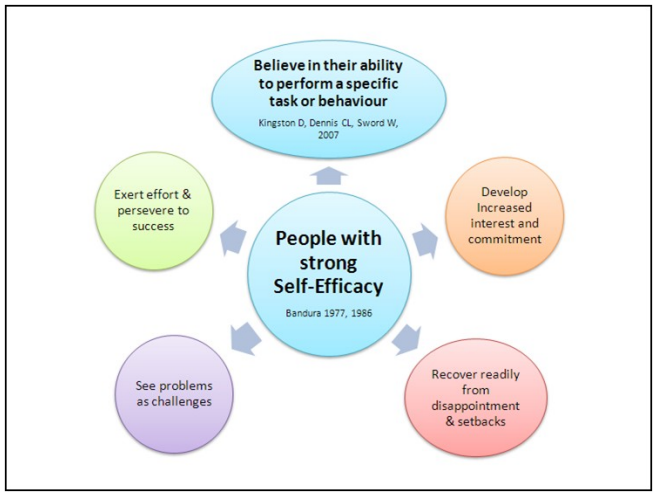
4. Dennis 2006 chronicles the following studies:

Dennis & Faux (1999) developed and tested a Breastfeeding Self-efficacy scale (BSES) to measure Breastfeeding confidence.

Studies replicating this original research have been conducted in Canada (Dennis 2003), Australia (Blyth et al., 2002, 2004; Creedy et al 2003), China (Dia & Dennis 2003), Puerto Rico (Molina Torres et al., 2003).

In these studies BSES scores consistently predicted breastfeeding duration at 4, 6, 8, and 16 weeks post partum:

In addition, **a significant relationship between BSES scores & exclusive breastfeeding was demonstrated**



5. The evidence shows that, people with strong self-efficacy:

- Believe in their **ability to perform a specific task or behaviour .** *Kingston D. (2007)*
- **Develop increased interest and commitment in the behavior.**
- Recover readily from disappointment & setbacks.
- See problems as challenges.
- Exert effort & persevere to success.

It is therefore easy to imagine that strong self-efficacy will be a great help to mothers experiencing early latching problems.

6. The latest neuroscience helps us to understand how self-efficacy theory works

Neuro scientists have recently begun to understand that Neurons that fire together wire together and make more permanent pathways in the brain.

Norman Doidge, author of the book "The brain that changes it's self" likened it to the impressions a skier makes in the snow, if you ski down the slope once you only make a small mark on the snow, which is easily obliterated. But if you ski down that slope in exactly the same place over and over impression.

Plastic Fantastic Brain & Self-Efficacy

Neural reinforcement for Breastfeeding mothers

- **Through repetition of successful experiences and thoughts. Performing and/or observing successful breastfeeding behaviours builds stronger, more lasting neural pathways, making future successes more likely.**
- We can help, using the 4 practical, building blocks of efficacy theory Bandura 1977

7. Therefore neural reinforcement for breastfeeding mothers will come through repetition of successful experiences and thoughts.

We can help provide the repetition of successful experiences by using the 4 practical building blocks of Self-efficacy theory.

B/F Self-efficacy: How can we help?

There are 4 simple, practical, proven ways to build a mothers breastfeeding self-efficacy

8. In fact they can be a reliable practical framework on which to base our interactions with mothers.

Building Breastfeeding Self-efficacy

"According to Bandura's social cognitive theory (1986) *self-efficacy* is an individuals perceived ability to perform a specific task or behaviour that is modifiable through" (Kingston 2007)

1. **Performance accomplishment or Task mastery**
2. **Vicarious experience**
3. **Verbal persuasion**
4. **Physiological and emotional states**

Bandura: "self-efficacy is derived from four principal sources of information"

9. **"According to Bandura's theory, *self-efficacy* is an individuals perceived ability to perform a specific task or behaviour that is modifiable through"** four principal sources of information"

THESE ARE THE BUILDING BLOCKS OF SELF Efficacy

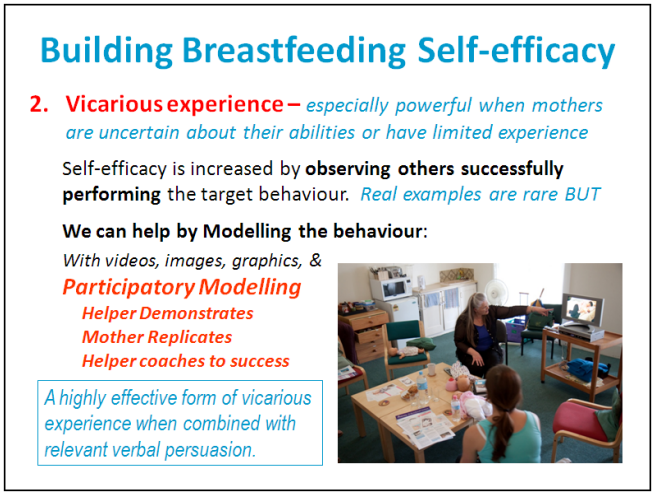
The things that build Self-efficacy in human beings whatever the task

10. The most influential source is **Performance Accomplishment or Task Mastery –**

It is most powerful when a mother and baby have successful experiences with minimal intervention from outside sources.

Highlighting where we should focus our efforts initially, supporting birth practises that minimize interventions, encourage extended skin to skin contact and biological nurturing or baby-led approaches.

However it also applies when a baby is not latching on his own and it is necessary to break the process down into simple steps that help the mother via a series of smaller successes, one step at a time.

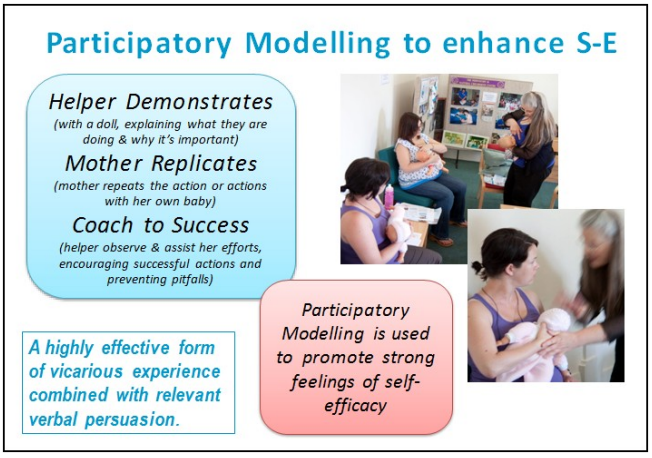


11. **Vicarious experience** –

Chances to observe other women successfully positioning and attaching *newborn* babies are rare in this culture. Therefore if a mother is experiencing latching difficulties she has little helpful vicarious information to guide her.

Modelling of successful behaviours (see the 7 fundamental innate latching behaviours) helps mothers avoid excess trial and error; especially the repetition of errors which will diminish her self-efficacy.

The use of visual media, video/DVD, pictures, graphics **and demonstrations with a doll** can provide mothers with effective vicarious learning experiences.



When a mother needs to help her baby attach, we may help most by using a coaching technique called **Participatory Modeling.**

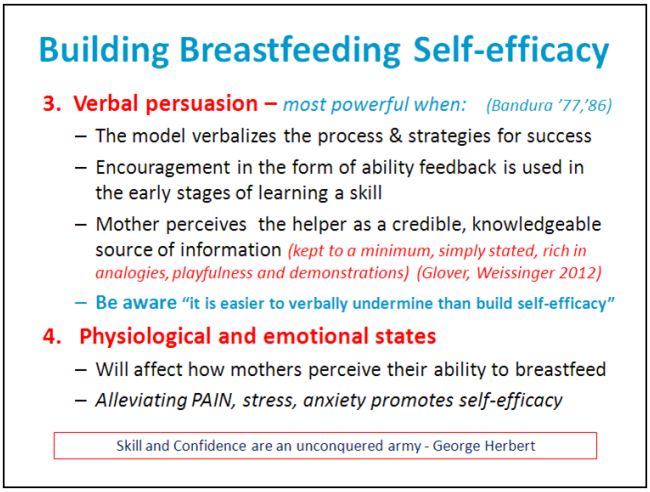
Self-efficacy studies have shown that breaking a complex behaviour into small steps is helpful. When using participatory modeling a helper demonstrates the relevant step or steps of the behaviour with a doll, combined with clear descriptions of what they are doing and why it is important.

The mother then replicates the modelled behaviour with her own baby, while the helper observes and assists her efforts. Giving her encouraging feedback on successful actions and preventing actions that will lead to failure.

So that, by the end of the session, both mother and helper are confident that the she has understood AND most important, *experienced* what she needs to do to succeed.

"Even before breastfeeding itself is successful, participatory modelling that leads to or enables a series of smaller successes can strengthen a mother's self-efficacy so that she remains eager to reach her breastfeeding goals. Imagine the pleasure the mother of a non-latching baby can derive simply from discovering how to make herself and her baby fit together comfortably." (Glover R. Weissinger 2012)

Demonstration, replication, and repeated small successes are a powerful, effective route to success.



12. **Verbal persuasion** can be very powerful but it is only helpful when it contributes to the effective performance of the task

It includes: describing what is being modelled, and why it will increase the likelihood of success, encouragement in the form of ability feedback as mother is practising a new skill, additional verbal information that clearly contributes to a successful outcome and in turn increases her perception of you as a credible source of information.

Verbal persuasion can be a valuable tool for us but with a caution, that **"it is easier to verbally undermine than build self-efficacy"**.

The helper who tries to be positive by saying "you're doing a great job, or baby looks attached well" ***will not*** build self-efficacy in a mother who is breastfeeding in pain.

Inappropriate verbal persuasion that is out of synch with the mothers experience is perhaps our least effective way to help! Appropriate verbal persuasion combined with Participatory Modelling can be one of our best.

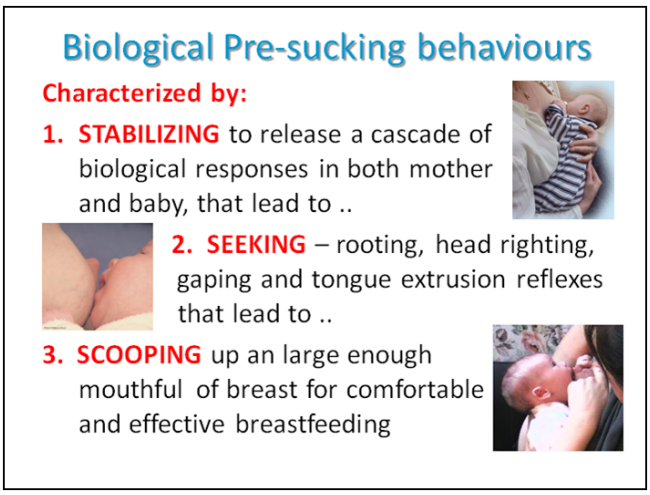
So keep your verbal persuasion to a minimum, simply stated, relevant, rich in playful analogies, and demonstrations

Physiological and Emotional states will affect how mother perceives her ability to perform the task

Simply alleviating her pain or stress, making her comfortable physically and emotionally can improve her belief in her breastfeeding abilities.

13. However as George Herbert said in the 16th century "Skill and Confidence are an unconquered army"

If we want to send mothers home from hospital or our clinic with strong self-efficacy we need to know what are the successful pre-sucking behaviours and how to demonstrate and describe them effectively.



14. For the past 40+ years I have called the process of a baby attaching at the breast Positioning and Attachment, but recently I have begun to call it the innate pre-sucking behaviours of mother and infant.

Because I would like to move away from language that infers this is something that mothers or midwives have to make happen, but rather see it as a biological process that mothers and their helpers need to know how to support.

Recently I have begun to characterize these pre sucking behaviours in three phases,

That begin with **stabilizing baby on its mothers body** resulting in the release of a cascade of biological responses in both mother and baby, that lead to …,

Baby seeking the breast and nipple, using the rooting, head righting, gaping and tongue extrusion reflexes, that lead to ….,

Baby being ***in the position to*** use their bottom jaw to **'scoop'** up an large enough mouthful of breast for comfortable and effective breastfeeding**.**

The terminology might have changed but the biological process and physical behaviours have not.

See the 7 innate pre-sucking behaviours table that support the release of the innate reflex responses built into every newborn and mother and are fundamental to a continuum of helping approaches that we can use across the spectrum of breastfeeding situations.

AND

Rebecca's education materials that are designed for Mother-sped / Mother-Led situations when a baby is not attaching on his own and needs some help from his mother to support the pre-sucking behaviours.

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☺ *This smiley face indicates some of the "Light bulb" research that enlightened my understanding of the innate pre-sucking behavior and how to help mothers and babies experience comfortable, effective breastfeeding with the least amount of intervention from me. Rebecca Glover*

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