Interpersonal communication skills for supporting breastfeeding mothers
A handbook for community health support staff in emergency settings

World Health Organization
European Region
Contents

Acknowledgements iv
Introduction v
Why breastfeeding is important 1
Practices can help to establish breastfeeding 5
Practices can disrupt breastfeeding 7
When breastfeeding is not possible 9
Providing counselling for breastfeeding mothers 13
  Use helpful non-verbal communication 15
  Ask open questions 16
  Show interest 17
  Reflect on what the mother says 18
  Empathize and affirm 19
  Avoid confrontation and judgement 20
  Summarize 21
  When faced with hesitance or refusal 22
The “dos” of supporting 24
The “don’ts” of supporting 25
Acknowledgements

This document was produced by the Risk Communication, Community Engagement and Infodemic Management (RCCE-IM) team at the WHO Regional Office for Europe. The handbook was compiled by Irem Karakaya, RCCE-IM consultant, under the supervision of Olha Izhyk, Risk Communication Officer.

Technical inputs and support were provided by Alice Allan, RCCE-IM Consultant and certified lactation consultant; Clare Farrand, Nutrition Technical Officer; and Julianne Williams, Technical Officer for Noncommunicable Diseases. Cristiana Salvi, Regional Adviser, RCCE-IM, supervised the process and provided guidance and technical review.
Introduction

Emergencies can pose challenges for both mothers and infants and significantly disrupt breastfeeding practices. Mothers may find it hard to establish and maintain breastfeeding due to stress and other environmental conditions during these difficult times.

The purpose of this handbook is to provide information about interpersonal communication skills that can be used in emergency settings to improve communication with breastfeeding mothers for productive results. It provides essential information about the benefits of breastmilk, practices that help breastfeeding, interpersonal communication skills and key principles of helping for community-centred and integrated interventions. The target audience of this document is community health support staff working
in emergencies. The handbook can also be of use to volunteers, medical doctors and nurses, as well as public health programme workers who work with, provide counselling for, or have contact with breastfeeding mothers.
WHO and the United Nations Children’s Fund recommend:

- the early initiation of breastfeeding, within the first hour of birth;
- exclusive breastfeeding (meaning no other foods or liquids, including water) for the first 6 months of life; and
- the introduction of nutritionally-adequate and safe complementary (solid) foods at 6 months together with continued breastfeeding up to 2 years of age or beyond.

Why breastfeeding is important

Breastfeeding protects both the baby’s and the mother’s health in many ways and can benefit the whole family, emotionally and economically.
The benefits of breastmilk are that:

- It is **safe**, **clean** and contains antibodies which **help protect** against many common childhood illnesses, it protects against the baby developing noncommunicable diseases later in life and it **protects the mother from some cancers**;

- It contains all the **nutrients** that a **baby needs** in the first 6 months of life – from six months, the baby can be given complementary foods but ideally should continue to be breastfed for up to two years of age and beyond;
It is **easily digested** and efficiently used by the baby’s body;

It does not pose the food **safety hazards** associated with baby milk formula;

It is **available** for the baby whenever it needs it;

It can **build a strong mother and baby bond** – that is, to develop a close, loving relationship;
it protects the mother’s health by helping the uterus to return to its previous size after birth – this helps to reduce bleeding and may help to prevent anaemia;

children and adolescents who were breastfed as babies are less likely to be overweight or obese; and

it can help children perform better on intelligence tests and have higher school attendance, as some studies suggest.
The following practices can help to establish breastfeeding:

- breastfeeding soon after birth;
- the mother holding and cuddling their baby as much as possible – preferably skin-to-skin contact;
- the mother being comfortable, relaxed and in a position that suits her best;
- frequent baby-led feeding;
- letting the baby come off the breast naturally;
- exclusive breastfeeding, meaning that no other foods or liquids are provided;
Practices that can help breastfeeding

- having contact with people who give emotional support to the mother;
- avoiding bottle teats, dummies (pacifiers) and nipple shields;
- avoiding creams and ointments on the nipples;
- avoiding soap on the breasts and washing them only during bathing;
- encouraging patience and avoiding haste in the feeding process – if the baby shows reluctance, promote skin-to-skin contact, then revisit breastfeeding later;
- contacting health professionals who can support with establishing and maintaining breastfeeding; and
- ensuring maternal comfort during baby feeding.
The following practices can disrupt breastfeeding:

- using drugs during childbirth that sedate the baby;
- the separation of mother and baby;
- delaying the first feed;
- providing baby formula (unless recommended by a medical professional);
- giving other fluids before the first breastfeeding;
- restricting the frequency of feeding;
• washing the nipples before or after breastfeeding;
• feeding to a timetable;
• taking the baby off the breast before the baby has finished;
• giving plain water, dextrose, glucose or sucrose water or teas between feeds;
• undermining a woman’s sense of her own capacity to produce enough milk;
• isolating the mother from those who support breastfeeding;
• using nipple shields, bottle teats and dummies (pacifiers); and
• exposing women and families to the promotion of baby formulas (including delivering free samples, advertising, marketing, promotion through health workers, sponsorships, point-of-sale promotions and digital marketing).
When breastfeeding is not possible

Emergencies create situations in which babies are separated from their mothers or mothers of infants are either ill or have died. If this is the case, the best possible substitute is for another lactating mother to breastfeed the baby.

The next best substitute is expressed breastmilk given by another mother or mothers. It should be heated to 57°C for 30 minutes. This kills viruses (including HIV) and bacteria. Most breastmilk does not carry infection, but it is best to be cautious. Mothers will need the support of a health professional and equipment to be able to do this.

In the absence of other sources of breast milk, infants will need to be fed with breast milk substitutes. Carers can use commercial baby milk (also called infant formula). Please note that any advertising for
commercial formula milks should be removed from health centres and other environments, and you should refuse on-site training, free gifts or sponsorship from companies that promote bottles, teats and infant formula.

**Important:** When possible, you should always encourage breastfeeding, particularly during the first six months. Mothers of infants below six months who were mixed feeding prior to the emergency should be supported to revert to exclusive breastfeeding.

Formula companies often use emergencies as an opportunity to inappropriately promote their products, which undermines breastfeeding and poses dangers to the baby’s health. This is why it is important to use formula as a last resort, and only distribute via health services.

This is important because giving infants
formula poses dangers related to food safety. These problems are exacerbated in emergency situations where clean water and supplies are scarce.

When formula feeding is necessary, it should be demonstrated only by health workers or community workers and only to the carers who need to use it. Carers must be clearly informed of the hazards of improper use.

**Note:** *The International code of marketing of breast-milk substitutes*¹ exists to ensure mothers are informed of the hazards associated with improper use of breastmilk substitutes.

It prohibits advertising and other forms of promotion of infant formula and other breastmilk substitutes as well as feeding

---

bottles and teats.

In emergency situations, the Code is particularly important for controlling donations and the distribution of these products.

Baby food companies are obliged to provide instructions in the local language and product labels need to carry the necessary warnings and instructions for safe preparation and use.

Lack of information in the local language should be reported immediately to health authorities and aid workers. Carers should ask a health professional or aid worker to get a proper translation and to explain the instructions carefully.
Providing counselling for breastfeeding mothers
Counselling is a way of working with people in which you try to understand how they feel and help them develop confidence and decide what is best for them. Below are some skills you can utilize with breastfeeding mothers to communicate support and encouragement.

The two main counselling skills are “listening” and “learning”. A breastfeeding mother may not talk about her feelings easily, especially if she is shy, and with someone whom she does not know well. You need to focus on listening and making her feel that you are interested in her. This will encourage her to tell you more. She will be less likely to “turn off” and say nothing.
Use helpful non-verbal communication

Non-verbal communication means showing your attitude through your posture and your expression, and not what you say. This includes:

- keeping your head level with hers (e.g., not looking down);
- paying attention and maintaining eye contact;
- taking time;
- removing barriers (e.g., uncrossing arms); and
- touching appropriately and asking before touching.
Ask open questions

To start a conversation with a mother or to find out her breastfeeding history, you need to ask some questions.

It is important to ask questions in a way which encourages a mother to talk to you and give you information. This saves you from asking too many questions and enables you to learn more in the time available.

Open questions are the most helpful. They usually start with “How?” “What?” “When?” “Where?” or “Why?” To answer them, a mother must give you some information. Closed questions are usually less helpful. Closed questions usually start with words like “Are you?”, “Did he?”, “Has he?” or “Does she?” A mother can simply answer “yes” or “no” to these questions which does not help the conversation move forward.
Use responses and gestures which show interest

If you want a mother to continue talking, you must show that you are listening and that you are interested in what she is saying.

Important ways to show that you are listening and interested are:

- with gestures, for example, look at her and nod; and
- with simple responses, for example, you say “Aha”, “Mmm”, “Oh dear!”.
Reflect on what the mother says

Health and social care workers sometimes ask mothers a lot of factual questions. However, the answers to factual questions are often not helpful.

The mother may say less and less in reply to each question. It is more useful to repeat back or reflect on what a mother says and acknowledge her concerns. It shows that you understand, and she is more likely to say more about what is important to her.

It is best to say it in a slightly different way so that it does not sound as though you are copying her. If you continue to reflect back on what a mother says every time, it can begin to sound rather rude. It is better to mix up reflecting back with other responses.
Empathize – show that you understand her feelings and affirm

When a mother says something which shows how she feels, it is helpful to respond in a way which shows that you heard what she said and that you understand her feelings from her point of view.

Empathy is different from sympathy. When you sympathize, it shows you feel for the person, but it doesn’t always let them know you have heard what they have to say or that you understand what they might be feeling. Reflecting and acknowledging a mother’s concerns with empathy can help to create trust.

Affirmation can also be empowering to mothers. Try to highlight her strengths by making affirmative statements like: “I see that you are concerned about your and your children’s health. You took time to look for information about breastfeeding.”
Avoid confrontation and words that sound judging

Judging words are words like right, wrong, well, badly, good, enough and properly.

If you use judging words when you talk to a mother about breastfeeding, especially when you ask questions, you may make her feel that she is wrong, or that there is something wrong with the baby.

Keep in mind that confronting a mother may close the door to breastfeeding support permanently. **Make it clear to a mother that even if she doesn’t want to receive any help now, she can still access help in the future.**
Summarize your interaction with the mother to make sure you are on the same page about her attitude. For example: “Here is what I’ve heard…did I miss anything?”

While ending your conversation with the mother indicate a concrete next step. The next step can be starting breastfeeding, a referral or a follow-up visit.

For example: “I hear you will give breastfeeding a try this week. That is amazing news. Shall we organize a follow-up visit to hear more about your breastfeeding journey and see how can I support more if needed?”

“I understand that you don’t feel ready to breastfeed yet. Do you want me to refer you to a health professional?”
When faced with hesitance or refusal

Some mothers may choose not to breastfeed or refuse to breastfeed. When you come across such a situation, try to build trust and engagement.

- **Do not dismiss** the mother’s reasons for not breastfeeding but acknowledge them.
- **Do not debate** with the mother – explore her concerns.
- **Seek permission** before providing facts:
  - ask what the mother knows and ask for permission to complete her knowledge;
  - give evidence-based information/advice tailored to her concerns; and
  - verify understanding and planned behaviours based on this information.
• **Be persistent**, give your strong but gentle recommendation to breastfeed.
• **Share expert information** or offer a referral to a health professional (if available).
• **Inform her about the risks** of choosing not to breastfeed in a non-judgmental way (e.g., babies who don’t breastfeed will not be protected against infections, and are at higher risk of allergies etc.).
• Leave the door open for discussion.

**Note:** Avoid causing further harm to the mother, provide the best care possible and act only in her best interest. Offer help in ways that are most appropriate and comfortable to the mothers you are supporting.
The “dos” of supporting

- Be honest and trustworthy.
- Respect people’s right to make their own decisions.
- Be aware of and set aside your own biases and prejudices.
- Make it clear to people that even if they refuse help now, they can still access help in the future.
- Respect privacy and keep a person’s story confidential if this is appropriate.
- Behave appropriately, considering the person’s culture and age.
The “don’ts” of supporting

• Don’t exploit your relationship as a helper.
• Don’t ask for any money or favours for helping people.
• Don’t make false promises or give false information.
• Don’t exaggerate your skills.
• Don’t force help on people, and don’t be intrusive or pushy.
• Don’t pressure people to tell you their story/information.
• Don’t share the mothers’ story with others.
• Don’t judge the mothers actions or feelings.
The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania  
Andorra  
Armenia  
Austria  
Azerbaijan  
Belarus  
Belgium  
Bosnia and Herzegovina  
Bulgaria  
Croatia  
Cyprus  
Czechia  
Denmark  
Estonia  
Finland  
France  
Georgia  
Germany  
Greece  
Hungary  
Iceland  
Ireland  
Israel  
Italy  
Kazakhstan  
Kyrgyzstan  
Latvia  
Lithuania  
Luxembourg  
Malta  
Monaco  
Montenegro  
Netherlands (Kingdom of the)  
North Macedonia  
Norway  
Poland  
Portugal  
Republic of Moldova  
Romania  
Russian Federation  
San Marino  
Serbia  
Slovakia  
Slovenia  
Spain  
Sweden  
Switzerland  
Tajikistan  
Türkiye  
Turkmenistan  
Ukraine  
United Kingdom  
Uzbekistan

World Health Organization  
Regional Office for Europe  
UN City, Marmorvej 51,  
DK-2100 Copenhagen Ø, Denmark  
Tel.: +45 45 33 70 00  
Fax: +45 45 33 70 01  
Email: eurocontact@who.int  
Website: www.who.int/europe  

WHO/EURO:2024-9494-49266-73606