Empowering Mothers

What Lactation Consultants Can Learn from Successful Poverty Alleviation Programs

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Editorial

I recently read an interesting book on poverty alleviation called *When Helping Hurts: How to Alleviate Poverty without Hurting the Poor and Yourself*. This book highlights a sensitive issue for any helping profession—namely, is our help, however well intentioned, doing more harm than good? That's a question we don't usually want to ask ourselves. But we need to at least consider it if we are going to be effective in our work.

When I first started reading this book, I didn't think it had anything in particular to do with lactation. But as I read, I discovered that many of the principles the authors described applied to our field as well. Here are a few of their ideas that jumped out at me that seemed particularly relevant to our work.

The first is that intervention programs should ensure the participation of the affected population in all aspects of program design. In other words, there should be community involvement and buy-in in any program that we implement. It should be by the community, for the community. This is already being brilliantly done by peer-counselors and mother-to-mother-support programs across the U.S. Have mothers in a community reach out to other mothers like them. Allow these peer supporters to adapt their breastfeeding programs to meet the particular needs of their communities.

The second principle is to identify existing strengths, an approach the authors called "asset inventorying." This includes identifying abilities and resources that exist in both individuals and communities. Once these are identified, helpers can facilitate linkages between existing individuals and groups, and then determine the best ways to leverage these assets to solve problems and improve the overall health of communities. For mothers, this can mean acknowledging their existing strengths and abilities, and helping them identify the sources of support that exist in their communities.

The third related principle is avoiding paternalism. This one can be challenging. Avoiding paternalism means that helpers should not do things for people that they can do for themselves. The authors note that paternalism can take a variety of forms, including knowledge and labor paternalism. Knowledge paternalism occurs when we assume that we have the best ideas about how to do things. It's tricky because we actually *do* have more knowledge. But the people we are offering to help may have unique insights into their situation, circumstances, or cultural context that we need to consider. This principle applies whether we are planning a community-wide program or talking with an individual mother.

Labor paternalism occurs when we do work for people that they can do for themselves. Labor paternalism undermines people's talent and self-confidence, and often creates dependency. In our work with new mothers, one example of labor paternalism could be actively managing latch or positioning, which can undermine a mother's confidence. She may start to feel that she can only breastfeed with us right there beside her—a situation most of us have encountered at one time or another.

The great news is that our field is already incorporating many of these empowering principles into our everyday work. As I described in the last issue of *Clinical Lactation*, we are in the process of a major paradigm shift in how we work with mothers. We are moving away from a more interventionist and hands-on approach and moving towards a model where we recognize and seek to support the hard-wired abilities that both mother and baby already possess.

In practical terms, that means that we do not approach the mother-baby dyad as blank slates, ready for us to pour our knowledge into. Rather, we can gently guide and support a new mother by showing her how competent she already is. By keeping mothers and babies together and in contact with one another, both mothers' and babies' hardwiring is triggered. By providing mothers with this sheltered space, many feeding difficulties can be avoided. But one of our most effective interventions is often to simply "ooze confidence" (to quote Dr. Tina Smillie) that breastfeeding will work and that mothers can do it.

We have several new articles in this issue of *Clinical Lactation* that concern empowerment for both mothers and lactation consultants. I would particularly like to highlight our lead article by Dr. Betty Bowles examining the role of self-efficacy in breastfeeding success. Health

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psychologists (the tribe I belong to) love this variable as it is one of the best predictors of health behavior. In some cases, high self-efficacy can literally mean the difference between life and death (such as when it relates to compliance with HIV or diabetes regimens). I was thrilled when researchers started studying it with regard to breastfeeding, finding that mothers high in self-efficacy were more likely to achieve breastfeeding success. Dr. Bowles' article gives some practical suggestions for how LCs can empower mothers by increasing their self-efficacy.

This issue also includes an article by Nancy Mohrbacher on how to help mothers find their "magic number"—the number of daily milk removals a mother must have to help maintain her milk production. Shannon Clegg and Deanne Francis show how to financially justify LC services to hospital administrators. At a time when hospitals are cutting lactation services, this article is timely indeed and may provide the information you need to keep your job. Finally, Carol Wagner provides an overview of recent recommendations for vitamin D supplementation for pregnant and postpartum women.

I hope that you will find both encouragement and practical tips in these pages. Please let me know what you think via email or our new *Clinical Lactation* Facebook page. And as always, thanks for all you do for mothers and babies.

Kathleen Kendall-Tackett, Ph.D., IBCLC, RLC
Editor-in-Chief
kkendallt@aol.com

Corbett, S., & Fikkert, B. (2009). *When helping hurts: How to alleviate poverty without hurting the poor or yourself.* Chicago: Moody Press.

Letters to the Editor

Dear Editor:

The article "What Happens to Breastfeeding When Mothers Lie Back? Clinical Applications of Biological Nurturing," by Suzanne Colson, RGN, RM, Ph.D. has sparked talk of being open to a wider spectrum of "positions" for breastfeeding. The theme with this article and the wonderful "Facilitating Autonomous Infant Hand Use During Breastfeeding" by baby-friendly Catherine Watson Genna, BS, IBCLC, RLC and Diklah Barak, BOT, really point the way to allowing and helping baby find his/her way. I applaud looking to the baby rather than forcing a baby into preset ideas of how breastfeeding should be. Keep up the good work.

Beverly Morgan, IBCLC
Georgetown, TX

Dear Editor:

Just wanted you to know I just received my first issue and absolutely loved it! Read it from cover to cover the next day. Articles really pertained to my practice and kept my attention. Can't wait to get another! Good Job!!

Michelle Weller, RNC, IBCLC
Phoenix Children's Hospital

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