

Insights

The Gift of a Mother Partner



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In my role as Mother Chair for the [New York State Breastfeeding Quality Improvement in Hospitals \(BQIH\) Collaborative](#), it has been my privilege to help participating hospital teams connect with and utilize their local parent partners. At times, however, hospital teams struggle with the why's (why is this role important) and how's (how can a parent, and more specifically, a mother partner contribute to the implementation of the 10 Steps to Successful Breastfeeding).

Mother partners are moms who have given birth at the participating hospital within the last 3 years and are passionate about supporting other mothers and their babies in successfully beginning breastfeeding. Rather than being merely totem team members, mother partners can play an invaluable role in your facility's breastfeeding initiative if given the opportunity. Here's how.

Mother partners can **offer real time feedback** on how the implementation of breastfeeding friendly steps is received. They can give advice on how to communicate these initiatives to moms, both in the prenatal and postpartum periods, so that policies are understood and accepted. A great way to utilize your partner is in the development and testing of scripts that staff

members can use for patient education and communication. During one of your team meetings, ask your parent partner to role-play with staff members, testing out how successfully information is communicated, and rehearsing different patient/caregiver scenarios that could arise. This is a wonderful opportunity for staff members to practice active listening skills.

Mother partners can **provide insight into some of the obstacles** patients bring with them to the delivery and recovery room, whether those be an unsupportive partner, antipathy towards or misunderstanding of breastfeeding due to cultural, familial, or personal biases, a prior unsuccessful (and perhaps painful) breastfeeding attempt and so on. Is a mother reluctant to allow baby to initiate breastfeeding because no one in her family has breastfed? Is a mother against rooming in because she remembers the difficulty she had healing from a prior Cesarean section and her partner is home with her older child, leaving her without someone to help her in those initial 24 hours? Is she overwhelmed by visitors and embarrassed to attempt breastfeeding in front of them? Such information can provide greater context for staff and generate different approaches, rather than relying on “one size fits all.”

Mother partners can **share both their own experiences and those of her “tribe;”** the mothers she encounters online and in real life. Asking mother partners to actively seek stories from their peers, particularly those who have birthed at the participating hospital, can provide feedback on how to proceed, perhaps reveal how staff are interacting with mothers (or how such interactions are perceived by mothers), and how to identify opportunities for gentle education and support. Mother partners can also canvass formula feeding moms they know, asking what might have made the difference for them in hospital that may have changed their feeding decision. They can provide advice on what to include in discharge packets and how to connect breastfeeding mothers to peer support, which has proven to be critical in breastfeeding outcomes, whether in duration or mother satisfaction.

Mother partner can **contribute to breastfeeding support groups** through her attendance and peer facilitation. Mother partners can also help by presenting at any prenatal education classes your facility offers. A brief presentation from a mother peer on her own breastfeeding journey and what mothers can expect during their hospital stay can have a huge impact on how breastfeeding policies are received and the acceptance of immediate skin to skin and 23 hour rooming in.

Making it Easy to Engage

As mother partners are often in the intensive early years of mothering, some steps can be taken to facilitate their participation and level of engagement. Scheduling meetings at times when your partner can participate is crucial—mid-day can help moms who still have children on nap schedules, or mid-morning if that is a time her children are happier. It can be difficult for mothers to attend meetings in person; allowing for participation via conference call or virtual webinar can allow busy moms to contribute regularly. I encourage teams to invite your mother partner to email or call outside of official meetings if she has ideas, suggestions or concerns.

A successfully engaged mother partner can only have a positive impact on your team’s success. When in doubt, ask your mother partner what inspires her to participate and how she would like

to contribute.

Rebekka Henriksen is the Mother Chair for the New York State Breastfeeding Quality Improvement in Hospitals (BQIH) Collaborative.