The words we use matter

How language used by Health Care Practitioners impacts infant feeding

Wendy Jolliffe & Hannah Zanovello
land acknowledgement

Whose land are you on?

https://native-land.ca/
La Leche League
mission statement
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Encourage, Promote and Provide…
• Breastfeeding, chestfeeding, and human milk feeding support
• Educational opportunities as an important contribution to the health of children, families and society.

Disclaimer
Wendy and Hannah volunteer as LLLC Leaders and provide community peer support individually and in group meetings, as well as offer prenatal breastfeeding courses. As speakers, we are being paid an honourarium.
Who are you?

What do you do?
LET'S EXPLORE

The power of words in a health care environment

The impact of language in pre and post natal support

Alternative language
our objectives

1. understand the impact that HCP language has on infant feeding
2. become aware of past and emerging research on language
3. identify possible harmful language
4. adopt language that is more supportive
If feeding a newborn human milk is a clearcut health issue, and, we give families the technically correct information that they require, why do the words we use matter?
how do I support new parents in their infant feeding journey?
family voices

Min  Tanesa  Khadija  Louise
evidence based research

how support impacts ability to meet goals
The best-fit regression model revealed eight variables that explained 54% of the variance in Breastfeeding Self Efficacy Scale (BSES) scores at 1-week postpartum:

1. Maternal education
2. Support from other women with children
3. Type of delivery
4. Satisfaction with labor pain relief
5. Satisfaction with postpartum care
6. Perceptions of breastfeeding progress
7. Infant feeding method as planned
8. Maternal anxiety

The BSES may be used to identify risk factors, enabling health professionals to improve quality of care for new breastfeeding mothers.

*Identifying predictors of breastfeeding self-efficacy in the immediate postpartum period*

Cindy-Lee E. Dennis (2006)
KNOWLEDGE

BREASTFEEDING RATES

WHY?

Supporting breastfeeding mothers: qualitative synthesis
EXCLUSIVE BREASTFEEDING RATES INCREASE WHEN PSYCHOMETRIC SCORES (EPDS AND PHQ-9) ARE LOWER

Women’s Mental Health as a Factor Associated with Exclusive Breastfeeding and Breastfeeding Duration: Data from a Longitudinal Study in Greece

imagine you are supporting a new birthing parent.

How does it play out, and what might you say?
What are some phrases you find might be harmful to a breastfeeding journey?
What are some phrases you find might be **harmful** to a breastfeeding journey?

In what way might they be harmful?
what language might we unconsciously perpetuate?
DRAW A CARD

debunk common terms
practice empathy
transformation
best possible, ideal, optimal, perfect

Try... normal, safe, biological.
pros and cons

advantages and disadvantages

Try...

opportunities and obstacles

balance and unbalanced
successful
correct
all
none
Try...
unique
aims
individual
insufficient milk supply

mishapen breasts

Try...

low milk supply

milk production

beautiful
it's easy
natural
it's
learning journey
Try...
obstacles
unknown
unique
adaptation
Try eliminating that ingredient from your diet.

Try...

milk is made with your circulatory system.

limit limits
go-to empowering acronym

LISTEN

EMPATHY

ACKNOWLEDGE (AND ASK)

DIALOGUE (AND DESCRIBE)

EXPERT (WHO?)

REVIEW
what is something new you learned today?
Conclusion

The power of words in a health care environment

The impact of language in pre and post natal support

Alternative language
Conclusion

Questions?

Comments?
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