

# Helping doulas help breastfeeding dyads

INDIRA LOPEZ-BASSOLS



If birth has the potential to be one of the deepest and most profound experiences in a woman's life, breastfeeding holds the same potential. In any case, it is hopefully something mums will do for a much more extended length of time. Yet during pregnancy, 96% of women's brains are thinking about: "When will I go into labour? Is this really labour and how will I know? Will I be able to cope with the intensity?" So as doulas and birth preparation teachers we only have the remaining 4% of brain cells to get some breastfeeding information and education across. Have you ever worked with your clients on a breastfeeding plan/preferences? Even if it is not a document your clients hand into the midwives in hospital, it could be useful just to touch on the basics. So how would this breastfeeding plan look like?

Stating that the mother wants to exclusively breastfeed is as important as saying women does not want to be offered the whole cocktail of pain relief drugs. We all know about Skin-to-skin contact (STSC) and its benefits, but during the 2013 International Lactation Association Conference in Melbourne I had the privilege to hear Dr Nils Bergman, father of the Kangaroo Mother Care concept, speak. His presentation was titled: The Neuroscience of Birth and Breastfeeding. One of the things he emphasised was STSC for the first 24 hours, not just for one or two hours after birth. This is crucial to soften the transition for the baby from the womb to the world.

Empirical studies have shown how cortisol levels rise dramatically for the baby if there is any separation from the mother in those first few hours and the longer the separation the worst outcome. As Nils Bergman reminded us: "The newborn may appear helpless but STSC stimulates: prolactin which ensures nutrition, oxytocin which ensures protection and cholecystokinins which ensure well-being and bonding. Thus, separation violates the innate agenda of mother and newborn."

It may not be realistic in this modern world and not many women might be prepared for this 24 hours STSC marathon after giving birth, as dads and family will want a cuddle. But for babies that are not latching for whatever reason this should be a priority, at top of the agenda. The doula is in a privileged position to serve as a guardian and protect mum and baby from unnecessary intrusions and

separation, so baby's neonatal reflexes are encouraged and they can both find their own breastfeeding dance.

Many women start off wanting to initiate breastfeeding at birth and exclusively breastfeeding for a certain amount of time. Yet in hospital we find that too often artificial formula (AF) is offered, even pushed without been medically necessary. It is much easier and quicker to bring some AF and give it to a hungry baby than to sit down with the new mother and show her how to hand express if she has not been shown and start collecting colostrum in syringes or on a spoon. It is crucial to start hand expression before AF is offered. It is best to avoid artificial teats in the early days to avoid nipple confusion, but you all know this! So do polish your hand expression skills and be prepared to offer assistance if necessary.

If baby does not self-latch in the first two hours, skilled help with breastfeeding is needed. Although your client might have you (which is great), you might be unsure of what to do or you might have already tried several tricks. If this is the case, it is important to find someone who has the patience and skill to help mum and baby find their rhythm in the breastfeeding dance. That is not "doing it for her" nor pushing the baby into the breast forcefully to "tick the box", which could create breast aversion, but rather empowering her to find her way with help if needed, and then make sure that she can latch baby by herself. If a caesarean birth has occurred, all the same applies: try to replicate all the above and initiate STSC as soon as possible, minimising separation.

Linda Smith, IBCLC and author of the Impact of Birthing Practices on Breastfeeding book, gave a brilliant presentation at the ILCA 2013 Conference. She used this very useful ABC acronym, that all doulas should remember when helping a breastfeeding dyad:

**A for Access:** Has the baby access to the breast?  
Is the baby in the Restaurant?

**B for Breast milk transfer:** Is the baby getting milk?  
Is there milk transfer?

**C for Comfort:** Is the cook comfortable?"

As a doula if you make sure that in the first latch and first few days these three crucial components of breastfeeding

are being met, you can rest assured that you are doing a great job! Before you conclude your postnatal support, give your client a list of the main breastfeeding organisations and helplines so she can contact them anytime if in doubt. It has been statistically proven that new mums that have been given a list of local breastfeeding support groups/drop ins/organizations after birth tend to breastfeed for longer than women who haven't. The La Leche League is the only 24-hour helpline, so if they have a crisis in the middle of the night they can call someone.

In a way, doulas become 'breastfeeding buddies' to their clients. Breastfeeding can be a land of confusion, partly because women are exposed to lots and lots of unnecessarily contradictory information. We help them navigate through this land of confusion by offering

evidence-based, up-to-date breastfeeding information. So can you imagine if every woman had a 'breastfeeding buddy' how we would be able to significantly impact national breastfeeding rates? That is what doulas are doing, one breastfeeding dyad at a time, so keep up the good work! But it's also worth acknowledging your own limits (with humbleness) and signposting quickly to the experts if and when needed.

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## Network with other doulas

LISA SYKES

Starting out as a new doula can be a pretty daunting experience for even the most confident person. 'How am I going to get that all-elusive first client and get my foot on the doula ladder?' was one of my first thoughts. My number one tip for getting off to a good start in the wonderful world of doulaing, is to forge good relationships with your fellow doulas locally. I was initially disappointed with the response (or rather, lack of it!) to my 'hello, I'm the new girl' introductory email to everyone locally. But not being one to allow myself to fall at the first hurdle, I continued to scope out who everyone was and where they were. I always make a conscious commitment to remember that when I meet a new doula and make sure she's welcomed warmly. I have found networking to be one of the most effective ways of reaching potential clients and building an invaluable support network as you travel your doula path. Building good relationships with local doulas often naturally leading to them referring enquiries or back up requests your way and hopefully in time vice versa. When I first started out in Yorkshire we were fortunate

to have a brilliant, proactive regional rep acting as the glue that helped bring and bind us together. As I know what a valuable role it can be, I have recently had the RR baton passed my way and hope to build on the good relationships already in place and try to keep moving things forward. Arranging socials is a great way of meeting and getting to know your fellow doulas and building those contacts. Doulaing is an intense job at times and not one you can do without a good support network in my experience. Having someone to talk to besides your mentor can be incredibly helpful too and I have made some firm friends over the past few years. In our area we arranged to have a joint Doula UK flyer with all the contact details of local doulas included. This meant we could get masses of lovely glossy flyers for a fraction of the price of individual ones and show a professional and united front to potential clients and professionals we may come across. Clubbing together also works for small events like local baby shows which aren't always very fruitful in terms of enquiries but are a brilliant way to raise awareness of what we are doing. A great way to gain new skills is to decide what you want to learn then organise a local study day again spreading the cost of getting an 'expert' along. You can almost guarantee if you'd like to learn it, someone else in the local and national doula community will too! I wanted to use homeopathy more confidently with my clients so I scoped out a good homeopath and offered to host at my house. For £25 each we had a really great workshop and another networking opportunity. It can be frustrating at times when you have moments where you feel like you're the only one, or one of the 'usual suspects' coming up with ideas and organising things, but I do feel the rewards come to those who put themselves out there. I'm coming up to 3 years as a doula and have always been blessed to be very busy and I do attribute some of that to having made some wonderful connections locally.