

Introduction

A new standard requiring health care facilities to explain a responsive feeding style to mothers was introduced as part of the review of the Baby Friendly Initiative standards in 2014. This was in recognition of the fact that the terms 'demand' or 'baby-led' feeding did not adequately describe the way that successful breastfeeding works.

Since 2014, health care facilities working towards Baby Friendly accreditation have made great strides in educating staff and mothers to understand responsive feeding. However, recent assessments have revealed that there is still some misunderstanding about what responsive feeding is and how it works in reality.

Responsive breastfeeding explained

"I use the breast for comfort, and then the nutrition just takes care of itself." Responsive breastfeeding involves a mother responding to her baby's cues, as well as her own desire to feed her baby. Crucially, feeding responsively recognises that feeds are not just for nutrition, but also for love, comfort and reassurance between baby and mother.

For example, when a mother breastfeeds her baby responsively, she may offer her breast when her baby shows signs of hunger or when her baby is distressed, fractious, or appears lonely. Breastfeeding can help settle her baby after an immunisation, if her baby is unwell or to reassure him or her in an unfamiliar environment.

She can also offer her breast to meet her own needs, for example before she goes out, before bedtime or because she wants to sit down, rest and have a cuddle with her baby.

Therefore, breastfeeds can be long or short and at varying times in the day, depending on why the mother and her baby have decided to feed. The key to understanding responsive feeding is that it is what ultimately makes both breastfeeding and early parenting easier. Feeding becomes the first and usually most successful action when responding to a baby's needs. It is important that mothers are aware that their baby cannot be overfed or 'spoiled' by 'too much feeding' and that breastfeeding will not, in and of itself, tire a mother any more than the normal tiredness that all mothers have when caring for their newborn baby.

Whilst responsive breastfeeding is (or becomes) instinctive to many mothers, others can struggle in the UK culture where there are often very strong attitudes regarding what constitutes a 'good' baby and the routines that should be achieved. Family and friends, baby-care 'experts', books and the media frequently reinforce the message that limiting feeds and enforcing a daily routine will make life easier. Therefore, mothers will often fight their instincts to respond whenever they or their baby wants to feed, and instead try and fit their baby into what they see as the desired pattern of feeds. All babies and mothers have different needs, and many babies may need to feed more frequently than the desired pattern dictates. This can leave the baby unsatisfied and distressed, which in turn undermines the family's confidence in the adequacy of breastfeeding. Limiting feeds to fit into this routine can also threaten the mother's milk supply, and reduces the chances of successful ongoing breastfeeding.

Responsive bottle feeding explained

In the UK we have a strong bottle feeding culture; by one week of age over half of all babies will have received formula milk via a bottle, and by six weeks this rises to three quarters of all babies. Many breastfed babies also receive breastmilk in a bottle.

Although true responsive feeding is not possible when bottle feeding, as this risks overfeeding, the mother-baby relationship will be helped if mothers are supported to tune in to feeding cues and to hold their babies close during feeds. Offering the bottle in response to feeding cues, gently inviting the baby to take the teat, pacing the feeds and avoiding forcing the baby to finish the feed can all help to make the experience as acceptable and stress-free for the baby as possible, as well as reducing the risk of overfeeding. Supporting parents to give most of the feeds themselves (particularly in the early days and weeks), will help them to build a close and loving relationship with their baby and help their baby to feel safe and secure.

Introducing responsive breastfeeding to staff

While most health professionals understand that babies should not be fed to a schedule but rather fed on 'demand', there remains a common belief that a 'normal' feeding pattern is to feed every 3 hours or around 8-10 times a day.

This impression starts in the early days when there is often a need to ensure that sleepy or 'at risk' babies feed often enough, and is then reinforced later when mothers are reassured that frequent feeding is temporary and their baby will soon settle into a routine. Staff need to be supported to understand that breastfeeding is about much more than food. It is also about love, protection, comfort, rest and relationship building. This needs to be covered in training and updates, giving enough time to explore what a responsive style really means, including considering the staff's own personal experiences and how this impacts on their beliefs about when babies should be fed and what they believe to be a successful breastfeeding experience.

New information, particularly where the older information has been 'common knowledge' for a significant time, can often take a while to embed; revisiting the messages and thinking about a variety of ways to put the information across may be needed to help staff to learn.

Introducing responsive bottle feeding to staff

Since the introduction of the Baby Friendly standards related to responsive bottle feeding, there have been many reports from infant feeding leads that staff have quickly and enthusiastically embraced the concept and the chance to offer more positive support to bottle feeding mothers. While this is excellent, there have also been reports of staff gaining the impression that this standard means that bottle feeding is almost as good as, or an adequate replacement for, breastfeeding. This impression has been reinforced through the bottle feeding industry that has begun to use the concept of responsive bottle feeding in marketing strategies.

Therefore, it is very important in staff training to emphasise that breastfeeding is the normal and only truly responsive way to feed a baby and brings significant benefits for health and wellbeing. Responsive bottle feeding is a way of enabling mothers and babies to utilise their innate breastfeeding instincts as much as possible, in order to reduce the risks of bottle feeding and so achieve the best possible outcomes for their baby. It is also worth stressing that responsive bottle feeding can be a way of introducing, however obliquely, the concept of breastfeeding to families from communities where breastfeeding rates are very low and where practices such as prop feeding are endemic.

Supporting mothers to understand responsive breastfeeding

Starting in pregnancy, it is helpful to consider how to engage mothers in conversations about their expectations around feeding, including what they consider to be normal feeding patterns. Introducing the concept of responsive breastfeeding and how this can make for a more contented baby and easier parenting in the long term, while setting realistic expectations for the very early days of breastfeeding, can be helpful.

In the early postnatal period babies are often sleepy or need to be proactively fed, or conversely, can seem to feed very frequently. It can be difficult at this time for mothers to grasp that there may be a situation where they would choose to offer the breast other than for a much-needed feed. At this stage the goal is to explain 'what feeding

will be like' or what they are aiming for after the baby is attaching and feeding well. The information can then be reinforced by community midwives and health visitors as mothers may need to hear messages a number of times in order to help them understand.

The key message is to feed the baby whenever you feel like it, whenever it might help – not just for food but as the first tool to support parenting. Responsive feeding makes life easier - it is what babies and mothers are designed to do.

Supporting mothers to understand responsive bottle feeding

Although the concept of having other people feed their baby can often be a reason to choose to bottle feed, parents will be receptive if it is sensitively explained to them that their baby might feel anxious or confused if lots of different people are involved with feeding them. Supporting parents to use other methods to calm and soothe babies in the absence of breastfeeding such as cuddling, using skin-to-skin contact and generally responding in a timely and appropriate way to their baby's needs for love and attention will enhance parent-infant attachment.

Support mothers to:

- Recognise feeding cues
- Hold baby close during feeds
- Pace the feeds to meet baby's needs
- Limit the number of people who give feeds to the parents, particularly in the early weeks.

For more information for parents on building a loving relationship with their baby and giving them the best possible start in life, visit the Baby Friendly website to see our Building a happy baby leaflet; Caring for your baby at night leaflet; The importance of relationship building video and our Guide for parents who are formula feeding leaflet.

Other useful resources

Emma Pickett's blog Breastfeeding: the dangerous obsession with the infant feeding interval

Swansea University's video: Why you might want to put the baby books down... (https://www.youtube.com/watch?v=DagfgMeMSXI)

References

McAndrew F, Thompson J, Fellows L, Large A, Speed M, Renfrew MJ (2012) Infant Feeding Survey 2010, Health and Social Care Information Centre

Unicef UK Baby Friendly Initiative (2012) The evidence and rationale for the Unicef UK Baby Friendly Initiative Standards (visit www.babyfriendly.org.uk)