



using language to facilitate breastfeeding

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The language used by health care providers can facilitate or undermine a breastfeeding relationship. Careful use of language can support a breastfeeding mother and encourage her to continue.

There are two guiding principles that characterize optimal language use in regards to breastfeeding:

Language should reflect breastfeeding as the term of reference. Language should indicate that breastfeeding is a normal physiological and psychological activity integral to human development.

Be aware of the effects of a predominantly non-breastfeeding environment on language and make an effort to change non-breastfeeding-supportive language.

Letting go of negative language patterns

- Do not call breastmilk substitutes by names that promote the marketing of these products. This can interfere with optimal internalization of nursing as the norm. For example, the term “formula” wrongly describes artificial baby milk as a scientific and perfect product. Also, demonstrate how the brand names of products are part of how they are marketed.
- Beware of the use of artificial baby milk as the term of reference. Breastfeeding is the norm for human beings, not behaviors related to artificial feeding.
- Do not use the measurements of quantity to assess nursing. For example, do not teach families to base nursing decisions on weight or time. Instead, help parents recognize infant feeding cues and suckling styles.
- Do not use superlatives to describe nursing. For example, refrain from referring to nursing as “ideal,” but as “normal.” Breastfeeding should be the norm, not better than the norm.
- Avoid comparing the advantages and disadvantages of breastfeeding. This implies that nursing is a product rather than a normal event. Instead, present factual information about breastfeeding.
- Do not speak of breastfeeding as a feeding “choice”. The use of the word “choice” indicates that nursing is equivalent to another product. Breastfeeding is a unique physiological and psychological event.
- Avoid making judgments that are not based on accurate, scientific and ethical information. For example, avoid comments like, “You won’t be able to breastfeed because your nipples are too small,” or “Breastfeeding is exhausting.”
- Let go of the misconception that guilt may be caused by using accurate language to explain nursing. Guilt is a human emotion owned by the bearer and stems from internal processes, not by discussions with others.

practical ways of using supportive language

Breastfeeding as a normal, natural physiological and psychological event

- Talk about breastfeeding as a normal, natural event.
- Talk about the reality of breastfeeding, including its physiology and psychology.
- Explain the mechanisms of breastfeeding and how they enable infants and children to develop in a manner that facilitates optimal, individually based growth.
- Talk about the mechanisms of breastfeeding that are related to maternal development.
- Describe the role that the breastfeeding relationship plays in family life.
- Provide guidelines for exclusive and continued breastfeeding based on documents that use breastfeeding, not artificial feeding, as the term of reference.
- Present the hazards of not engaging in the normal event of breastfeeding. Remember that ethically informed decision making is a human right and hence, families have the right to know that veering away from physiology has pathological consequences.
- Talk about breastfeeding using terms that describe its holistic reality rather than terms that only describe one aspect. For example, the term “feeding” is misleading and stems from misconceptions of normal infant behaviour. Breastfeeding is more than just a way to feed an infant. The confining nature of the term “feeding” might cause mothers to refrain from breastfeeding when they perceive that the child is not hungry and might also lead to early weaning. Instead, use the terms “nursing” or “breastfeeding” which encompasses the varied functions of breastfeeding interaction.
- Describe anatomical aspects of breastfeeding in a manner that reflects its physiology. For example, talk about the breast rather than the nipple.
- Discuss parenting in a manner that includes behaviours that facilitate nursing. For example, normalize touch, holding, frequent maternal infant contact and co-sleeping.
- Measure the quality of the breastfeeding relationship in terms that demonstrate an understanding of underlying physiological and psychological processes. Focus on the characteristics of nursing rather than external measurements of quantity. For example, discuss the quality of the infant’s suckle rather than the amount of milk the baby is drinking.
- Name products in an accurate manner. For example, the term “formula” falsely portrays artificial baby milk as a scientific and perfect substance. It is preferable to call this product in a manner that describes its true nature and purpose.