AHS Informed Feeding Decision Definition and Approach for Infant and Child Feeding

A Definition for *Informed Feeding Decision*

A feeding decision takes place when a parent/caregiver decides how to feed their child. Informed feeding decisions are influenced by various caregivers and supporters who contribute to the decision-making process. However, decisions regarding feeding shift the decision-making power into the sphere of the parent[1] whose body is required to breastfeed or to express their milk. The parent is enabled to make an informed feeding decision when:

- They have information about the feeding options, their health benefits, considerations, safety issues and health risks
- They have the opportunity to express relevant values, preferences and circumstances for themselves and their family
- The information provided is responsive and sensitive to the context of the parent and their infant/child, is evidence-informed and objective

For more information on the evidence used to develop the definition and approach, see *Background on AHS Informed Feeding Decision Definition and Approach* (Appendix).

An Approach to Informed Feeding Decisions

The approach will focus on understanding parental values, experiences and concerns, and supports health care professionals (HCPs) to provide care in a way that enhances parental confidence and self-efficacy. This includes sharing evidence-based and objective information about all feeding options the parent is considering, and:

- Includes information on normal infant and child behaviours
- Facilitates effective problem solving for common feeding challenges
- Is sensitive to potential feelings of guilt and shame
- Normalizes the breastfeeding experience, when breastfeeding is an option

Engaging parents in feeding decisions, as well as the type of support that is available and provided, may improve parents' confidence in their decisions. For parents who decide to breastfeed, this approach may improve adherence to their decision to continue to breastfeed.

Currently, communications about infant and child feeding tend to present exclusive breastfeeding and exclusive formula feeding as the only two feeding options until the introduction of complementary foods.

[1] The term parent is used throughout. It is recognized that some lactating parents may not identify as *mothers* or as *female*, but as *male*, *non-binary* or *gender diverse.* Some lactating parents may not identify with the terms *breasts* or *breastfeeding*, and prefer alternative terminology, such as *chest*, *chestfeeding* or *human milk feeding.* In all circumstances, health care providers will utilize PFCC to be responsive to the particular context, self-declared gender, pronouns and preferred terminology of the families they support.

However, there is growing recognition that, in practice, parents may consider other options as well. Feeding options include:

- Breastfeeding at the breast
- Breastmilk feeding (parent's own expressed breastmilk, donor human milk from a milk bank, or informal (peer to peer) shared breastmilk)
- Formula feeding
- Mixed feeding (a combination of feeding options that includes breastmilk and formula)
- Other medically-indicated or non-recommended options

Terminology

Within AHS, the following terminology provides a framework to replace previously established benefits/risks language when talking about feeding options:

Health Benefits

Will be used to discuss when the scientific evidence demonstrates an association with a positive health outcome for the parent or child.

- e.g., breastfeeding meets nutritional needs, with dose response benefits, and provides immunological health benefits
- e.g., commercial infant formula (formula) meets nutritional needs

Safety Issues

Will be used to discuss factors that are modifiable—there is a hazard unless the parent takes the correct precautions.

- e.g., safe preparation, storage and use of formula; how to safely store breastmilk

Considerations

Will be used to discuss factors that are preference-sensitive or may be experienced differently based on the parent's context. How some factors are perceived can change from parent to parent or for the same parent over time.

- e.g., convenience or financial considerations as these may or may not be a concern based on personal context; recommendations regarding establishing and maintaining milk supply when mixed feeding

Health Risks

Will be used when the scientific evidence demonstrates an association with a negative health outcome for the parent or child.

- e.g., the risk of necrotizing enterocolitis to some preterm infants consuming formula; accessing informal (peer to peer) shared breastmilk from the internet; breastfeeding when there are contraindications such as HIV, etc.

Key Concepts

	Informed Feeding Decision-Making

What information is shared?	• Tailored information that considers:
	  ◦ Health information relevant for decision-making
	  ◦ The parent's values, preferences and circumstances
	  ◦ Evidence and best practices
	• Feeding options that include information about health benefits, considerations, safety issues, and health risks
	• Realistic information including normal infant/child behaviours, common feeding challenges and how to address them
	• Where breastfeeding is an option, World Health Organization and Heath Canada recommendations
	  ◦ Note that in Alberta, the intent to breastfeed is prevalent but there are times when a parent may be unable to meet their breastfeeding goals. Therefore, parents considering breastfeeding may benefit from messaging that includes recommendations with an acknowledgement that:
	  ▪ Any amount of breastfeeding or breast milk for any length of time will benefit the baby and their parent.
	  ▪ The longer breastmilk is provided, the greater the health benefits for both of them.
	  ▪ However they decide to feed their baby, information and support is available from their health care professional.
	• Information and supports for the parent's feeding decision, including resources available to families.

How is the information shared?	• Information is exchanged between the parent, caregivers and supporters and HCPs
	• Utilizes a patient and family-centred care (PFCC) approach, including patient-centered communication strategies
	  ◦ Empathy and respect, encouraging interaction, building on knowledge and skills, tailoring to specific needs, shared problem-solving
	  ◦ Messaging that supports self-efficacy and self-affirmation
	  ◦ Information is shared objectively, using unbiased terminology
	  ◦ Information is shared with sensitivity, avoiding risk-language when possible

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Informed Feeding Decision-Making

What is the HCP's role?	• To enable the parent to make an informed feeding decision by:
	  ○ Ensuring continuing competence to provide information and support that is based on evidence and current best practice.
	  ○ Utilizing critical self-reflection to understand their own personal values and preferences to provide objective information
	  ○ Being respectful and accepting of the parent's autonomy
	  ○ Being responsive to the needs and circumstances of the parent and infant/child
	  ○ Engaging the parent in dialogue
	  ○ Responding based on the information that the parent provides
	  ○ Using approaches that support the parent's self-efficacy and confidence

What is the parent's role?	• To make informed feeding decisions about how they will feed their infant/child:
	  ○ Feeding decisions are influenced by a number of factors at multiple levels (socio-ecological model), take place across the continuum of care (from pre-natal to the early years), are often iterative and include decisions about:
	  ▪ Feeding options
	  ▪ Feeding initiation, duration and weaning
	  ▪ Method of feeding (e.g., methods for breastmilk may include breastfeeding at the breast, bottle feeding, use of a supplementation device, etc.)

Application to Practice

An informed feeding decision approach is used when the parent is willing and able to participate in a conversation about their infant/child feeding decisions.

There may be times when an informed feeding decision approach is not appropriate in order to prevent harmful outcomes as outlined by applicable policies, protocols, and guidelines. When required, HCPs will utilize the PFCC approach to provide objective, evidence-informed information and care to prevent harmful outcomes (e.g. harmful substance use by a breastfeeding parent).

Within AHS, HCPs will use the following principles to support Informed Feeding Decisions[2]:

Facilitation

The HCP role is to help facilitate the parent's Informed Feeding Decision.

Anticipatory Guidance

Realistic expectations about normal infant and child behaviours and feeding increase parent self-efficacy.

Accuracy

Parents receive health messages, including misinformation, from many sources. HCPs help parents to make informed feeding decisions when they provide them with accurate information.

Sensitivity

Feeding support often takes place during vulnerable times when a parent may experience increased sensitivity and decreased coping skills. Parents benefit from support that considers verbal and non-verbal communication, the use of risk language, and potential feelings of guilt and shame.

Objectivity

Parents are more receptive to information that is perceived to be objective and unbiased.

Parent Self-Efficacy

Parent self-efficacy is a significant predictor of breastfeeding outcomes. HCPs can help parents to feel confident in their decisions and ability to meet their feeding goals.

Tailored Information

Every parent has their own context that influences their feeding decisions. Tailored information is an important characteristic of effective support.

Parent Decision

The parent is the most knowledgeable about their context. It is their responsibility to consider what will work best for their family.

[2] The principle based approach is part of the Informed Feeding Decisions module content that is currently in development and therefore considered draft.

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Appendix

Background on AHS Informed Feeding Decision Definition and Approach

Although the phrase *informed feeding decision* is gaining acceptance as a foundational concept in the breastfeeding literature, a universal definition of this phrase does not exist.

In order to arrive at a proposed definition of *informed feeding decision* (IFD) and its key concepts, the following were considered:

- An evidence summary related to the elements of an Informed Feeding Decision included the following research questions and findings.

Research Questions	Take Home Messages
What are the factors influencing a mother's[3] decision to initiate or continue breastfeeding?	• There are numerous factors that influence a mother's decision to initiate or continue breastfeeding; therefore, breastfeeding support needs to be responsive to the mother's context. • The socio-ecological model is a helpful way to frame these factors.
Are breastfeeding initiation, duration or exclusivity associated with the provision of comprehensive infant feeding information that includes realistic expectations, challenges, and health benefits/risks?	• Breastfeeding rates may improve if women are given tailored information that includes anticipatory guidance that normalizes the breastfeeding experience, common challenges and what they can do to address them.
Are maternal self-efficacy or confidence associated with the provision of comprehensive infant feeding information that includes realistic expectations, challenges, and health benefits/risks?	• Maternal breastfeeding self-efficacy is a significant predictor of breastfeeding duration and level (e.g., mixed/exclusive). Provision of tailored information early on regarding common challenges and what they can do to address them may increase maternal confidence.
What are the implications of using "risk" language in the breastfeeding context?	• Risk language does not appear to be an effective strategy to increase breastfeeding rates; it is more likely to be rejected than benefit language and may lead to feelings of distrust, guilt and shame.

- The use of the term *informed feeding* in key BFI practice documents

[3] Note that while the more inclusive "parent" is used throughout this document, "mother" is used here to reflect the original research questions and findings.

- Although it does not provide an explicit definition, the WHO 20-Hour course includes prerequisites to an informed feeding decision, which draw on the concept of *informed consent* and some principles of shared decision-making
- Ontario BFI documents' (2012/2017) use of the *informed consent* definition as synonymous with or essential to an IFD

Informed Consent	Key Considerations
Informed consent can be said to have been given based upon a clear appreciation and understanding of the facts, implications, and consequences of an action (Baby-Friendly Initiative Ontario, 2012/2017)	• In relation to infant feeding, informed consent is often associated with the provision of formula rather than a more comprehensive perspective • Informed consent is a legal term carrying legal implications • Its origins are rooted within the context of surgical procedures

- Decision-making models in health care
  - The three main approaches to decision-making in health care are paternalistic, shared decision-making and informed decision-making. Their foundational elements are not typically specific to breastfeeding; rather, this literature tends to focus on screening or decisions related to the treatment of chronic disease
    - The Healthwise breastfeeding decision support tool is an exception in the literature, and is based on a shared decision-making model
  - The paternalistic approach is generally considered the traditional or historical model and its promotion tends to be limited to the context of safety considerations/to prevent harmful outcomes
  - The shared decision-making and informed decision-making models are more recent approaches that both draw on principles of Patient- and Family-Centred Care (PFCC)

Four key questions were identified regarding the three main decision-making models used in health care, and the decision-making literature was searched to answer these questions.

	DECISION-MAKING MODELS		
	Paternalistic Approach	Shared Decision-Making	Informed Decision-Making
What information is shared?	• Medical, legally-required information • The best (preferred) treatment or intervention	• Medical and personal information relevant for decision making • Options, benefits and harms	• Advantages and disadvantages of all possible courses of action
How is the information shared?	• One-way transfer from healthcare professional to patient	• Information exchange between patient and healthcare professionals	• Largely one-way from healthcare professional to patient
What is the HCP's role?	• To assume dominant role • Secondary to professional concern for the patient's best interests, HCP has a legitimate interest in the decision	• Shared responsibility to jointly participate in making a health decision • To discuss the options and their benefits/harms • To discuss and consider the person's values, preferences and circumstances	• To enable patient to make an informed decision • Limited to information exchange, communicating the needed technical or scientific knowledge
What is the patient's role?	• To passively receive information and comply with recommendations	• Shared responsibility to jointly participate in making a health decision • To inform the HCP of values, preferences and circumstances, which are used to guide treatment decision	• To assume dominant role, deliberating and deciding alone • Places patients completely in the driver's seat about the best way forward

The information above informed the proposed definition and key concepts of *informed feeding decisions* to be used in the provincial breastfeeding policy and staff education.

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