

Protecting, Promoting, and Supporting Women Who Are Breastfeeding: A Relational Inquiry
Approach

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“Alone we can do so little; together we can do so much.”

~Helen Keller

Abstract

Despite women's high intention to breastfeed and their initiation of breastfeeding, breastfeeding duration rates remain poor. Health professionals supporting women in the early days with breastfeeding initiation play an important role in women successfully achieving their breastfeeding goals. Instrumental knowledge has dominated health professionals' breastfeeding education and support practices. Using relational inquiry as an approach to breastfeeding education and practice is an innovative opportunity to engage with learners and women who are breastfeeding that may support women in achieving their breastfeeding goals. Using relational inquiry, breastfeeding success is explored within the contextual, interpersonal, and intrapersonal domains of both women who are breastfeeding and health professionals who are supporting them. Informing the knowledge of women and health professionals from empirical, aesthetic, ethical, and sociopolitical perspectives of relational inquiry may provide insight to achieve the success women desire. The specific purpose of my project is the development of an educational workshop using a relational inquiry approach and designed for health professionals who provide direct support to women who are breastfeeding in the early days. Using a relational inquiry approach, health professionals may authentically, intentionally, and responsively engage with women so that women's breastfeeding goals are protected; women's capacity and self-efficacy are promoted; and women feel and experience the relational support from health professionals that they require during the early days of breastfeeding initiation.

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Protecting, Promoting, and Supporting Women Who Are Breastfeeding:
A Relational Inquiry Approach

“Man lives in a world of surmise, of mystery, of uncertainties.”

~John Dewey

In the Canadian Maternity Experiences Survey, 90% of women reported that they planned to breastfeed their babies and 90% of women initiated breastfeeding. The rate of women who continued with any breastfeeding at six months was 54% and only 14% of women were exclusively breastfeeding (Chalmers et al., 2009). Despite this high intention to breastfeed, the duration of breastfeeding in Canada falls far short of the World Health Organization's (2002) recommendation that women exclusively breastfeed their babies for the first 6 months of age with continued breastfeeding up to two years of age or beyond. In terms of sustaining breastfeeding, one particular aspect that is noteworthy is the direct link between supplementation in the early days and a decrease in women continuing with breastfeeding (Haiek, 2012; Howel & Ball, 2013; Nickel, Labor, Huygens, & Daniels, 2013; Parry, Ip, Chau, Wu, & Tarrant, 2013). According to the Centers for Disease Control and Prevention (2013), in 2010 in the United States, 24.2% of babies were supplemented before the age of two days. I am left to ponder on what is occurring when so many women want to breastfeed successfully and yet do not achieve their breastfeeding goals. Moreover, given the link between loss of exclusivity and decreased duration of breastfeeding, I wonder why women are supplementing their babies so much in the early days rather than successfully overcoming challenges that may lead to supplementation and the loss of women's breastfeeding goals.

While there may be many factors that influence both the choice to supplement and the duration of breastfeeding, I am particularly interested in the role health professionals play in

supporting women's choices to breastfeed and empowering women to be successful with breastfeeding. How might the nature of support women receive during the initiation of breastfeeding influence the way women experience breastfeeding? Recognizing that breastfeeding is both a health choice and a lifestyle choice, I believe every woman has the right to choose how to meet her baby's nutritional needs. I believe her choice must be an informed choice and it must be respected. However, within that right to choose imperative is the gap between women who want to breastfeed and those who actually do so for any duration. With so many women planning to breastfeed and receiving support in the early days from health professionals educated to support them, I wonder if it is somehow linked to how health professionals educate and support women during breastfeeding initiation. More specifically, I wonder if the way in which health professionals focus their attention and support when working with women who are breastfeeding influences the choices women make regarding breastfeeding and supplementation. I wonder if *on what* and *how* health professionals focus their attention results in shorter duration rates.

In my experience, when a woman has her baby and initiates breastfeeding, the support given to her by health professionals focuses on instrumental knowledge. The current focus of breastfeeding assessment tools and support practices is narrow and neglects the relational experience of breastfeeding for a woman. Instead of this more inclusive perspective, the elements which dominate health professionals' attention are positioning, latching, sucking, milk transfer, type of nipple, maternal comfort, and amount of assistance required from the health professional in order for the baby to latch (Mulder, 2006; Riordan & Koehn, 1997). These are certainly important concepts in breastfeeding however, I believe this narrow perspective of the

breastfeeding experience may be limiting women's opportunities to achieve their breastfeeding goals.

Recognizing the relevance of a relational perspective to women achieving their breastfeeding goals, the specific purpose of my project is the development of an educational workshop using a relational inquiry approach (Hartrick Doane & Varcoe, 2005; 2015) and designed for health professionals who provide direct support to women who are breastfeeding in the early days. Using a relational inquiry approach, health professionals may authentically, intentionally, and responsively engage with women so that women's breastfeeding goals are protected; women's capacity and self-efficacy are promoted; and women feel and experience the relational support from health professionals that they require during the early days of breastfeeding initiation. Using a relational inquiry approach may assist health professionals to move beyond instrumental knowledge to a broadened understanding of what facilitates and impedes women in achieving their breastfeeding goals.

Orientating to Breastfeeding as a Relational Experience

"In the middle of difficulty lies opportunity."

~Albert Einstein

Breastfeeding is a dynamic, contextual, and relational experience for women. As an embodied experience (Ryan, Todres, & Alexander, 2011; Schmied & Barclay, 1999), breastfeeding is personal, intimate, and deeply value-laden. A woman's personal values, beliefs, and perceptions influence her breastfeeding experience and her success (Martucci, 2012). The embodied, relational nature of the breastfeeding experience shows up in many ways. For example, some women who have had a difficult birth and are feeling let down by their bodies shared with me that being supported through that pain made the difference in being able to

achieve their breastfeeding goals. They said that being able to successfully breastfeed healed their spirits and helped them believe in their bodies once again. One woman shared with me that because of serious family allergies, she believed that no matter what she encountered, she needed to successfully breastfeed. Having health professionals understand her motivation and commitment helped her through the challenges. Similarly, I recall working with another woman who was a survivor of sexualized violence. She shared that many of her breastfeeding challenges were related to this violence rather than to a poor latch. She believed that the main reason she was successful was because I had inquired into her experience and thus allowed that experience to be openly a part of her breastfeeding story, informing our path to achieving her goals. Her breastfeeding success helped her to see her body as a positive in her life rather than solely as the cause of physical and emotional pain.

Understanding breastfeeding as a relational, multifaceted experience, it becomes evident that contextual and relational elements need to be considered when initiating and supporting women who are breastfeeding to achieve success. While instrumental knowledge is important, to be meaningful it needs to be offered within the context and embodied experience of the woman who is breastfeeding. Orientating to breastfeeding as a relational experience broadens health professionals' understanding of a woman's breastfeeding experience and opens a space for new strategies and opportunities to achieve a woman's breastfeeding goals.

Understanding breastfeeding as a relational experience requires that health professionals extend their view beyond the instrumental process of breastfeeding and beyond their own expert knowledge. In order to support and empower women in the early days of breastfeeding initiation, health professionals need to consider the intrapersonal, interpersonal and contextual elements that are shaping the relational experience (Hartrick Doane & Varcoe, 2015) of

breastfeeding for each individual woman and what is shaping her decisions around initiation, exclusivity, and/or ending the breastfeeding relationship. Using the intrapersonal domain health professionals' attention is focused toward what is going on within a woman. How does she feel about breastfeeding? How important is success and/or exclusivity to her? Within the contextual domain, health professionals draw attention toward influences around the woman. Are the people and experiences in her life encouraging or impeding her success in breastfeeding? How is her birth story affecting breastfeeding? Health professionals working in the interpersonal domain emphasize relationships between people. What is the fit between mother and baby and what influence is this fit having on breastfeeding? Where does the power for breastfeeding success lie and how is it influencing breastfeeding?

While intrapersonal, interpersonal and contextual elements shape the experience and choices for women who are breastfeeding, these elements also affect how health professionals engage with women who are breastfeeding. Health professionals' own intrapersonal values, beliefs, and assumptions influence the care they give and, subsequently, a woman's breastfeeding experience (Gagnon, Leduc, Waghorn, & Platt, 2005; Martens, 2000; Miracle & Fredland, 2007; Taveras et al., 2004; Weddig, Baker, & Auld, 2011). Health professionals I worked with shared that, at times, they did not develop effective and supportive interpersonal relationships with women who were breastfeeding. They stated that this may be because of their internal responses to women. They said that sometimes it was related to feelings of powerlessness within their environments or their inability to fully support women. They believed that they, and their colleagues, were either negatively and/or positively affecting their relationships and the support they engaged in with women who were breastfeeding based on their intrapersonal and contextual experiences. When health professionals do not appreciate the

importance of the breastfeeding experience for women, it will become apparent in the care they provide to women. Some health professionals shared with me that they used human milk substitutes with their own children and did not understand “the fuss” about breastfeeding. Some said that they believed women were too tired from birthing and the demands of caring for a newborn to be successful in breastfeeding. Some health professionals shared that they believed women did not really care whether they were successful in breastfeeding.

The contextual milieu in which health professionals work also influences how they feel about supporting women who breastfeed. Researchers have found that health professionals providing care in facilities that have been designated as Baby-Friendly experience greater role satisfaction (Peters, 2013; Schmied, Gribble, Sheehan, Taylor, & Dykes, 2011) and women receiving care in these facilities have higher initiation, exclusivity, and duration rates (Brodrigg, Kruske, & Miller, 2013; DiGirolamo, Grummer-Strawn, & Fein, 2001; Kramer et al., 2001; Merten, Dratva, & Ackerman-Liebrich, 2005; Parker et al., 2013; Philipp et al., 2001; Saadeh & Akre, 1996; Zakarija-Grkovic et al., 2012). This may be because these facilities have infant feeding policies supportive of breastfeeding to guide practice and are committed to providing health professionals with education to support breastfeeding outcomes (Breastfeeding Committee for Canada, 2012; WHO, 2009). Health professionals I have worked with stated that this educational commitment prioritizes breastfeeding support and enhances their capacity to support and empower women. Health professionals reported that they did not have the time or the opportunity to support breastfeeding because of high acuity and workload. They stated that when it was busy, breastfeeding support was abandoned. With the knowledge that breastfeeding education can make a difference, perhaps it is time to think about what breastfeeding education encompasses.

Rethinking Breastfeeding Education Through a Relational Understanding

“In a gentle way, you can shake the world.”

~Mahatma Gandhi

As a woman who has breastfed her children, as a health professional who has supported women in the early days with breastfeeding initiation and exclusivity, and as a clinical nurse educator whose role it is to educate nurses to support women who wish to breastfeed, I find myself reflecting on women who are beginning their breastfeeding experience in the early days. I think about one of those 90% of women who plans to breastfeed, initiates breastfeeding, and wants to be successful in breastfeeding. Even when all is going well, according to our current instrumental assessments and foci, she still ends her breastfeeding relationship earlier than she had anticipated. What has happened for this woman? Why did she shift from achieving her intention to be successful with breastfeeding to an unplanned early weaning? How did the support or lack of support she perceived to have received from health professionals impact her experience and decision-making? What could the health professional have done to support and empower her as she navigated through the normal challenges of breastfeeding in the early days? Moreover, what could I, as an educator, do to better prepare nurses to work effectively to support women who are breastfeeding?

Current Approaches to Breastfeeding Education

Through many experiences of supporting women who wish to successfully breastfeed, the relational nature of breastfeeding and the importance of health professionals going beyond instrumental support have become clear to me. I have witnessed how the limited instrumental approach to breastfeeding education results in many women not getting their unique needs met in order to achieve their goal of successful breastfeeding. The support health professionals give to

women who are breastfeeding is modeled from the education they receive to support breastfeeding women. As I reflect on the limitations of supporting women from a solely instrumental focus, I see the same limitations in our education of health professionals. The current model of education for health professionals working directly with women who are breastfeeding is the World Health Organization and UNICEF's (2009) 20 hour breastfeeding course. The 20 hour breastfeeding course has been linked to improvements in breastfeeding outcomes such as initiation, duration, and exclusivity (DiGirolamo, Grummer-Strawn, & Fein, 2001; Kramer et al., 2001; Merten, Dratva, & Ackerman-Liebrich, 2005; Philipp et al., 2001; Saadeh & Akre, 1996; Ward & Byrne, 2011; Zakarija-Grkovic et al., 2012) yet these rates remain far short of national and international targets. The course content is dominated by instrumental knowledge of breastfeeding such as milk production and supply, positioning and latching, and supporting milk supply during maternal-baby separation. There is little awareness and acknowledgement of the dynamic, contextualized, embodied, and relational experience of breastfeeding and the breastfeeding relationship. As discussed, current breastfeeding assessment and support tools are dominated by a focus on instrumental knowledge. This focus on instrumental knowledge in breastfeeding education may be limiting health professionals' approaches to supporting women's success in breastfeeding (Chalmers, 2013). Indeed, health professionals shared with me that sometimes, despite their best efforts, they have run out of strategies to support and empower women to be successful with breastfeeding.

As a clinical nurse educator, and International Board Certified Lactation Consultant (IBCLC), I wonder, with the current model of breastfeeding education privileging instrumental knowledge, how health professionals can be expected to give consideration to the relational and contextual elements of breastfeeding. Are health professionals adequately prepared to work with

the relational and contextual complexities that arise for women as they attempt to establish breastfeeding in the early days? For example, if instrumentally the baby is not latching well, a woman may become anxious or frustrated. Sometimes there are other contextual aspects impeding the initiation process. When this happens, do health professionals rush to suggest supplementation or other alternatives that may detract from women achieving their breastfeeding goals because they do not know what else to offer to women? Are they knowledgeable and skilled enough to work within the difficulties and complexities that arise to support women to achieve their breastfeeding goals? Does their breastfeeding education enable health professionals to feel confident and competent in supporting women as they navigate the uncertainty and ambiguity that exists during and within the breastfeeding experience?

In practice, I have frequently seen health professionals stymied as to how to proceed in assisting a woman when “the latch looks good” according to our instrumental assessments yet breastfeeding is not going well according to the woman. I have seen health professionals reflect on and assess their knowledge as they attempt to meet the needs of women. They have told me they do not find strategies in their knowledge base that they can employ to support and empower a breastfeeding woman who is struggling in her efforts to be successful. They do not reflect on what may be present and influencing the woman, themselves, and their relationship with women who are breastfeeding. They do not consider – or know to consider – the different levels of a breastfeeding woman’s experience and support needs. I wonder if incorporating a relational approach to breastfeeding education may provide more opportunities and strategies to support women in achieving their breastfeeding goals.

Beyond an Instrumental Approach to Breastfeeding Education

Given the limitations of an instrumental approach and the need for better support for women, researchers are calling for a relational, contextualized approach to breastfeeding support and breastfeeding education in order to successfully support women who are breastfeeding (Chalmers, 2013; Dykes, 2006; Dykes & Flacking, 2010; Joanna Briggs Institute, 2012; Noel-Weiss, Crag, & Woodend, 2012; Rossman & Ayoola, 2012; Schmied, Beake, Sheehan, McCourt, & Dykes, 2011; Sheehan, Schmied, & Barclay, 2013; Spencer, 2008). Aligned with this call, I believe it is imperative that we attempt new approaches to educate health professionals about breastfeeding support to enable them to work more effectively with women to achieve breastfeeding success. In particular, using a relational inquiry approach for breastfeeding support and for breastfeeding education provides health professionals with more authentic, intentional, and responsive strategies and tools to enhance women's experiences of breastfeeding and support them in achieving success. As an approach to breastfeeding support, health professionals using relational inquiry can integrate the necessary instrumental aspects of the act of breastfeeding with the contextual and relational aspects of the experience for women. As a pedagogy for breastfeeding education, using a relational inquiry approach can engage health professionals in the very strategies they will employ in practice with women who are breastfeeding. Indeed, using a relational inquiry approach may assist health professionals to understand women's breastfeeding experiences and offer women more responsive and relational support.

Understanding the Breastfeeding Experience Through Relational Inquiry

“What lies behind us and what lies before us are tiny matters compared to what lies within us.”

~Ralph Waldo Emerson

Relational inquiry, as outlined by Hartrick Doane & Varcoe (2005; 2015), is an approach to health care that acknowledges the dynamic complexity of the human experience. Relational inquiry is a way of being, knowing, and doing that is grounded in inquiry. It is an approach to health professional practice that allows health professionals to work between what they know and what they do not know; inquire into the uncertainty and richness of human experience; and to consider the meaning of any health and/or illness experience for each individual in his or her unique context. Using a relational inquiry approach, health professionals recognize the integral relationship between the contextual, interpersonal, and intrapersonal domains and how it is at that intersection that “knowledge is developed and acted on” (Hartrick Doane & Varcoe, 2005, p. 174). As part of the relational inquiry process, four modes of inquiry – empirical, ethical, aesthetic, and sociopolitical – are enlisted and interwoven (Hartrick Doane & Varcoe, 2015). By simultaneously inquiring into these multiple domains of relationship and knowledge, health professionals authentically, intentionally, and responsively orientate themselves and their practice to synergistically and comprehensively build capacity, self-efficacy, and health and wellbeing within themselves, their clients, and the health care system (Hartrick Doane & Varcoe, 2015).

By approaching a woman from a stance of relational inquiry, health professionals will come to understand how the health care context and they themselves are influencing the woman, the situation, and breastfeeding outcomes. Engaging in the inquiry process also opens new opportunities and directions for health professionals to provide support. For instance, when breastfeeding is assessed instrumentally to be going well, yet the woman reports ongoing difficulties, health professionals may begin to inquire into the relational aspects of the woman’s breastfeeding experience and draw from other sources of knowledge. This may mean inquiring

into the woman's motivations and goals and her plans for infant feeding at home. It may mean reflecting on where health professionals position themselves in that moment in regard to knowledgeable and competent care; whether they are letting the experience be what it is, in all of its uncertainty and complexity, connecting with the woman's experience before proceeding; and opening the door not just to what is known at that moment, but to what else needs to be known and allowing that knowing to emerge. It may be considering who has the power in the situation, where the power needs to be to achieve success, and how to get it there. It may mean health professionals need to privilege aesthetic knowing over empirical knowing so that they understand the subjective experience of the woman as a way to inform the way forward.

Reflecting on how the wholistic nature of a relational inquiry approach may better support and empower women who are breastfeeding, I think of the 90% of women who want to breastfeed and the large number of them who do not achieve their goals of successful breastfeeding. As discussed, loss of exclusivity is often the first step away from achieving the success that women desire in breastfeeding. In my experience, this is where those women who want to be successful with breastfeeding first begin to flounder. This is a time in practice where health professionals identify that they do not have the tools to support a woman and are at a loss as to how to offer assistance and empower her to achieve her goals. Despite the reason supplementation is used, it is one of the relational hard spots in the early days where using relational inquiry may have significance and expand the choices available to health professionals and to women so that women's breastfeeding goals remain intact.

Rather than simply turning to supplementation when a hard spot appears in the early days, using relational inquiry – inquiry into the intrapersonal, interpersonal, and contextual domains and drawing on empirical, aesthetic, ethical and sociopolitical knowing – may expand

the options that are actually available to health professionals. For instance, health professionals working in the contextual domain may apply an aesthetic mode of inquiry and recognize that the woman is in an emotional state of upheaval and vulnerable because of her experience with a long and unsatisfactory labour and birth. Health professionals may wonder what meaning this birth experience has for the woman and how it is affecting her breastfeeding experience. They may select to nurture the woman or validate her birthing experience to empower her with breastfeeding. Working in the intrapersonal domain, health professionals may apply an ethical mode of inquiry and recognize that their own values, experiences, and obligations are influencing their capacity to support women who choose to breastfeed through challenges rather than choose supplementation. They may wonder what women value and what responsibilities they hold to themselves and their babies. They may select to intentionally focus their care on a woman's commitments and how they can support her in achieving them. Working in the interpersonal domain, health professionals may apply a sociopolitical mode of inquiry and understand the power of their position. They may wonder if women feel disempowered because of their lack of knowledge and experience with breastfeeding. They may select to be more intentional and thoughtful in *how* instrumental support is offered so that women are empowered to be successful, especially in the midst of their vulnerability and uncertainty in making decisions about their breastfeeding relationships.

As health professionals weave the knowing from these domains together, they can authentically, intentionally, and responsively engage with women to build capacity and self-efficacy so that women are in charge of their choices. For instance, instead of focusing solely on instrumental knowing to address challenges, a therapeutic dialogue about her birthing experience may support a woman in a way so that she may maintain her goals around exclusivity. Instead of

reaching quickly for supplementation, the health professional may engage a woman in a dialogue where they explore the meaning of the situation for the woman and what priorities she holds around breastfeeding and exclusivity. Instead of assuming the power in the relationship and influencing the decision, the health professional may empower a woman to consider her decision in terms of immediate and long term outcomes for herself and her baby. Engaging with women who are initiating breastfeeding, relational inquiry opens a space for health professionals to engage in “a deeply embodied process of thoughtful knowing-in-action” (Hartrick Doane & Varcoe, 2005, p. 363) which aligns with and shapes the woman’s embodied and relational breastfeeding experience.

The Contextual Domain

Within relational inquiry, health professionals consider the effect of contextual elements on clients, themselves, and on other contextual elements. For example, health professionals engaged in the contextual domain of relational inquiry may direct their attention to dominating values, structures, and ideas; current resources, systems, and organizations; and language along with historical, political, economic, and sociocultural elements. As health professionals consider the contextual domain, they focus their attention toward the details around people and situations that may be positively and negatively influencing behaviour, decision-making, and experience (Hartrick Doane & Varcoe, 2015).

When supporting a woman who is breastfeeding, this may mean examining the support she has and does not have for breastfeeding. It may mean exploring her experience with the social ecological determinants of health. It may mean considering other demands on her time, capacities, and resources. Is this her first breastfeeding experience and what are her expectations for it? How is her birth experience shaping her breastfeeding? How is her community – those

present with her and those surrounding her (and not surrounding her) once she goes home – responding to her intention to breastfeed? Is breastfeeding her focus or does she have other higher priority concerns such as food, lodging, or family violence? How is being in the hospital, in a bed, in a hospital gown influencing her? How is all that is going on around a woman who is breastfeeding shaping her values, beliefs, assumptions, and her experience of breastfeeding?

Health professionals must also engage in their own contextual milieu. How is the health care system impacting them? What other priorities and obligations do they have with this woman, this baby, and with other clients? How are other members of the team influencing them? Are they recognizing that what may be a contextual facilitator for one woman may be an impediment to another? How is all that is going on around the health professional shaping his or her values, beliefs, assumptions, and her experience of providing breastfeeding support?

The Intrapersonal Domain

Within relational inquiry, health professionals consider the effect of intrapersonal influences, those things going on within clients, themselves, and any other persons involved in the situation. For example, health professionals engaged in the intrapersonal domain of relational inquiry may direct their attention to what is being thought and felt; the values, beliefs and assumptions that underlie responses and habits of mind and action. As health professionals consider the intrapersonal domain, they draw their attention to those things we know and don't know about our clients and ourselves; and those things that facilitate and impede our capacity around health and wellness. Our attention is directed toward the details within people that may be positively and negatively influencing behaviour, decision-making, and experience (Hartrick Doane & Varcoe, 2015).

When supporting a woman who is breastfeeding, this may mean inquiring into her goals, motivations, and expectations regarding breastfeeding. It may mean exploring who she is and who she wants to be as a woman and as a mother. It may mean assessing her capacities and resources to achieve her intentions. Has she encountered and overcome challenging and overwhelming experiences in the past? How has she approached them? What inner resources have supported her success in these situations? Might she draw on these experiences of success to also be successful in achieving her breastfeeding goals? How does she imagine herself, her personal strengths and challenges? What is working for her and where might she need new information or a different level or kind of support? How is all that is going on within her shaping her values, beliefs, assumptions, and her experience of breastfeeding?

Concurrently, health professionals must also reflect on and engage in their own inner life – their values, beliefs, assumptions, and habits of practice – and their influence on a woman who is breastfeeding. Where are they along the continuum of knowledge and competency to support and empower a woman who is breastfeeding to achieve her goals? Where are they on this continuum in regard to their feelings and thoughts on breastfeeding and exclusivity? How are their personal and professional experiences around breastfeeding influencing the care they are giving? What habits of practice are driving their support and behaviour toward a woman who is breastfeeding? What do they know about themselves and about their clients? How is this information affecting them and their practice? How is all that is going on within the health professional shaping his or her values, beliefs, assumptions, and her experience of providing breastfeeding support?

The Interpersonal Domain

Within relational inquiry, health professionals consider the effect of interpersonal influences, those things going on among and between people. For example, health professionals engaged in the interpersonal domain of relational inquiry may direct their attention to how contextual and intrapersonal elements are affecting the relationship between a woman who is breastfeeding and themselves. As health professionals consider the interpersonal domain, they focus their attention to what and who is being prioritized and related to and what is not being given attention. They consider how people are interacting and responding with one another and how and where power fits into the relationship (Hartrick Doane & Varcoe, 2015).

When supporting a woman who is breastfeeding, this may mean health professionals consider how they may connect with a woman who is breastfeeding. It may mean exploring where the woman is in her experience and where the health professional can join in and appropriately connect with her. It may mean working within competing obligations, power relations, and gaps in knowing so that what is happening within and between a woman and a health professional is given primacy at that moment. What does the woman need most from the relationship with the health professional? What way-of-being does the woman need from the health professional at that moment? What is going on for this woman right now and how can the health professional most effectively respond? How is all that is going on between the woman and the health professional, between the woman and her context, between the woman and her intrapersonal experience shaping her values, beliefs, assumptions, and her experience of breastfeeding?

Simultaneously, health professionals must consider the interpersonal domain from their own experience. Why is the health professional initiating an interaction with the woman? Is this

the most appropriate priority for the woman at that moment? How can the health professional connect and be with the woman at that moment in her experience? How is all that is going on between the health professional and the woman, between the health professional and her context, between the health professional and her intrapersonal experience shaping his or her values, beliefs, assumptions, and her experience of providing breastfeeding support?

Developing a Relational Inquiry Approach to Breastfeeding Education

“True wisdom comes to each of us when we realize how little we understand about life, ourselves, and the world around us.”

~Socrates

Informed and guided by a relational understanding of breastfeeding and a relational inquiry framework, the specific purpose of my project is the development of an educational workshop designed for health professionals who provide direct support to women who are breastfeeding in the early days. In the workshop, I focus on how to effectively and relationally support and empower women to achieve their breastfeeding goals during breastfeeding initiation using a relational inquiry approach (Hartrick Doane & Varcoe, 2005; 2015). I believe developing a workshop for health professionals that integrates the principles of relational inquiry alongside instrumental knowledge will better position health professionals to protect, promote, and support women who are breastfeeding so that they may achieve breastfeeding success. Using relational inquiry as an approach to breastfeeding support shifts the focus from what health professionals know about breastfeeding – from instrumental content instruction – to women’s embodied, relational experience of breastfeeding. In doing so, health professionals’ attention shifts toward what is most meaningful and significant for women; with the educational goal being that of offering their expertise in ways that best support each woman’s individual and

unique needs within her life situation. This enhances health professionals' responsiveness to women. Simultaneously, as health professionals attend to and position their ways of being, knowing, and doing, they support and empower women who are breastfeeding in the early days so that these women may achieve their individual breastfeeding goals.

Protecting, Promoting, and Supporting Women Who Are Breastfeeding: A Relational Inquiry Workshop

In this educational workshop, I provide health professionals who work with women in the early days of breastfeeding initiation a beginning competence in relational inquiry as a methodology for breastfeeding support. Extending beyond instrumental knowledge, health professionals will have the opportunity to develop (a) a more relational and embodied understanding of breastfeeding support including the contextual, interpersonal, and intrapersonal domains of breastfeeding and breastfeeding support and (b) relational inquiry as an approach for protecting, promoting, and supporting women who are breastfeeding during breastfeeding initiation which opens up opportunities for women to achieve their breastfeeding goals.

Learners participating in this workshop will

- examine and critically reflect on how elements from the contextual, interpersonal, and intrapersonal domains shape maternal and health professional breastfeeding and breastfeeding support experiences;
- discover opportunities and strategies to open relational spaces with women who are breastfeeding and transform practice to build capacity and self-efficacy; and
- synthesize knowing and understanding from contextual, interpersonal, and intrapersonal domains to authentically, intentionally, and responsively inform protecting, promoting, and supporting women during the early days of breastfeeding initiation.

Information for Educators

In this educational workshop, I frame relational inquiry not only as an approach to breastfeeding support but also as a pedagogy for teaching and learning. Facilitating a workshop based on relational inquiry requires that the facilitator engages learners in a relational inquiry process. In doing so, learners have the opportunity to both experience the relational inquiry process and learn about how they may use it when supporting and empowering women who are breastfeeding.

I use relational inquiry, as developed by Hartrick Doane and Varcoe (2015), as the basis for this educational workshop. While all of the concepts of relational inquiry are applicable to supporting women with breastfeeding in the early days, it is outside my scope in this workshop to include all of the concepts of relational inquiry. Furthermore, relational inquiry may be complex for some learners to learn and apply in its entirety through one workshop. However, in order to facilitate the workshop using relational inquiry as a pedagogy, it is crucial that facilitators have a clear and comprehensive understanding of relational inquiry. The book, *How to Nurse* (Hartrick Doane & Varcoe, 2015) is required reading for facilitators.

The workshop is built around two of the main concepts of relational inquiry, specifically, working in the contextual, interpersonal, and intrapersonal domains simultaneously and drawing on empirical, aesthetic, ethical, and sociopolitical knowing to inform practice. The facilitator brings these concepts to life and links them to practice by explaining them to the community of learners in preparing them for each session; drawing them out and highlighting them during the facilitated discussions; and summarizing the sessions with them when closing each session.

While learners focus their attention on these explicit concepts, facilitators can embed other concepts of relational inquiry through dialogic learning during the facilitated discussions.

Thus, these other concepts are not more content for learners to know but, rather, they are guideposts to applying relational inquiry in practice. Facilitators can ensure they draw attention to how learners are supporting women in practice by incorporating the 5Ws of Relating and the 5Cs of an ontological orientation (Hartrick Doane & Varcoe, 2015) during facilitated discussions. Engaging with the 5Ws of Relating, health professionals consciously reflect on the who, what, where, when, and why of their relating. Considering these questions and aligning their answers with the values, intentions, and professional responsibilities supports health professionals in relational inquiry practice. Facilitators can also ensure they identify and cultivate the ontological capacities, or the 5Cs, as learners share and inquire into examples from their practices. The ontological capacities of being compassionate, curious, committed, competent, and corresponding are foundational to authentic, intentional, and responsive relational inquiry practice. As these other concepts of relational inquiry are used, they will shape the relational experience of women and health professionals.

The workshop outline is found in Appendix A. Use of the educational material within the workshop builds increasing competence in learners throughout the workshop. The specific learning objectives of each session within the workshop are captured within the individual teaching-learning plans (see Appendices B – F). With the first few learning activities, learners explore and capture their current practices regarding how they support women who are breastfeeding and some basic concepts of relational inquiry as relevant to breastfeeding support. The intrapersonal, interpersonal, and contextual domains of relational inquiry are enlisted to consider what and how health professionals' current approaches are addressing and not addressing women's needs around breastfeeding (see Appendix C). The sources of knowing to inform breastfeeding support are expanded, explored, and organized into the empirical, aesthetic,

ethical, and sociopolitical modes of inquiry (see Appendix D). With this broadened perspective of what breastfeeding support may be, learners are invited to try out the relational inquiry approach during simulated breastfeeding scenarios that are particularly challenging in their practices. In conclusion, as learners complete the educational workshop, they are positioned to apply a relational inquiry approach in their practices when working with women who are breastfeeding in the early days.

Exploring the four modes of inquiry as sites of knowing is relevant to supporting women who are breastfeeding. In practice in the early days of breastfeeding, because of the focus on instrumental knowledge, health professionals privilege the empirical mode of inquiry. The facilitator has the opportunity to bring the other modes of inquiry into the awareness of learners. In doing so, when learners are supporting women, they have broadened opportunities to discern the path forward. For example, a woman who is exhausted from her baby's nearly nonstop feeding pattern, or clusterfeeding, over the last few hours may not know that this is normal behaviour as her milk volumes increase. As the facilitator and learners apply the empirical mode of inquiry, they may discover that the baby is 36 hours old and has fed ten times in the last five hours. From this information, a conclusion may be drawn that the woman does not have enough milk for her baby and supplementation is indicated. However, as the facilitator of the workshop directs learners' attention using an ethical mode of inquiry, learners may discern that their intrapersonal valuing process of lack of strategies to support the woman is leading them to seek a "quick fix" by offering supplementation. If the facilitator applies a sociopolitical mode of inquiry, learners may discover that they are usurping the power in the relationship and swaying the woman's decision by offering supplementation rather than information on normal maternal and infant physiology or emotional support regarding her exhaustion. If the facilitator then

works with learners to apply the aesthetic mode of inquiry, opportunities to understand the meaning of the situation and connect with the woman where she is in her breastfeeding experience, in all of its uncertainty and complexity, may yield fruitful ways forward to support her toward her breastfeeding goals.

Pedagogical Orientation

Teaching and learning are inextricably linked within this educational workshop. The workshop itself aligns with Zander and Zander's (2000) vision of the art of teaching and learning as a framework of possibility and opportunity for transformational practice. As the facilitator engages with learners and learning, "drawing forth and building upon learner's existing knowledge and experience" (Brown & Hartrick Doane, 2007, p. 103), the facilitator and learners together may experience iterative, contextual thinking and dialogical sharing that explores taken-for-granted values, beliefs, assumptions, and habits of practice; self-reflective and embodied practice; and collaborative and egalitarian reciprocity. Through the process of teaching and learning with a relational inquiry approach, contextual, experiential knowledge is co-created. As a facilitator of learning using relational inquiry, the facilitator is positioned to build capacity, empower, and challenge current ways of thinking while opening the space for taken-for-granted values, beliefs, assumptions, and habits of practice to emerge and linking knowledge and practice.

As the facilitator enters into relationship with learners and embodies pedagogical presence, the space for learners to become who they are as health professionals emerges (Bergum, 2003; Bruce, 2007). The facilitator employs "watchfulness, trust of the student, letting the student learn, with the goal of opening the space for the student to come into one's own" (Bergum, 2003, p. 122). In turn, as the facilitator interacts with learners as an embodied

facilitator, learners experience how they may then be an embodied supporter to the woman who is breastfeeding. As the facilitator enacts relational inquiry as a pedagogy, learners may gain an understanding of relational inquiry for their practice. This vision of teaching and learning is especially relevant to supporting women who are breastfeeding. Learners must embody not only what they know and the skills they have acquired, but they must attune to where the woman is in her breastfeeding experience and where they, as health professionals, are with the woman in order to effect meaningful support; learners must attend to how they are with women in order to give them the support they require to achieve their breastfeeding goals.

As a facilitator of learning, the facilitator of the educational workshop employs strategies that allow the intrapersonal, interpersonal, and contextual elements of interactions and relationships to emerge. Through active participation, learners may gain cognitive, affective, and instrumental knowledge and understanding of the experience of breastfeeding and the information required to authentically, intentionally, and responsively support a woman to be successful with breastfeeding and achieving her goals. During this relational inquiry educational workshop, facilitators focus attention on the development of critical thinking skills; unearthing embedded values, beliefs, assumptions, and habits of practice; and supporting learners to develop knowledge and capacities to enable them to support and empower each woman with their unique, dynamic, and contextual breastfeeding journey. When learners have the opportunity to critically examine and dialogue about how they support women through the challenges and relational hard spots of the early days, the values, beliefs, assumptions, and habits that inform their practice may become more apparent. When the values, beliefs, and assumptions that inform practice are understood, the usual taken-for-granted positions and habits that impede health professionals from supporting and empowering women in achieving their intended goals become known as

well. How health professionals engage with women becomes the priority over the information they give to women. As learners shift to approaching women from a stance of relational inquiry, they begin to embody authentic, intentional, and responsive knowing-in-action so that women may achieve their breastfeeding goals.

It is crucial that the learners have the experience of actually trying out the relational inquiry process. Thus, the facilitator needs to continuously engage learners in that process by inviting contextual, intrapersonal, and interpersonal inquiry and the enlistment of empirical, ethical, aesthetic, and sociopolitical modes of knowing and inquiry. For example, the facilitator, focusing on values, beliefs, and assumptions, and using the four modes of inquiry in each domain, can assist in opening new opportunities for support and practice. Drawing from empirical knowing, health professionals may recognize that, intrapersonally, they have been valuing the quantity of feedings over the quality of feedings. Using a sociopolitical inquiry lens, health professionals may recognize, contextually, that their facility's documentation requirements value empirical breastfeeding data more than the relational, embodied experience of the woman. Applying aesthetic and ethical modes of inquiry, interpersonally, health professionals may inquire into what the woman may be valuing in her breastfeeding experience and how they can align their practice so they do not undermine her efforts (see Appendix H for potential guiding questions).

A main function of the facilitator is to increase learners' "relational consciousness" (Hartrick Doane & Varcoe, 2015, p. 4). This means helping learners understand what is going on within, between and among people, and between and among contextual elements. The facilitator demonstrates "inquiry as a form of action" (Hartrick Doane & Varcoe, 2015, p. 6) and opens a space for known and unknown values, beliefs, assumptions, and habits of practice to

emerge and be examined for their influence on relationships. Connecting with learners and taking a stance of curiosity and compassion, the facilitator focuses learners' attention on uncertainty, ambiguity, and complexity and how these elements shape interactions. The facilitator's role is to draw attention to and increase awareness of the valuing process inherent in relationships. For example, when health professionals identify that they are sometimes stymied for solutions interpersonally when supporting women with breastfeeding, the facilitator can open the space to explore new possibilities. Focusing on this very practical concern, questions can be raised to consider options. As part of this process, learners might explore the complexities of the situation including contextual constraints, what is being intrapersonally valued by the woman and themselves as health professionals, what matters most to the woman and her subsequent needs for herself and her new baby, and the valuing process in which she is engaged.

In this pedagogical space with relational consciousness, the facilitator weaves the different forms of knowledge together to allow new opportunities and strategies to emerge within the complexities of the health professional and the woman's relationship. Has the health professional taken the time to move beyond the latch assessment tool and the focus on instrumental knowledge to explore the woman's embodied experience of breastfeeding or being a new mother? Has the woman had the chance to reconcile the real life demands of a baby which may be different than her imagined expectations? How are the current experiences of the health professional and the woman limiting their opportunities to achieve success in breastfeeding and/or maintaining exclusivity? By bringing attention to these complexities and helping learners develop a relational consciousness, new directions and pathways forward for the health professional and for the woman emerge. The woman's breastfeeding goals may be

protected; the woman's capacity and self-efficacy may be promoted; and the health professional's understanding of breastfeeding support may be expanded for future reference.

Just as health professionals attend to women who are breastfeeding, the facilitator has the opportunity to attend to the content and themes that arise and are significant to learners as learning is scaffolded throughout the educational workshop. The facilitator attunes to the community of learners as a whole and, while supporting dialogue regarding knowledge that is known, also opens a learning space for those things that are not known within the community of learners to emerge. For instance, many health professionals working with women who are breastfeeding have expertise in empirical knowing but may be less competent with the aesthetic mode of inquiry. They may not recognize the limited focus of instrumental knowing and the impact it has on the support they give to women who are breastfeeding. They may not realize their opportunity to inquire into the meaning of breastfeeding for a woman and how this inquiry can be a source of knowing for both of them so that women's breastfeeding goals are protected; women's capacity and self-efficacy are promoted; and women feel and experience support from health professionals during the early days of breastfeeding initiation.

Workshop Facilitator's Guide

"I cannot teach anybody anything, I can only make them think."

~Socrates

Relational inquiry informs how facilitators engage with learners. Basically, the facilitator's role is to engage learners in a process of relational inquiry so they simultaneously experience relational inquiry as they learn about relational inquiry. In doing so, it becomes readily apparent that using relational inquiry, as an approach to protecting, promoting, and supporting women who are breastfeeding in the early days, helps to focus one's questions in

specific, relational ways. Through those questions, answers to the challenges may then emerge. As relational inquiry is a process rather than a product, it informs learners' ways of being, knowing, and doing. The challenges that women encounter in the early days are not the focus of learning or practice. It is how learners engage with women when they encounter challenges that is the focus. It is the domains of relational inquiry practice that are engaged; the modes of inquiry that are enlisted; our answers to the 5Ws that challenge our values, beliefs, assumptions, and habits of practice; and the 5Cs of how we choose to relate and be with women throughout those challenges that are the focus of relational inquiry and of learning and practice.

Because of this, it is crucial that learners have the opportunity to articulate their own unique relational hard spots and to work through them within the workshop. In this workshop, I do not provide developed practice scenarios. Instead, to make the learning personally meaningful, learners' knowing and experiences are enlisted to discern the relational hard spots; to apply the three domains and four modes of inquiry within relational inquiry; and to learn as much as possible about a relational inquiry approach to supporting women who are breastfeeding in the early days in authentic and relevant situations so that learning is optimized. When learners have this experience within the workshop, the relational space is opened and new possibilities, opportunities, and strategies to provide support to women who are breastfeeding in the early days may emerge. Facilitating this emergence is a key responsibility of facilitators. When learners are uncertain how to proceed with supporting women who are breastfeeding, facilitators engage with learners with questions that inquire at deeper levels for a more critical analysis of the relational hard spot. From these questions and through this process, new knowledge and knowing may emerge that can be used in practice to authentically, intentionally, and responsively support women to achieve their goals.

The workshop is intentionally loosely structured so facilitators can be relational with learners, local contexts, and evolving knowledge around breastfeeding and breastfeeding support. For instance, while a learning activity may require a facilitated discussion, rather than specific questions that must be answered, guiding questions are posed instead. In this way, facilitators can intentionally focus attention of specific practices that may be limiting health professionals' capacity to relationally support women who are breastfeeding. Just as learners must learn to embrace the uncertainty of supporting women who are breastfeeding, facilitators, too, must embrace uncertainty. Potential guiding questions are included with the learning activities (see Appendices B – F). There may be tension and insecurity facilitating with a semi-structured format, however, it allows facilitators to position themselves to authentically, intentionally, and responsively attune to learners and the uncertainty of the moments that emerge within the workshop in order for meaningful learning to occur.

The focus for facilitators during this workshop is to scrutinize and shine a light on what learners are saying and not saying; knowing and not knowing; and going deeper under the surface of what is shared. Facilitating learning using relational inquiry's 5Ws, 5Cs, and the empirical, ethical, aesthetic, and sociopolitical modes of inquiry applied to the contextual, intrapersonal, and contextual domains, focusing on how learners engage with women, facilitates the values, beliefs, assumptions, and habits of practice to emerge. Once known, these influences can be critically examined to ensure they are facilitating and not limiting a woman's success in achieving her goals. As learners link their values, beliefs, assumptions, and habits of practice to breastfeeding outcomes, the potential to culturally shift toward authentic, intentional, and responsive protection, promotion, and support of women who are breastfeeding emerges.

Conclusion

Despite women's high intention to breastfeed and their high initiation of breastfeeding, breastfeeding duration rates remain poor. Health professionals supporting women in the early days with breastfeeding initiation play an important role in women successfully achieving their breastfeeding goals. Instrumental knowledge has dominated health professionals' breastfeeding education and support practices. Using relational inquiry as an approach to breastfeeding education and practice is an innovative opportunity to engage with learners and women who are breastfeeding that may support women in achieving their breastfeeding goals. Using relational inquiry, breastfeeding success is explored within the contextual, interpersonal, and intrapersonal domains of both women who are breastfeeding and health professionals who are supporting them. Informing the knowledge of women and health professionals from empirical, aesthetic, ethical, and sociopolitical perspectives of relational inquiry may provide insight to achieve the success women desire. With the new opportunities and strategies for practice that using a relational inquiry approach provides, health professionals are positioned to authentically, intentionally, and responsively protect women's breastfeeding goals; build women's capacity and self-efficacy; and provide the relational support women require during the early days of breastfeeding initiation.

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Appendix A

Workshop Outline

Title: Protecting, Promoting, and Supporting Women Who Are Breastfeeding		
Topic	Activities	Materials
1. Understanding the Current Breastfeeding Support Milieu (35minutes)	1.1 Welcome and Checking In (10 mins) 1.2 Situating Self: My Current Breastfeeding Support Practice (10 mins) 1.3 Locating the Relational Hard Spots in Breastfeeding Support in the Early Days(15mins)	✓ Learning plan ✓ Situating Self – My Current Breastfeeding Support Practice handout ✓ Paper & pens ✓ Flip chart or white board & markers
2. Understanding the Influences (30 minutes)	2.1 Mind Mapping the Breastfeeding Experience (30 mins)	✓ Learning plan ✓ Flip chart or white board & markers ✓ Woman’s breastfeeding story
3. Understanding the Sites of Knowing (35 mins)	3.1 Inquiring to Inform Knowing (15 mins) 3.2 Embodied Responses (20 mins)	✓ Learning plan ✓ Modes of Inquiry posters ✓ Paper & pens
Break (30 Mins)		
4. Praxis: Putting the Ideas into Action (80 minutes)	4.1 Building a Relational Inquiry Breastfeeding Scenario (10 mins) 4.2 Trying It Out (30 mins) 4.3 Examining the Experience of Relational Inquiry in Practice (30 mins) 4.4 What If? (10 mins)	✓ Learning plan ✓ Flip chart and/or white board & markers
5. Bringing a Relational Inquiry Approach to Practice (30 minutes)	5.1 Re-envisioning our Mind Map of the Breastfeeding Experience (5 mins) 5.2 Re-envisioning our Relational Hard Spots (5 mins) 5.3 Envisioning our Relational Philosophy of Care (10 mins) 5.4 Situating Self: Envisioning My Relational Breastfeeding Support Practice (5 mins) 5.5 Evaluation & Closing (5 mins)	✓ Learning plan ✓ Original list of relational hard spots from Session 1 ✓ Original mind mapping from Session 2 ✓ Flipchart or whiteboard & markers ✓ Situating Self: Envisioning My Relational Breastfeeding Support Practice handout ✓ Evaluations (optional) ✓ Paper & pens
Total Time 240 minutes (4 hours)	Facilitator Evaluation: What worked well/what requires revision:	

Appendix B

Session 1 Learning Plan
Understanding the Current Breastfeeding Support Milieu
Approximate time 20 minutes

Participating in this session, learners will:

- Articulate personal objectives in participating in the workshop and co-create group norms
- Develop a community of learning that is safe, egalitarian, and reciprocal in which to explore and come to understand current breastfeeding support practices
- Increase awareness and knowledge of individual values, beliefs, assumptions, and habits of practice as facilitators and/or barriers to supporting women during the early days of breastfeeding initiation
- Identify the relational hard spots when working with women who are breastfeeding in the early days

Materials

- ✓ Session 1 Learning Plan
- ✓ Situating Self: Envisioning a Personal Philosophy of Care handout
- ✓ Paper & pens
- ✓ Flip chart or white board & markers

Learning Activity 1.1 Welcome

Time: approximately 10 minutes

Use this time to situate yourself as a workshop facilitator and as a co-learner within the group. Come to know your community of learners and engage with them in an egalitarian, reciprocal learning experience. Things you may wish to include during the welcome are organization of the day, housekeeping items (restrooms, emergency exits, etc.). Invite each learner to introduce themselves and share something significant to them regarding their learning, using the workshop title as a reference point. This breaks the ice and begins to uncover each learner's situatedness. Make note of the topics raised during the sharing on a flip chart and post in the room for a grounding throughout the workshop. You can use this list to inform the sessions throughout the workshop. Invite the community of learners to collaborate on some workshop guidelines and norms for your time together (e.g. no side conversations; cell phones; etc.)

Learning Activity 1.2 Situating Self: My Current Breastfeeding Support Practice

Time: approximately 10 minutes

As you distribute the *Situating Self: My Current Breastfeeding Support Practice* (see Appendix G), invite learners to reflect on how they practice currently when working with women who are initiating breastfeeding. Encourage learners to think about supporting women when things go easily as well as when challenges are encountered. Explain that this activity is meant to connect them to how they currently deliver support to women during breastfeeding initiation. Remind them that these reflections are submitted anonymously once complete.

Learning Activity 1.3 Locating the Relational Hard Spots in Breastfeeding Support in the Early Days

Time: approximately 10 minutes

Using a flip chart or a white board, invite learners to brainstorm and share their relational hard spots in breastfeeding support in the early days when working with women. Remind them that there are no wrong answers and that we will all have different relational hard spots based on our own values, beliefs, assumptions, and experiences. Relational hard spots may include topics such as when babies are sleepy and do not latch; when there is not enough time to properly support a woman; lack of understanding or disagreement with a woman's choices; lack of resources or education to properly support women; and uncertainty and lack of clarity in how to best move forward with breastfeeding. When learners exhaust the possible relational hard spots, re-examine the list as required to explore beneath the surface of the relational hard spots to ensure that what is really the relational hard spots has emerged. For instance, supporting women with sore nipples may not be the actual relational hard spot. Looking deeper, the actual relational hard spot may range from not understanding why she cannot breastfeed despite sore nipples to not understanding why she would continue to breastfeed with sore nipples. Use this opportunity to explore as a group some of the values, beliefs, and assumptions that exist around breastfeeding in the early days.

This list of relational hard spots is your reference point for the group. Post it so it can be seen and referred to throughout the workshop. This list of relational hard spots may be used to inform the learning activities within the workshop so that the workshop remains relevant to community of learner's current practice.

Appendix C

Session 2 Learning Plan
Understanding the Influences
Approximate time 30 minutes

Participating in this session, learners will:

- Identify potential intrapersonal, interpersonal, and contextual influences on women who are breastfeeding in the early days
- Identify potential intrapersonal, interpersonal, and contextual influences on health professionals who are providing support to women in the early days
- Identify potential interplays between the various influences to develop a comprehensive portrait of potential influences existing for women and health professionals during breastfeeding initiation
- Understand the potential influences existing for women and health professionals during breastfeeding initiation as occurring within the intrapersonal, interpersonal, and contextual domains
- Increase awareness and knowledge of individual values, beliefs, assumptions, and habits of practice as facilitators and barriers to supporting women during the early days of breastfeeding initiation

Materials

- ✓ Session 2 Learning Plan
- ✓ Flip chart or white board & markers
- ✓ Woman's breastfeeding story (written, audio or video recording)

Learning Activity 2.1 Mind Mapping the Breastfeeding Experience

Time: approximately 30 minutes

Step 1: Share a story of a woman's experience during the early days of breastfeeding initiation from the woman's perspective. This may be a written story, an audio recording, or a video recording. Ensure it is rich with detail about her life situation, her intentions about breastfeeding, and her thoughts and feelings during her experiences in the early days. Learners should have a clear understanding of who this woman is; what she expected and wanted going into breastfeeding; what she experienced during her early days of breastfeeding initiation from health professionals; and how she felt about the support she received. Ensure the story incorporates relational hard spots common to the population and practice of the group of learners. Intentionally, use a story that will discomfort learners and draw the potentially problematic breastfeeding support practices common in your community of learners' practices into question. Including images and representations of women and breastfeeding may help to connect learners to the experience of women.

Step 2: Invite learners to collaborate on a mind map of their understanding of this woman's experience. Explore what may potentially be going on for her intrapersonally and capture these ideas as a grouping on the mind map. Then invite learners to capture what potential outside

influences and relationships may be bearing influence on the woman and capture these ideas as a grouping on the mind map.

Step 3: Invite learners to explore their reactions to this woman and her experience in a parallel fashion, capturing their potential intrapersonal influences. Then explore the potential outside influences that may be bearing influence on their experience of supporting this woman. Capture these ideas as a grouping on the mind map.

Step 4: Continue the discussion to examine the interplay of these influences on the woman, the health professional, and each individual influence. Where identified, draw relationships within the various elements of the mind map.

Step 5: Invite learners to consider those things that are common in the experiences of women and health professionals that may not yet be represented from the story so they may be included in the mind map.

Step 6: Once the mind mapping has drawn to a close, introduce, through use of the mind map groupings of influences, the contextual, interpersonal, and the intrapersonal domains within which health professionals and women are situated. This explanation of the three domains is crucial to the relational inquiry approach. Invite any questions they may have regarding these three domains.

As this may be an iterative process, if learners share influences that are not a part of the grouping where the group is currently focused, simply document it where you plan to have that grouping in the mind map. Facilitate this activity so that there is no judgment; identifies those influences that are facilitators and barriers to the breastfeeding experience and their practice.

This mind map is a reference point for the group. Post it so it can be seen and referred to throughout the workshop.

Appendix D

Session 3 Learning Plan
Understanding the Sites of Knowing
Approximate time 30 minutes

Participating in this session, learners will:

- Understand the four modes of inquiry as sites of knowing to inform breastfeeding support
- Inquire into the modes of inquiry to identify potential knowing for women and health professionals to support women with breastfeeding initiation
- Increase awareness and knowledge of individual values, beliefs, assumptions, and habits of practice as facilitators and barriers to supporting women during the early days of breastfeeding initiation

Materials

- ✓ Learning plan
- ✓ Modes of inquiry posters
- ✓ Paper & pens

Learning Activity 3.1 Inquiring to Inform Knowing

Time: approximately 10 minutes

Step 1: Using the Modes of Inquiry posters (see Appendix H) briefly explain the four modes of inquiry foundational to relational inquiry: empirical, ethical, aesthetic, and sociopolitical. Provide an example of knowing from each mode of inquiry to support women who are breastfeeding in the early days.

Step 2: With the community of learners, select one of the relational hard spots from the list developed in Session 1 on which to focus for this session.

Step 3: Divide the community of learners into four groups. Each group will explore the significance of the selected relational hard spot with one of the modes of inquiry. Give each member of the community of learners a Mode of Inquiry poster and paper and pens for documentation. Share and use the guiding questions below as a starting point for the dialogue, allowing what is significant to each group to emerge through their unique relational inquiry process. Be available to facilitate any questions during the dialogue.

- What is significant regarding this relational hard spot using your assigned mode of inquiry? What knowledge can be learned by applying this mode of inquiry to support women?
- What does this mode of inquiry draw your attention to? Who might it privilege and who might it disempower? When does this mode of inquiry inform you to engage with women? When does it move you to disengage? Why does it inform your practice this way?
- Considering this mode of inquiry contextually, interpersonally, and intrapersonally, how are your ways of being, knowing, and doing being influenced, facilitated, and/or

impeded? How do you have to be to successfully engage with a woman using a relational inquiry approach?

- How can you use the knowledge gained from this mode of inquiry to support a woman through this relational hard spot? How does the knowledge inform your way of being, knowing, and doing?
- What values, beliefs, assumptions, and habits of practice are facilitating and/or impeding your use of these four modes of inquiry in your practice of protecting, promoting, and supporting women who are breastfeeding in the early days? What might you need to unlearn? How do you move between what is known and what is not known when engaging with women?

Learning Activity 3.2 Embodied Responses

Time: approximately 20 minutes

Step 1: At the end of the small group dialogue, bring the community of learners together again and invite each group to share the significant points which emerged regarding the modes of inquiry. Invite them to consider and discuss the interconnection between the modes of inquiry and how they may simultaneously inform practice.

Step 2: Invite learners to share their intrapersonal thoughts, feelings, and bodily responses experienced during their small group and this large group sharing. Invite them to share how these internal responses may affect their interactions with women who are breastfeeding in the early days.

Step 3: Invite learners to identify and articulate any remaining questions they have regarding the modes of inquiry as a way to inform relational support to women who are breastfeeding.

Appendix E

Session 4 Learning Plan
Praxis: Putting the Ideas into Action
Approximate time 80 minutes

Participating in this session, learners will:

- Synthesize understanding of the concepts of relational inquiry presented in the workshop and how they work simultaneously
- Increase understanding of providing breastfeeding support based on a relational inquiry approach
- Increase awareness and knowledge of individual values, beliefs, assumptions, and habits of practice as facilitators and barriers to supporting women during the early days of breastfeeding initiation

Materials

- ✓ Learning plan
- ✓ Flip chart and/or white board & markers

Learning Activity 4.1 Building a Relational Inquiry Breastfeeding Scenario

Time: approximately 10 minutes

Step 1: Prepare the community of learners for the praxis opportunity of protecting, promoting, and supporting women relationally with the concepts that have been explored in the workshop, namely, the contextual, interpersonal, and intrapersonal domain and the empirical, aesthetic, ethical, and sociopolitical modes of inquiry. Remind them that there are no right or wrong answers or outcomes and that this approach is about providing authentic, intentional, and responsive support to breastfeeding women. By opening this relational space, health professionals may build women's capacity and self-efficacy around their breastfeeding goals.

Step 2: With the community of learners, select two of the relational hard spots from the list developed in Session 1 on which to focus for this activity and the next. Using the flip chart or white board and working together, briefly develop the two breastfeeding support scenarios based on the selected relational hard spot, situating the scenarios to address the needs of the community of learners and current practice gaps in protecting, promoting, and supporting women who are breastfeeding. Develop the scenario so that the community of learners are thinking about and incorporating elements from the contextual, intrapersonal, and interpersonal domains and knowing from the empirical, aesthetic, ethical, and sociopolitical modes of inquiry. Alternatively, these practice scenarios may be developed in advance.

Learning Activity 4.2 Trying It Out

Time: approximately 30 minutes

Step 1: Invite learners to divide into pairs so every learner is actively participating in the activity (note: facilitator can participate if numbers are unequal). One learner plays the role of the woman described in the first scenario and the other learner is a health professional working with

her. Alternatively, learners can be divided into groups of three with the third person being in the role of observer. The observer may bring new insight and possible directions for support as the scenario unfolds. Some learners may prefer to work through the practice scenario as an evolving scenario so that they have the opportunity to walk and talk the concepts through as a pair. Give learners enough time to engage meaningfully in relational inquiry and practice their skills. Encourage learners to work through the scenario multiple times, trying out different ways of being, knowing, and doing so that they come to understand how their approach and where and what they focus their attention on may affect the support women feel.

Step 2: Invite learners to switch roles and engage in the second scenario. Give learners enough time to engage meaningfully in relational inquiry and practice their skills.

Learning Activity 4.3 Examining the Experience of Relational Inquiry in Practice

Time: approximately 30 minutes

Gather the community of learners together to discuss their experiences. Consider the guiding questions below. Allow what is significant to the community of learners to emerge through their unique relational process. Reinforce that learners' ways of being with women is more important than any information they share with women. Highlight the uncertainty that exists in supporting women with a relational inquiry approach to build capacity and self-efficacy.

- What is significant regarding your experience using relational inquiry as an approach to supporting women who are breastfeeding?
- Considering your practice contextually, interpersonally, and intrapersonally, what is significant? How was your way of being, knowing, and doing influenced? What was easy? What was more challenging?
- What are your embodied responses to engaging with women using a relational inquiry approach? How did it feel?
- How did each of you in the role play respond? How did you position yourself? How were you with one another? What was your way of being? How did this inform your knowing and doing?
- What does this approach draw your attention to? Does it privilege or disempower anyone or anything? How does relational inquiry as an approach to supporting women who are breastfeeding inform your engagement with women? Why does it inform your practice this way?
- How was applying a relational approach to breastfeeding support different from your usual practice?
- What values, beliefs, assumptions, and habits of practice are facilitating and/or impeding your practice in protecting, promoting, and supporting women who are breastfeeding in the early days? What might you need to unlearn? How do you move between what is known and what is not known when engaging with women?

Learning Activity 4.4 What If?

Time: approximately 10 minutes

Revisit the practice scenarios, engage learners in “what if” scenarios. Begin by brainstorming some contextual, interpersonal, and intrapersonal differences, shifting the details of the initial scenarios. Use the same guiding questions from Learning Activity 4.2 & 4.3 to deepen understanding. Engaging in what if scenarios, learners may come to understand how their ways of being, knowing, and doing can be informed by a relational inquiry approach. By exploring different practice experiences, learners may understand that relational inquiry as an approach to women who are breastfeeding is more about the process than about content.

Potential what ifs may include:

- teen mothers;
- women who are ambivalent and/or adamant about breastfeeding;
- women with physical, intellectual, and/or mental health challenges;
- night time versus day time support;
- providing support when understaffed and/or with competing acuity concerns;
- health professionals who are ambivalent about breastfeeding success; and
- health professionals working in environments where breastfeeding is not valued.

Appendix F

Session 5 Learning Plan
Bringing a Relational Inquiry Approach to Breastfeeding Support in Practice
Approximate time 15 minutes

Participating in this session, learners will:

- Capture their expanded awareness and understanding of the current state of affairs when working with women during the initiation of breastfeeding
- Expand each learner's philosophy of care to incorporate a relational inquiry perspective
- Develop a group relational philosophy of care to guide practice
- Summarize key themes for practice regarding relational inquiry as an approach to support women who are initiating breastfeeding

Materials

- ✓ Learning plan
- ✓ Original list of relational hard spots from Session 1
- ✓ Original mind mapping from Session 2
- ✓ Flipchart or whiteboard & markers
- ✓ Situating Self: Envisioning My Relational Breastfeeding Support Practice handout
- ✓ Evaluations (optional)
- ✓ Paper & pens

Learning Activity 5.1 Re-envisioning our Mind Map of the Breastfeeding Experience

Time: approximately 5 minutes

Invite the community of learners to revisit the mind map from Session 2 that is posted in the room. Invite them to share their thoughts and feelings now in comparison to how they felt about it when it was initially developed. Identify anything that needs to be added, shifted, or removed.

Learning Activity 5.2 Re-envisioning our Relational Hard Spots

Time: approximately 5 minutes

Invite the community of learners to revisit the list of relational hard spots from Session 1 that is posted in the room. Invite them to share their thoughts and feelings now in comparison to how they felt about it when it was initially developed. Identify anything that needs to be added, shifted, or removed. Incorporate into the discussion that relational inquiry, as an approach to supporting women in the early days of breastfeeding initiation is not about providing answers. It is a process, a journey, where health professionals and women can engage together to more wholly consider what may be going and what opportunities to realize women's breastfeeding goals may exist in any relational hard spots in which they find themselves.

Learning Activity 5.3 Envisioning our Relational Philosophy of Care

Time: approximately 10 minutes

Step 1: In preparing the community of learners for this learning activity, engage in a dialogue with learners to summarize the key concepts that have been addressed through this workshop and how they may enhance current approaches to providing support to women who are breastfeeding. Capture these key concepts on a flip chart or white board.

Step 2: Engage with the community of learners to develop a Relational Philosophy of Care for the group. Use the following prompts as a guide to map the future practice of the group when protecting, promoting, and supporting women who are initiating breastfeeding in the early days. Have the group identify their intentions when working with women as well as the steps they will take to achieve these intentions. Capture the group consensus from the dialogue on a flip chart or white board.

- When working with women who are initiating breastfeeding in the early days, our intentions for women are . . .
- In order to achieve this goal we . . .

Learning Activity 5.4 Situating Self: Envisioning My Relational Breastfeeding Support Practice

Time: approximately 5 minutes

Step 1: Building on the group philosophy of care, invite the community of learners to revisit their individual *Current Breastfeeding Support Practice* handouts from the beginning of the workshop. While they review it, distribute the *Situating Self: Envisioning My Relational Breastfeeding Support Practice* handout (see Appendix I). Invite learners to consider how they want to relationally practice when working with women who are initiating breastfeeding as they complete the handout. Encourage learners to again think about supporting women when things go easily as well as when challenges are encountered. Explain that this activity is meant to be a road map for the care they give to women during breastfeeding in the early days. Remind them that these reflections are submitted anonymously before they leave the workshop.

Step 2: Invite learners to share one word or phrase that has significance to them about protecting, promoting, and supporting women who are initiating breastfeeding in the early days when practicing with a relational inquiry approach. Capture these words on a flipchart or in some other meaningful way.

Step 3: Develop these words into an artifact to share with the community of learners. Examples of artifacts may be a wordle, photograph, poem, or word art. If technology allows, it may be developed during the evaluation activity and distributed as learners depart. Alternatively, it may be shared via electronic communication after the workshop.

Learning Activity 5.5 Evaluation & Closing

Time: approximately 5 minutes

Thank the community of learners for participating in learning that has been safe, egalitarian, and reciprocal so that knowing could be co-created within the group. Encourage them to continue on this journey of learning as they bring a relational inquiry approach to their practices.

Summative evaluation is not included as part of this workshop. This is intentional as learning is a personal process and continues long after the completion of a workshop. Ideally, the facilitator has been engaging in formative evaluation throughout the workshop to optimize the experience of the community of learners.

Referring to the Workshop Outline, facilitators complete the Facilitator Evaluation section to capture their reflections on the workshop. Facilitators are encouraged to complete this reflection as soon after the workshop as possible and incorporate any learning into subsequent facilitation opportunities.

Appendix G

Situating Self: My Current Breastfeeding Support Practice

Critically reflect on your current practice when working with women who are initiating breastfeeding. Think about your day-to-day practice and what may (and may not be influencing) your practice as you work with this group of women who state their intention to breastfeed.

Please anonymously submit these reflections. Code Number:

Supporting women who are initiating breastfeeding in the early days makes me feel

The most enjoyable aspects of supporting these women are

The most challenging aspects of supporting these women are

Some things I believe are significant to supporting women in the early days with initiating breastfeeding are

When planning care for women during these early breastfeeding days, I believe

Some things I wonder about supporting women with breastfeeding in the early days are

Appendix H

Modes of Inquiry

RELATIONAL INQUIRY

MODES OF INQUIRY

ETHICAL (FOCUSES ON VALUES)

- ~Who am I positioning as the expert in this breastfeeding experience?
- ~What values about breastfeeding are being privileged? Whose values are dominating as I provide support to this woman?
- ~What is not being valued about this experience or about breastfeeding? Do I understand this woman's breastfeeding goals?
- ~What responsibilities and commitments are shaping this breastfeeding support moment? To whom do they belong?
- ~Are my values and intentions in sync with this woman? Where and how am I attempting and/or not attempting to be in sync with her values and goals? How is my being or not being in sync with her values and goals shaping our experience?

AESTHETIC (FOCUSES ON MEANINGS)

- ~What is the meaning of breastfeeding for this woman?
- ~What are this woman's breastfeeding goals?
- ~How does this woman define successful breastfeeding?
- ~How am I engaging in an authentic, intentional, and responsive relationship with this woman?
- ~What am I valuing and devaluing in this current breastfeeding support moment?
- ~What assumptions about breastfeeding and this woman's experience do I hold?
- ~Am I in sync with the woman? Are her support persons in sync with her? What meanings are we overlooking?
- ~How can I influence the context of this moment to protect, promote, and support this woman and her breastfeeding goals?

EMPIRICAL (FOCUSES ON EVIDENCE)

- ~What is the measurable data telling you about breastfeeding?
- ~What is known from research about breastfeeding when women encounter this challenge?
- ~To what or to whom does this information direct my attention when supporting women with breastfeeding?
- ~How am I using this knowledge to help women achieve their breastfeeding goals?
- ~What data do I not have?
- ~What do I value in this data? What assumptions about this data do I have?
- ~How is the current context of breastfeeding support shaping this knowledge?

SOCIOPOLITICAL (FOCUSES ON POWER RELATIONS)

- ~Where is the power currently located in this breastfeeding support moment?
- ~Whose interests are being privileged? Mine? The woman's? The baby's? Someone else's?
- ~How is my power shaping my interactions with this woman? How do I understand my responsibility to this woman?
- ~What is this woman's experience of power? What is her capacity to enact her power and achieve her breastfeeding goals?
- ~How is the context influencing my capacity to share power with this woman and support her toward her breastfeeding goals? How can I enact my power to influence the context?
- ~What do I value and devalue about the power dynamics in this breastfeeding support moment? What assumptions about power am I holding? How are my values, beliefs, and assumptions about power shaping my capacity to provide breastfeeding support?

Appendix I

Situating Self: Envisioning My Relational Breastfeeding Support Practice

Please anonymously submit these reflections. Code Number:

How do you want to be when you are protecting, promoting, and supporting women who are breastfeeding in the early days? What strategies and tools will you use to support your way of being with women who are breastfeeding?

How do you want to use knowledge in protecting, promoting, and supporting women who are breastfeeding? What will your knowledge focus on? Where will you get your knowledge from for practice?

How will you deliver care in your practice when you are protecting, promoting, and supporting women who are breastfeeding in the early days? What strategies and tools will you use to support what you do?

Taking up a stance of relational inquiry, envision your practice when you are protecting, promoting and supporting women who are breastfeeding and striving to achieve success. Write one goal for your practice and three steps you can take to reach your goal.