10 COMMON MISTAKES THAT IBCLCs MAKE WITH HISPANIC MOTHERS
PreciseSkills' mission is to deliver immersive courses to meet specific professional skill gaps using our novel DiveIn® technology.

In DiveIn© courses, students learn new skills by becoming immersed in environments and situations that are similar to those that they encounter in their professional lives. This means that they continuously interact with fun, real characters who send them video messages and stay in touch via social networks. These characters become companions who mentor them, challenge them, frustrate them, and cheer them up, all in the spirit of preparing students to use their new skills in the real world.

While students are diving in and having a good time learning, our team at PreciseSkills is busy analyzing a ton of data to make sure that our courses focus on the areas that are most useful to our students, thus ensuring that our methods are both highly immersive and efficacious. We work tirelessly to assure that, by the end of a course, students are recognized by their peers and valued by current and potential employers for their newly acquired and assessed skills.
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MISTAKE: YOU GET FRUSTRATED WITH YOUR HISPANIC MOMS BECAUSE, DESPITE YOUR BEST EFFORTS, THEY ARE NOT FOLLOWING YOUR INSTRUCTIONS.

Solution: Don’t assume that your priorities match her priorities, and invent tools and creative ideas that reflect her reality, not what you’d like her reality to be.

Hispanic moms face many obstacles that may include low-wage jobs, long hours, lack of time-off from work or school, lack of dependable child care, workplaces that don’t provide clean, private places for women to pump and store their breast milk, and noisy households that distract the baby when it’s feeding time. Give your client copies of the applicable workplace laws (in English and Spanish), suggest creative, inexpensive ways to extract and store breast milk wherever and whenever. And remember: Poverty and social inequality are powerful forces that can overwhelm the best of mothers, so every extra day of successful breastfeeding is something to celebrate.
MISTAKE: YOU FEEL INTIMIDATED BECAUSE YOUR CLIENT’S MALE PARTNER SEEMS ALOOF OR EVEN HOSTILE TO YOU.

Solution: Engage him as much as possible in counselling sessions and give him a job to do.

That hostile look? Most of the time what you’re seeing is discomfort. A Hispanic man may be uncomfortable about his wife breastfeeding in public, in front of health-care professionals, or even in front of other family members at home! So involve him in discussions about the emotional and physical health of his child, give him a job to do -- breast pump sterilization, perhaps? -- and explain how breastfeeding can happen in a way that preserves the modesty of his baby’s mother. Since Hispanic women are more apt to seek their male partner’s approval before committing to an activity, by involving him in the authority circle, you are working with the family dynamic, not against it.
MISTAKE: Her mother-in-law is reinforcing unhelpful ideas, so you explain to your client how old-fashioned and wrong those ideas are.

Solution: Mothers, mothers-in-law, aunties and friends may bring some unhelpful beliefs to the table, but they can be allies too! Reach out to them!

Beliefs like “the best of both” (i.e., that formula plus breast milk must be better for baby than breast milk alone), or your breast milk goes ‘bad’ for two days after spilling even a drop on the floor, and other Latin American folk beliefs can be impossible to resist for a young mother. The fact is, her female support network exercises more influence on her than you do. So, invite mothers, aunts, mothers-in-law and close female friends to accompany your client to her appointments, and encourage them to be part of peer group meetings. This way they, too, can hear explanations of why “breast is best”. And, by sharing their experiences and wisdom with others in a group setting, mothers-in-law can feel included, not excluded.
MISTAKE: You are sure that a Hispanic mother is “hiding” something from you because she answers your questions about her breastfeeding habits with evasions -- or complete silence.

Solution: Soften your voice, lean in a bit closer, and reassure her that you are here to help, not to judge.

In many Latin American countries, average people don’t ask questions or speak freely at the office of professionals like health care providers. Learned timidity, humility and deference to those in charge is common among people with a lower economic and educational status, and it can render your immigrant mother almost mute in your presence. Moderate your tone and volume to match hers, and explain that in America, the mother’s input is important and valued.
MISTAKE: You assume the worst because despite your instructions, the breastfeeding chart you gave her is either blank, or it has obviously been filled out at the last moment - and with numbers that don’t add up.

Solution: Create breastfeeding charts that have graphics instead of words on them.

A woman from the Latin American countryside may not have had much formal education (4th grade level is average for women in rural populations), and the task of filling out a breastfeeding chart may intimidate her. Or your client may be so eager to please you, la doctora, that she fills in the target numbers you gave her instead of the real numbers! Assure her that this is not a contest, and that keeping accurate records is the only way you can help her and her child. Show her how to color in graphic charts that don’t require numbers and letters.
MISTAKE: YOU SAY FRANKLY TO A MOTHER THAT HER BELIEFS ABOUT CHILD CARE, MISTAKEN IN YOUR OPINION, ARE SIMPLY NOT TRUE.

Solution: Science and experts carry great weight in Hispanic culture, so be ready to quote from specific studies by experts in the field to back up what you say.

Simply telling a mother that what she has learned as “fact” is “not fact” is unhelpful and can be taken as a criticism of her entire culture and identity. To her, amulets are important to protect her baby from bad spirits, but to you they are a choking hazard. To her, not eating meat protein for two weeks after giving birth will spare her from infection, but you can see that she’s anemic and needs some chicken soup! Give her direct instructions that are contrary to long-held beliefs, and she may nod and say she understands you, but then go right back to doing what she was doing before! Explain that everybody used to think that, but that “new research” tells us something different.
**MISTAKE:** YOU DECIDE HISPANIC PEOPLE JUST AREN’T FRIENDLY BECAUSE YOU DON’T FEEL YOUR HISPANIC MOMS WARMING TO YOU PERSONALLY.

**Solution:** Take time to be friendly and social!

Hispanic people believe that relationships are more important than the clock. So despite your busy schedule and the 15 minutes per patient you’ve been allotted by your workplace, take the time to ask about her family, her work and her life at the very beginning of the appointment instead of being “efficient” and getting right to work. Compliment her baby’s appearance or outfit! Ask her questions about her life and country of origin that show her that you are interested in her as a person, not just a client. You will win hearts and minds, and you will also learn important information about the social and medical background of your client.
MISTAKE: YOU ASSUME THAT REVEALING HER BREASTS TO YOU IS A NON-ISSUE BECAUSE IT ISN’T WITH OTHER MOTHERS IN YOUR PRACTICE.

Solution: Explain pro-actively that breasts and nipples come in many shapes and sizes and that all of them are perfect for their main purpose – which is being the perfect food delivery system for babies.

This is a complex issue that resonates with women of various races and backgrounds who may feel insecure about revealing their breasts to a lactation consultant, especially one of a different ethnicity. She fears her nipples are too long, too short, her breasts too big or too small and she may feel vulnerable to criticism, real or imagined. So, before you ask her to remove her bra, practice ways to reassure the Hispanic mother that bodies come in all shapes and sizes, but that every mother’s body is perfect in every way for caring for and giving comfort to her child!
MISTAKE: IN A CONSULTATION WITH A HISPANIC MOTHER, YOU ALWAYS DEPEND ON YOUR INTERPRETER, FROM START TO FINISH.

Solution: Challenge yourself to learn some choice phrases in Spanish, and use them with every Hispanic mother in your practice!

If you speak any Spanish and you still always default to your interpreter, you are missing an important opportunity to form a bond with your client. Even if your Spanish language skills are slim, saying a few words in Spanish while looking directly into her eyes is an effective way to develop a bond of trust. Even if you make mistakes, so what? She may find your mistakes amusing and laugh – and nothing builds bridges like laughter!
MISTAKE: YOU GIVE UP TRYING TO SPEAK SPANISH BECAUSE A MOTHER DIDN’T UNDERSTAND YOU, AND ONE OF YOUR CLIENTS EVEN TOLD YOU THAT A SPANISH WORD YOU USED WAS VULGAR! WHY EVEN TRY?

Solution: Take heart! Imitate your clients’ speech patterns, devise creative workarounds and, if all else fails, use physical gestures to get your point across!

Communication is not just words, it is also a reflection of beliefs and cultures. For example, a word like tragar (to swallow) has a sexual connotation to some (not all) Latinas, but it’s a verb you want to use to talk about the baby swallowing milk! What do you do? Use the verb to pass (pasar), and stroke your neck downwards with a finger to show what you mean. Indeed, the first language of some Hispanic mothers may not be Spanish, but rather Quiche, Quechua, or any one of the 750 or so indigenous languages spoken in Latin America. So learn as much as possible about your client’s preferences, but don’t automatically assume that your Spanish is at fault! After all, your goal is not linguistic perfection, but rather communication – and healthy, happy mothers and babies!