

The Politics of Breastfeeding: In Whose Interests?

Rachel Murray, Mother, and breastfeeding peer supporter

I know of one highly experienced research press officer, who had worked on controversial issues like human animal hybrids, GM crops, animal research, minimum alcohol pricing and climate change, who admitted: “Nothing had prepared me for the most polarising, knee-jerking subject of all: breastfeeding.” (*Sue Ashmore, Unicef UK Baby Friendly Initiative Director*).

Although breastfeeding is a natural physiological process that has sustained our existence for thousands of years, today mothers face a plethora of barriers that “make it difficult and sometimes impossible for women to breastfeed in the UK” (Unicef, 2018). These barriers include access to support, aggressive marketing of formula, lack of education, socio-economic barriers and mothers’ feelings of embarrassment (Ibid). On top of this, the politics of breastfeeding has become so complex that there are a myriad of cultural issues that those providing support to mothers have to navigate. Unicef believe we need an approach that recognises that, although mothers are the ones who will physically breastfeed, all of us can impact on breastfeeding. Therefore, if we are to try and solve the problem of breastfeeding we need to stop framing the issue as being the individual responsibility of mothers.

Context of Breastfeeding

There are many health benefits of breastfeeding to mother and baby. These include reducing babies’ risk of infections, SIDS, obesity and type 2 diabetes and reducing mothers’ risk of breast and ovarian cancer and osteoporosis (NHS, 2017). In addition, breastfeeding reportedly has the potential to save over 800,000 children’s lives a year worldwide (Unicef, 2018).

The World Health Organisation (WHO) recommend that mothers breastfeed exclusively for the first 6 months (exclusively meaning no other milk or food) and thereafter that they give the child nutritious complementary foods alongside breastfeeding for up to two years or beyond. Although in the UK the initial breastfeeding rate at birth is 81%, this then dramatically drops to 17% at 3 months with only around 1% exclusively breastfeeding at 6 months (NHS, 2010). In light of these figures, the UK is reported to have one of the lowest rates of breastfeeding worldwide (Nursing in Practice, 2018) and has been referred to as being in a state of ‘crisis’ (Adams et al 2016).

NHS guidelines state that they aim to increase breastfeeding rates within the first six months of life, however current data recording mothers’ breastfeeding duration is inconsistent. Steinem (2015) states that one of the principles of feminist organising is “if you hope people will change how they live, you have to know how they live”. This stuck in my mind when I was thinking about NHS support after my son was born. Although the NHS are clearly not acting in the capacity of feminist organisers, at my son’s six month health check, I was feeling triumphant that I’d overcome breastfeeding difficulties and was still going at six months. But when I told the Health Visitor about our milestone so that she could note it down, as they do with the many other indicators and measurements, she told me they don’t record breastfeeding rates beyond six weeks in Scotland. She then suggested that this is probably because rates are so low at six months that ‘the powers that be’ don’t think there is any point in recording it. Which is the irony – how can we expect to increase rates of breastfeeding to six months if we stop recording at six weeks?

From the Scottish Maternal and Infant Nutrition Survey (Scottish Government, 2017) we know that three-quarters of respondents stopped breastfeeding before they would have liked to. The most commonly reported reasons for stopping breastfeeding or expressing milk were: feeding problems (49%), thinking the baby was not getting enough milk (45%) and finding it too difficult (25%). These are all challenges that effective breastfeeding support can help.

It is interesting that in Unicef's (2018) campaign to increase breastfeeding rates, it states that the *Lancet* found that failing to breastfeed costs the global economy \$302 billion each year. Framing the issue of breastfeeding as an economic issue is a way of highlighting its importance in terms that policy makers will take seriously – however, doing this also has another effect. This situates women's bodies and care work as commodities and may actually be counter-productive. We could ask ourselves if it is fair to put a price on breastfeeding and human milk and does doing so degrade it? (Sandel, 2012).

Who Provides Breastfeeding Support?

In societies where breastfeeding is the norm and children grow up seeing breastfeeding all around them, collective breastfeeding knowledge is much greater than it is in countries with a strong formula feeding culture such as the UK (Gaskin, 2009). This means that in this country we rely on many voluntary organisations, as well as the NHS, to provide support to breastfeeding mothers and their families. In the UK, the main voluntary mother-to-mother organisations that provide support are La Leche League (LLL), the National Childbirth Trust (NCT), Association of Breastfeeding Mothers (ABM) and the Breastfeeding Network (BfN).

Although health professionals can provide invaluable support to mothers, their knowledge of breastfeeding and experience of supporting breastfeeding mothers can be inconsistent and in the worst cases it can undermine a mother's own intuition when it comes to breastfeeding her baby. As Palmer (2009) notes "One sad fact of the 20th century was that the more contact mothers had with health workers, the less they breastfed".

Challenges in Providing Support

In order for support to be effective and joined up, these organisations need to work together. In particular, the NHS needs to work with the mother-to-mother organisations that are filling the gap in breastfeeding support that an overstretched NHS is simply

unable to. This could involve actively signposting to these organisations in ante-natal education, post-natal maternity wards and post-natal health appointments.

However, it seems that many of the mother-to-mother organisations are under-promoted. The affiliate organisation of LLLGB is LLL International - which is the largest voluntary women's health organisation in the world. It might not be a problem that the average person on the street has not heard of LLL, but it is a problem that not all health professionals who are working with breastfeeding mothers have heard of them. How can they effectively support women if they are not able to signpost to the largest voluntary organisation supporting these mothers?

Drawing on my own personal experience of breastfeeding, I find it bizarre that I heard about LLL for the first time when doing my own research after my son was born. I had previously met with various midwives and health visitors while getting support for breastfeeding (both ante-natally and post-natally) and none of them ever mentioned the existence of any of these mother-to-mother organisations.

A lack of signposting is just one barrier to the NHS and voluntary organisations working together. Many volunteer breastfeeding supporters from the mother-to-mother organisations have experienced difficulties when working alongside NHS staff. While some have positive working relationships, others feel that NHS staff at a local level can be suspicious of, or unwelcoming towards, peer supporters even though both the NHS and the mother-to-mother organisations are working towards the same aim.

I experienced this personally while trying to volunteer at a local NHS breastfeeding support group. It seems the main issues are around red tape and insurance because peer supporters from another organisation don't have the same type of insurance as NHS staff. In addition to this, I was advised that the NHS don't feel they can verify the level and quality of training from mother-to-mother organisations. This is despite the fact that many mother-to-mother organisations act as a world or UK expert on breastfeeding and advise the government and NHS themselves!

Even if collaboration does improve, the philosophy of the organisations that offer support is different. The NHS generally work on a one to one ‘advice clinic’ type approach; Where the NHS medical professional is seen as the ‘expert’ regardless of the experience and training they have in the area of breastfeeding support. This can range from no personal experience of breastfeeding and no formal training in breastfeeding support at the lower end – to substantial personal experience of breastfeeding and the gold standard of expertise as an International Board Certified Lactation Consultant (IBCLC) at the upper end. GPs can be one of the first health professionals a mum sees if she needs support and unfortunately mandatory training within the area of breastfeeding support is virtually non-existent within medical school and GP training. As a result, The GP Infant Feeding Network was set up to increase GP’s knowledge and confidence in providing breastfeeding support (GPIFN 2017).

In contrast, mother-to-mother organisations work by supporting mothers to learn how breastfeeding works and empowering them to become experts in their own bodies and babies, while knowing when to seek help from a trained breastfeeding professional. The table below outlines the difference in approach between the NHS and mother-to-mother organisations.

National Health Service	Mother-to-Mother Organisations
Offer Advice in the form of ‘you should’ / ‘you need to’ / ‘you must’.	Offer Support through active listening, reflecting back, discussing options, signposting to evidence based information.
Advice is one-to-one where the health professional as seen as the ‘expert’ regardless of experience of supporting breastfeeding mothers.	Support is either one-to-one from a trained Breastfeeding Counsellor or Peer Supporters OR

	Support from shared learning in a group setting.
Medical professional supporting mother often has no personal experience of breastfeeding.	All Breastfeeding Counsellors, Peer Supporters and mums attending support groups have personal experience of breastfeeding.
May be sceptical of breastfeeding relationships that are outwith the norm and lack of experience with these situations which may discourage mums from continuing breastfeeding.	Aim to normalise breastfeeding, including less common breastfeeding relationships such as natural-term weaning, breastfeeding during pregnancy, tandem feeding baby and older child.
	Aim to create a community of breastfeeding mothers using many channels of support including regular face-to-face support groups, member magazines, Facebook groups and annual conference for members.

Fig 1: Difference in approach to breastfeeding support between NHS and mother-to-mother voluntary organisations (LLL, ABM, NCT, bfN). Table is writer’s own.

The Political Economy of Breastfeeding

Although there is a legitimate market for formula for women who choose to use it or who can’t breastfeed, we need to recognise that the infant formula industry is worth a massive \$50 billion to the global economy (Hill 2015). In a capitalist economy, this relies on continued growth year on year, where profit is the end game and any destruction to communities in its wake is par for the course. In their pursuit of continued profit, formula companies seek to work with hospitals and medical professionals in order to promote formula. A stark example of this by Palmer (2009) describes the use of bribery and kick-backs for health professionals promoting certain brands of formula

in the Philippines. This is in a country where formula sales are higher than any other consumer product and one can of formula is likely to cost more than a day's wage (ibid).

But it's not just blatant bed-sharing between health professionals and formula companies in developing countries that is a problem. Here in the UK, while promotion tactics by formula companies can appear more benign, these companies are still influencing medical professionals in a number of ways (Wright et al 2006). This is despite the WHO code of conduct on breastmilk substitutes and Unicef 'Baby Friendly' initiatives fighting to stop it.

Public Pedagogies of Breastfeeding

The combination of formula as the norm for infant feeding and women's anger at feeling failed by society in their struggle to breastfeed is a toxic one. Women regularly direct their anger towards breastfeeding and those who support it rather than the power structures that dismantle breastfeeding, namely capitalism and patriarchy.

Many have long-term grief over not being able to breastfeed and, in order to try and heal this, they attach positives to what they believe to have saved them from further trauma – formula. Often women hold formula up as a shining light or miracle without considering that the very thing that saved them might be part of the wider problem. As singer Adele told her audience during a concert when she was asked about breastfeeding her son "I loved it, all I wanted to do was breastfeed and then I couldn't and then I felt like, 'if I was in the jungle now back in the day, my kid would be dead because my milk's gone' "(Saul 2016).

Adele's comment highlights a common perception of what would have happened to babies whose mothers could not breastfeed them before the invention of formula. However, we know that wet nursing (when another woman breastfeeds a mother's baby) was common practice between 2000 BC and the 20th century. It was used either because of need – a mother who could not lactate or had died in childbirth, or because

of choice – for women of aristocracy breastfeeding was considered unfashionable and not compatible with high society life (Stevens et al 2009).

It is this misplaced and inflated appreciation for formula and misunderstanding about the history of infant feeding that is contributing to the lack of critique around the dismantling of breastfeeding and its perpetrators. As Palmer (2009) puts it “They will end by destroying our planet and making us believe their wasteland is what we want”.

It is not only our view of formula that is problematic. Our view of women’s bodies, in particular our obsession with women’s breasts, is damaging to breastfeeding. This is so ingrained in our culture that we could be forgiven for thinking that breasts are intrinsically sexual. But as Palmer (2009) points out “our era is the first in recorded history where the breast has become a public fetish for male sexual stimulation, while its primary function has diminished on a vast scale”. We know that many women feel this tension acutely, and it is likely to affect their decision to breastfeed and their confidence to breastfeed in public, as poet Hollie McNish’s (2013) spoken word poem ‘*Embarrassed*’ attests to. Her YouTube video was viewed by over a million people and gave her a platform to speak about the lack of public support for breastfeeding.

On top of this there is the ongoing breast versus formula debate that does nothing to help support breastfeeding or support mums who can’t or choose not to. In response to the now outdated pro-breastfeeding mantra ‘breast is best’, the social media campaign #fedisbest was created with the aim of validating mums infant feeding choices whether they breast, formula or combination fed. The purpose of the campaign was to put an end to judgment and shaming around feeding choices, but in reality this framing actually perpetuates the problem. As Brown (2016), asserts “‘fed is best’ is simply putting a sticking plaster over the gaping wound that is our lack of support for breastfeeding and mothering in general. We cannot afford to say that how babies are fed does not matter”.

The ‘fed is best’ message also suggests that formula is an equivalent form of infant feeding to breastfeeding and therefore gives credence to what Sue Ashmore calls the “widespread misconception by almost everyone that formula milk can replace breast milk without any harm”. Scrolling through the #fedisbest Twitter comments it doesn’t take long to find voices asking us to ‘stop glorifying breastfeeding’. This narrative that breastfeeding is okay, as long as women don’t celebrate it, is problematic. It is evidence of a deep-rooted patriarchy where women’s empowerment from using their breasts for something other than male gratification, is not accepted by men – or even by many women themselves.

Even in a situation where a mum breastfeeds without encountering any problems, there are ups and downs in any breastfeeding journey. It is a physical as well as emotional thing and can impact (both positively and negatively) a woman’s body confidence, relationships and mental health. Therefore, a mum who is able to share the triumphs and tribulations is much more likely to breastfeed for longer and have an overall positive breastfeeding relationship. This is where the mother-to-mother organisations provide a crucial network of support and shared identify.

It is in the member magazines of these mother-to-mother organizations that breastfeeding mothers share their stories. When I reflect on the content I’ve read in these publications, I realise what lies at the very heart is reciprocity. Mothers are sharing their personal journeys of breastfeeding and, at the same time, readers can become better informed about aspects of breastfeeding they may not have encountered. The topics covered can be very diverse, some of which GPs and other health professionals may not be fully informed about. These can include breastfeeding twins, tandem feeding a newborn and toddler, breastfeeding with health conditions such as Multiple Sclerosis and re-lactating after stopping breastfeeding.

As a breastfeeding mum of a toddler, these cultural issues have been front and centre in my own experience of breastfeeding. I’m proud of the fact I’m still breastfeeding my two year old, having navigated various challenges along the way. I’m also proud that

I've written about my experiences and I'm now volunteering as a breastfeeding peer supporter, after completing training with the Association of Breastfeeding Mothers. I want to help other mums as I'm acutely aware how difficult it can be but also how rewarding it is when it's working well. But despite all of this, I found it difficult to talk to my closest friends about breastfeeding, either because they are mums who tried to breastfeed but came across insurmountable difficulties, or because I sensed an awkwardness about talking about breastfeeding, especially as my son grew from a baby into a walking, talking toddler.

It is interesting that feminism can be used to either advocate for breastfeeding or advocate against it. Within the #fedisbest campaign, the dominant narrative around infant feeding stresses the importance of a woman's choice trumping all else – with the emphasis that women should be free to choose formula. Then there is the opposing feminist argument that says women should be free and supported to use their breasts to feed their babies whenever and wherever they choose without fear of being sexualized, objectified and judged. One of the main problems with the 'woman's choice' framing is that it is overly simplistic and it fails to acknowledge the contentious issue of considering the baby's biological right to breastmilk.

Race, Class and Breastfeeding

We know certain demographics are less likely to breastfeed. In Scotland, this is women under 25 years of age and those in areas classed as 'deprived' on the Scottish Government's (2017) Multiple Deprivation Index.

Race is also a factor in likelihood to breastfeed, with black women in U.S breastfeeding about 10% less than white women and by the time the baby is 6 months this disparity increases to 17% (Huffington Post 2017). There are campaigns in the U.S raising awareness of cultural factors which make it harder to breastfeed for black mothers. Mocha Mamas Milk, Black Breastfeeding Week, ROSE and Black Mothers' Breastfeeding Association all work towards this aim.

In the UK, there is a growing awareness of the lack of diversity in breastfeeding promotion that is damaging to us all. To start to address this, the Association of Breastfeeding Mothers together with Avenir Art and Ranstudio have launched a photography campaign #FEEDME showcasing stunning photos of real life mothers breastfeeding their children. These photos were displayed on billboards across London. The artists leading the project state that “the final selection represents the diversity of London with each mother varying in age and ethnicity and their children ranging from four months to two years old” (ABM 2018).

Considerations for Breastfeeding Support and Community Education

One of the primary criticisms of breastfeeding ante-natal education is that it often fails to acknowledge the very real challenges that breastfeeding can present. In light of this there have been recent calls for mothers and those supporting them to ‘tell it like it is’: that breastfeeding is a learned process and requires patience, a supportive network while breastfeeding is getting established and most likely some discomfort at first. Journalist and breastfeeding activist Seals Allers (2017) offers words of advice to those supporting mothers: “Do not deny that breastfeeding is difficult and try to sell ‘easy’. Embrace the difficult – show women the personal pride and sense of accomplishment that comes from breastfeeding, just like running a marathon or scaling a mountain.”

Vitaly, we need to understand that breastfeeding is less about the individual choice of the mother and more about demographics, culture, availability of local support and society valuing breastfeeding. Recently, discourse around breastfeeding support has started to change to reflect this. Specifically, some practitioners are now highlighting the importance of community in effecting real change (Seals Allers 2017; Unicef 2018).

Breastfeeding support should recognise that many women feel pressure to breastfeed and feel judged if they choose not to or are unable to. Language can have the effect of judging or shaming mothers – language that is often first used by well-meaning breastfeeding advocates (Brown 2016). Therefore breastfeeding educators should find

a way to help mothers and their families become well informed about the benefits of breastfeeding whilst being mindful of these sensitivities.

Lastly, we need to make space for women to talk about the challenges of breastfeeding they have faced in their own journey, in a way that is empowering and healing to them but that does not undermine or denigrate breastfeeding. We also need to continue to make space for women to celebrate breastfeeding – both in safe, closed spaces such as the groups and member magazines of the mother-to-mother support organisations and also in open public spaces such as the ABM FEEDME campaign.

References

- ABM, Spring 2018. Magazine of the Association of Breastfeeding Mothers. A selection of photos from the campaign can be accessed here <http://abm.me.uk/wp-content/uploads/mag9-featured.pdf>
- Adams et al. (2016) Open letter on the current crisis in breastfeeding in the UK . Available at <https://ukbreastfeedingtrends.files.wordpress.com/2016/02/open-letter-uk-response-to-lancet-updated7.pdf> Accessed on 23 July 2018.
- Brown, A. (2016) (Online) Available at: https://www.huffingtonpost.co.uk/amy-brown/why-fed-will-never-be-bes_b_12311894.html Accessed on 5 February 2018
- Brown, Amy. (2016) Breastfeeding Uncovered: Who really decides how we feed our babies? Pinter and Martin, UK.
- Gaskin, I. (2009). *Ina May's Guide to Breastfeeding*. Pinter and Martin, UK.
- GPIFN, 2017. (Online) Available at <https://gpifn.org.uk/gp-education/> Accessed 30 March 2018
- Fraser, N (2013) (Online) Available at: <https://www.theguardian.com/commentisfree/2013/oct/14/feminism-capitalist-handmaiden-neoliberal> Accessed on 25 January 2018
- Hill, M (2015) (Online) Available at: <https://www.telegraph.co.uk/women/mother-tongue/11697178/Breastfeeding-Formula-industry-has-hijacked-breastfeeding-for-profit.html> Accessed 3 March 2018
- Huffington Post (2017) (Online) Available at: https://www.huffingtonpost.com/well-rounded-ny/-black-mothers-are-less-l_b_11342758.html Accessed 15 April 2018
- McNish, H (2013) *Embarrassed* (online) Available at: https://www.youtube.com/watch?v=KiS8q_fifa0 Accessed 23 April 2018.

NHS (2010) UK Infant Feeding Survey (Online) Available at:

<http://digital.nhs.uk/catalogue/PUB08694> Accessed 4 January 2018

NHS, 2017. (Online) Available at: <https://www.nhs.uk/conditions/pregnancy-and-baby/benefits-breastfeeding/> Accessed on 7 January 2018

Nursing in Practice (2018). (Online) Available at:

<https://www.nursinginpractice.com/article/uk-has-‘one-lowest-breastfeeding-rates-world’-report-claims> Accessed on 17 May 2018.

Palmer, G. (2009) *The Politics of Breastfeeding: When Breasts are Bad for Business*, Pinter and Martin.

Sandel, M (2012) *What Money Can't Buy, The Moral Limits of Markets*. Penguin.

Saul, H (2016). (Online). Available at:

<https://www.independent.co.uk/news/people/adele-blasts-pressure-on-new-mothers-to-breastfeed-as-fking-ridiculous-a6953791.html> Accessed on 17 January 2018.

Scottish Government (2017) (Online). Available at:

<http://www.gov.scot/Publications/2018/02/7135/0> Accessed 15 January 2018.

Seals Allers, K. (2017) *The Big Letdown: How Medicine, Big Business and Feminism Undermine Breastfeeding*. P 259. St Martin's Press, New York

Stevens, E, P, T and Pickler, R. (2009): A history of Infant feeding Journal of Perinatal Education, Spring 18 (2). (Online). Available at:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2684040/> Accessed 19 January 2018

Steinem, G (2015) *My Life on The Road*. Random House

Unicef (2018). (Online) Available at: <https://www.unicef.org.uk/babyfriendly/>

Accessed 17 January 2018

Wright, C. Waterston, A (2006) (Online). Available at:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2082719/> Accessed 17 January 2018.