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Breast is best but not in my back-yard

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Abstract (50 words)

Breastfeeding may be the biological norm but in Western culture it is not the social norm. Although intention to breastfeed is high, new mothers emerge into a formula feeding culture where formula milk appears as the solution to the public harassment negative attitudes and low support that breastfeeding women face.

Article

Breastfeeding has consistently been shown to protect both infant and maternal health. The World Health Organisation therefore recommends all infants are breastfed exclusively for the first six months of life with continued breastfeeding up to two years and beyond. This is echoed in localized health policy across the globe;

promoting and supporting breastfeeding are key government health priorities [1].

Although contraindications to breastfeeding exist, over 98% of new mothers are physiologically able to breastfeed and in developing countries initiation is typically over 99% with many infants breastfed through their second year. However, the picture in many developed countries is of notable contrast. In the UK although 81% of mothers breastfeed at birth, by six weeks only 55% breastfeed at all. Similar figures emerge in the United States, Australia and much of Europe [2]. Thus although breastfeeding might be the biological norm, in many Western nations it is no longer the social norm. This is despite data repeatedly showing that new mothers both know the health benefits of breastfeeding and typically plan to breastfeed for longer than they do. If mothers are biologically able to breastfeed, plan to breastfeed and are encouraged to breastfeed by health policy, then why are levels so low?

Essentially this disparity can be attributed to the culture of formula feeding that has developed in many Western nations. Historically, breastfeeding was the common choice. Women who could not breastfeed had to give their infants substitute milks or, for the wealthier woman, find a wet nurse. However, with the advent of formula milk and an industry that promoted the misleading concept that formula milk was better for infant health (and allowed independence for the mother) formula feeding gradually became the normal choice. In the UK by the 1970s, less than 25% of infants were breastfed by the end of the first week [3]. Even when health policy, and the research behind it, began to support breastfeeding again, experience and understanding of breastfeeding was low. Bottle-feeding and formula had become ingrained into Western culture; a ubiquitous synonymy of infancy that has lasted throughout attempts to promote breastfeeding. New mothers emerge into a culture where wrapping paper, clothing and cards for new babies picture a bottle of formula. Baby facilities in shops and restaurants are signposted by a bottle image. Where there is an absence of women breastfeeding, pictures of bare chested women adorn shelves of newsagents [4].

The impact of this upon new mothers is both direct and generalized. More overtly, the reactions a new mother faces from strangers and even family members when she breastfeeds her infant can be demoralizing and threatening. Although breastfeeding might be supported by health policy, and a woman protected by law to breastfeed in public, reactions to a women publically breastfeeding are a major barrier to breastfeeding. Stories regarding negative remarks, threats, and being asked to leave premises are common. Women are called to use a bottle in public, which can reduce a woman's milk supply, or a breastfed infant will not accept. Breastfed infants typically feed frequently; even if a woman felt obliged to feed in privacy, the reality of this would be very challenging. Naturally, confidence to overcome this pervasive and intimidating attitude needs to be high leading many women to turn to formula feeding [5].

More generally, if a new mother does persevere in breastfeeding her infant she needs to navigate a society that is set up to support formula feeding. Women often need guidance in latching and positioning the infant onto the breast to reduce the likelihood of pain and infection. In previous generations where breastfeeding was the norm, girls would grow up with an awareness of how infants were breastfed and when they became mothers the women around them would be able to support them [6]. Related to this, an understanding of normal breastfeeding is important to breastfeeding success. Breastfeeding works best when an infant-led approach is taken, with frequent feeding to boost milk supply [7]. However, many women have been accustomed to the feeding schedule of the formula-fed infant who typically feeds less frequently, as formula milk is more difficult to digest. Without an understanding of this, breastfeeding mothers can believe they do not have enough milk and stop breastfeeding. Alternatively, she may see the normal behaviour of her infant as problematic and choose formula milk as she believes it would make her infant more settled [8]. In each of these scenarios, if she is surrounded by women who understand breastfeeding, the mother is more likely to get the knowledge and support she needs to breastfeed. However, the common use and experience of formula milk means that even where family and friends want to support

breastfeeding they do not have the skill to practically support. Often the only guidance they can give is to bottle-feed [9].

A further perceived barrier to breastfeeding is the close relationship between a breastfeeding mother and baby. Formula milk offers the mother an opportunity to spend time away as someone else can feed the baby. Indeed, fathers, grandparents and friends can push for the infant to be formula-fed as feeding is often portrayed as a bonding opportunity denied to families of a breastfed infant. Rather than offer support in other areas of infant care, such as bathing or settling the infant, partners and family are quick to offer to feed the infant. For a mother feeling overwhelmed and anxious about frequent feeding, this may be an appealing choice [10]. Whereas in other cultures where new mothers are celebrated and supported to simply care for their infant in the weeks after birth whilst extended family care for the mother, in the West new mothers are often expected to revert back to their former lives within days of the birth. Formula makes this easier, enabling the mother to return to caring for her family, socializing or even returning to work [11].

Work itself is a large barrier to breastfeeding. In the UK extended maternity leave laws protect new mothers, although for mothers who are the main wage earner there may be pressure to return to work at an earlier date. Paid maternity leave is not mandated throughout the United States and many women return to work within weeks of the birth. Where a woman returns to work she faces a choice; stop breastfeeding or express milk for the infant. However for many women the reality of expressing breast milk can be challenging. Women need somewhere private to express and store milk as well as regular intervals to do so. Typically expressed milk volume is lower in volume an infant would receive on the breast. Many women find this option simply too difficult and use formula [12].

Finally, related to many of these issues, a woman's body image and emotions about breastfeeding can play a role. Although natural, feeling embarrassed at the thought of breastfeeding in front of others, even those who are supportive, is a common

experience. Women worry that breastfeeding will affect the appearance of their breasts or believe it will stop them from losing pregnancy weight and regaining their body for themselves after pregnancy. In a world where there are high expectations for women to recommence their pre-pregnancy lives as soon as possible after the birth, and for their appearance to be unaffected by pregnancy this can be a challenge. Moreover, sexualisation of breasts can cause a struggle for women thinking about their breasts for the first time in a nurturing context. A partner who feels uncomfortable or even jealous of breastfeeding can worsen this. Formula again can appear to be the solution [13].

Of course, some new mothers are less affected by these encompassing societal attitudes as to how they should feed their infant. Women with higher confidence, more knowledge and assertion typically breastfeed for longer, most probably because they feel less threatened by the beliefs of others and are more likely to seek support. Older women, those supported by partners and who have more education, typically fall into this description. Younger, single mothers conversely are more likely to feel isolated, even more so if they live in areas of high deprivation where formula feeding is the norm. Notably, it is the younger mothers who are more likely to seek their advice and support from peers and family members, and to be affected by their attitudes, exacerbating the cultural norm of formula milk [14].

Culture can naturally support and promote breastfeeding. Communities strongly supportive of breastfeeding, even in deprived areas, are more likely to have high breastfeeding rates. Countries themselves have transformed their acceptance of breastfeeding and thus breastfeeding rates. In Norway, for example, in the 1970s, breastfeeding levels were as low as the UK. Now 98% of women in Norway breastfeed at birth, and over 70% continue to do so after six months. This is part of a wider cultural attitude towards the importance of the early years, but also because of an encompassing supportive attitude towards breastfeeding. Breastfeeding is not shocking or even noteworthy; it is simply ordinary and thus the normal and protected choice [15].

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