AIMS For a better birth...

Breastfeeding over the decades

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By Anne Hemsley

I often say that in life I never stop learning, when it comes to the subject of breastfeeding, I have taken almost a lifetime to acquire my learning and it's still not complete.

What I saw in 1978

Allow me to take you back to the start of my learning process which began in 1978 .

In **1978**, in the North of England, I started my 12 month midwifery training. Notice that I said it was a training in midwifery and not an education in midwifery. In many aspects of my midwifery training, lifelong skills were acquired, unfortunately this was not the case in acquiring skills in supporting breastfeeding mothers.

The antenatal period – During the first booking-in visit at the antenatal clinic the pregnant women were asked "breast or bottle?" It appeared that most women replied, "bottle".

Of those that replied breast, at some point during their first antenatal check-up they would have an examination of their breasts with attention focusing on their nipples. If their nipples were not obviously prominent, they would be advised to rub them briskly with a rough towel and occasionally I heard midwives suggest scrubbing the nipples with a nail brush to prepare them for feeding the baby.

I now know that, in this period, breastfeeding rates were around 28% in the United Kingdom, but this included babies who only went to the breast once or twice.

Labour and pain relief - During labour it was often the case that a mother would have had 2 doses of the narcotic Pethidine. The side effects of Pethidine are drowsiness in both mother and baby. There are several other factors which influenced the rather low rate of breastfeeding during the post-natal hospital stay of 7 days following a normal, vaginal birth and 10 days following a caesarean section.

At birth: no skin to skin contact - Mothers were not immediately given their newborn baby. The attending midwife took the baby to a corner of the birthing room to bathe the newborn, weigh, measure and administer Vitamin K injection along with attaching labels to the baby. Thebaby was then dressed

and handed fully swaddled to the mother.

No rooming In - Postnatal Wards, ran efficiently, or so it seemed, by a system of care based on routine. Babies did not yet 'room in' with their mothers but were nursed in the ward nursery.

Fear of hypoglycaemia and no respect for colostrum - All babies were routinely given dextrose (sugar and water) within an hour of birth, and by day 2, were given a mix of 50% National Dried Formula milk and 50% water, those babies who were to continue to formula feed would be offered full formula milk by day 3. Breastfeeding mothers were advised to top up with formula after every breastfeed.

National Dried infant milk food – was based on unmodified cow's milk , parents were advised to add sugar to the formula. My colleagues & I each spent one full 8 hour shift per week, making up this formula for the entire postnatal unit.

3 – 4 hourly routine for bottle feeding babies influenced the timing of breastfeeds.

Restricted access to the breast.

Day 1 - Advised to offer the breast for just 3 minutes each side

Day 2 - 5 minutes each side

Day 3 - 10 minutes each side

Babies were soothed in between feeding by a member of staff in the nursery or offered dextrose feeds by bottle. The possibility of 'nipple-confusion' was never mentioned.

Any mother who had stated a desire to breastfeed would have her baby brought to her bedside when the 3- 4 hourly feeding schedule of the bottle-feeding babies was established. Some breast feeding mothers accepted that their baby had to go into the ward nursery overnight but would state their desire to be woken up when their babies woke for a feed. In many instances this request was ignored as the staff on duty thought that mum needed her sleep, and it wasn't uncommon for the night duty staff to offer some formula to the baby. This was not the era of informed consent.

Drugs - Each evening, the ward drug round offered a menu of painkillers, sleeping tablets and bowel medication to each mother. There appeared to be a culture of trying to give the postnatal mother as much rest as possible. Babies were nursed overnight in the postnatal ward nursery. This most certainly had an impact on the breastfeeding rates.

Cultural differences

In **1984** I left the UK to take up a midwifery role in a small private hospital in the Middle East. The mothers in the hospital were a mix of European expats and local Arabic women.

From memory, many of the local Arabic women slept immediately following giving birth; they often shared their room with a female relative sleeping on the floor. This relative would care for the newborn

and in some cases, colostrum was not offered.

In some instances, formula milk was accepted until day 3 of the mother's postnatal stay.

Family support - Assistance in latching the baby was given by whoever was accompanying the mother in her room. It may have been her mother, a sister or sister in law, guiding the new mother in latching the baby to her breast. Certainly, it appeared that despite not offering colostrum the babies and mothers accomplished breastfeeding with fewer issues than most of the European mothers.

My own personal experience of trying to establish breastfeeding: 1987

In **1987** I gave birth to my first child, whilst working in this small private hospital. In my situation as a first time mother, I had a strong desire to try breast feeding. My family history included a range of medical problems that I hoped to avoid by offering my baby breast milk from the start. It was a feeling born from instinct rather than research based evidence. I ensured that, during my 5 day postnatal stay, my baby never left my bedside. Fortunately, he was an eager feeder; he latched well from birth, and he requested to be fed very frequently.

Medical staff – no understanding of breastfeeding - I noticed on the early morning of day 4 that he was producing a 'changing stool' but when I pointed this out to our resident paediatrician, my excitement at my breastfeeding progress was dismissed. My colleagues were kind and caring but their demonstration of caring for me was to try to persuade me that I needed more rest and sleep than I was getting and to allow my son to be nursed overnight in the postnatal ward nursery. Despite their reassurances that they would bring him back for breastfeeding I am afraid I wasn't confident that this would happen. It would have been perceived as an act of kindness to allow me to sleep and to offer my baby a few ounces of formula just to help me recover from numerous nights of little sleep.

Determination

I remained strong in my determination to keep him by my side and fed him whenever he was awake and alert. I fed him in bed and attempted several different breastfeeding positions in an attempt to get a comfortable latch. He drank eagerly and frequently, I soon developed sore, bleeding nipples. Having very little experience of diagnosing a tongue tie, I observed his heart shaped tongue with a tight frenulum. I showed this to the hospital paediatrician who informed me that this was inconsequential. I had no idea that this pronounced tongue tie was contributing to my extremely painful nipples. I continued feeding my baby and gritted my teeth for each feed. Fortunately, he was gaining weight and was very alert and both my husband and I were besotted.

On day 5 we were discharged and returned to our home over the road from the hospital. It was July in the desert, temperatures hovered around 40°C. My husband has always been an amazing support in my breast feeding journeys. With no postnatal aftercare, he provided nourishing meals and drinks in order for me to focus on feeding our baby. By day 13, I was still struggling with bleeding and very painful nipples, and becoming increasingly puzzled as to why our baby rarely slept for more than 90 minutes during the day and if we were lucky one or two episodes of 3 hours within the 24 hour cycle. He was cute,

alert, gaining weight and very demanding.

Influence of friends and finding the right support

My only visitors were colleagues who wanted to help by suggesting dummies or supplementing with formula milk. One weekend, I was feeling extremely tired and frustrated about the intense frequency of our baby requesting to be fed. I walked in the dry, desert heat to the house of a colleague who had given birth 6 weeks earlier. This good friend had breastfed for 6 weeks and then elected to formula feed. I trusted her advice and asked her if I could borrow some formula milk to give to my baby. I needed a break from the intensity of frequent breastfeeding and the cracked nipples. My amazing friend pointed out that I had a thriving baby, he was healthy and gaining weight. She said that she had regretted her decision to stop breast feeding. In place of formula, she gave me encouragement, support and the will to keep going. It had never occurred to me that our baby was demonstrating normal newborn behaviour.

Understanding normal baby behaviour.

My expectations as a new parent were for him to feed, sleep in between feeds for around 3 – 4 hours and for him to be able to go down in his crib. I had a vision that by 6 weeks of age he would be sleeping through the night! All my assumptions were based on observing formula fed babies in a regimented hospital setting or from years of helping family members who all bottle-fed their babies with formula.

As I persevered with breastfeeding, somehow my nipples healed, and my son and I adapted to life together. He continued to feed frequently and rarely slept for more than 3 hours, but he was growing and developing in a normal pattern. At this time, all growth charts followed the patterns of feeding babies with formula milk. We never did get the tongue tie snipped, fortunately he does not have any speech problems but as an adult he still demonstrates his heart shaped tongue when I request it!

It was this turning point in my own breastfeeding journey that led me to have an increased interest in breastfeeding rates and to try to increase my knowledge of assisting new mothers in their desire to breast feed.

In **1989** we relocated to the UK and I gave birth to my second son eighteen months later. I am pleased to report we had very few feeding issues and he did not have tongue tie.

In **1995**, when I returned to work as a midwife several years after becoming a parent, I requested to be allocated to the postnatal ward. I used my personal experience of breast feeding as a guide to support the women in my care.

Changes in hospital practice

The practice of rooming-in had been established in my absence from the UK and from midwifery. Formula supplements were no longer routine. Study days were not sponsored by formula feeding companies. In fact, we no longer displayed a feeding trolley on the postnatal ward with free samples of 3 different types of formula.

In **1999** I became a member of La Leche League GB and was interested in training to be a birth educator when we were posted to Belgium with my husband's company. At this time, I continued improving my own knowledge of breastfeeding through any medium I could. I continued my subscription to the La Leche League and travelled to the UK to attend breastfeeding study days in various universities whenever possible. I became known in our expat circle as a woman who might be able to support breastfeeding women. On a personal level, I was aware that although my empathetic and patient approach to supporting women was to some degree useful, I lacked any formal training and, on several occasions, despite my best efforts there were instances of mum and baby not enjoying their breastfeeding experience. I had a desire to be able to offer the best support with up to date knowledge.

In **2011** I reluctantly left our life in Brussels and accompanied my husband to live in Beijing.

I had no knowledge of Chinese culture and was part of a very small expat culture associated with my husband's employment.

La Leche League International

I attended the monthly meeting that was held in an International Hospital. I met an enthusiastic American lady who led the group. As I travelled back to my high-rise sophisticated apartment, I reflected on the need for breastfeeding support and how touched I was by listening to the stories of the mothers who had attended the La Leche meeting. A common theme ran through their stories of seeking breastfeeding knowledge. They were isolated; even more so as expats. They wanted to gain an understanding of their babies' behaviour patterns. In reality they had based a lot of their assumptions about how babies behaved on knowledge gained from other family members, or from reading baby books that often described strict routines in parenting.

At this time, I was not aware of the 2008 formula milk scandal. As my own thoughts led to establishing a weekly breastfeeding support group, I approached the UK National Childbirth Trust (NCT) to discuss establishing a Baby Café in Beijing. The NCT had successfully merged with Baby Café in the UK in 2010. The idea was to provide breastfeeding information in a relaxed environment where mothers could learn about breastfeeding from both qualified practitioners and from each other. Within a very short time, I had attracted up to eighteen mums and babies to my weekly support group which I held in my Beijing apartment.

From this starting point, I met expat women from all over the globe. Their determination to breastfeed was enhanced by the fear of the previously referenced 2008 formula milk scandal. whereby a major formula company was found to have adulterated milk formula with the chemical melamine. As a result, 300,000 children were affected with kidney damage. 54,000 babies were hospitalised and very sadly 6

babies died.

Week after week my breastfeeding group gained popularity. Whilst I was happily engaged in trying to offer support, I was acutely aware that I wanted to ensure my own knowledge of breastfeeding and milk production was solid. I explored the possibility of training to become an International Board Certified Lactation Consultant (IBCLC).

My mainly expat group of women gradually became a wider group of women which included a percentage of Chinese mothers. My understanding of Chinese culture at this time was that the unofficial class system in China resulted in varying levels of breastfeeding and child raising. The Chinese women appearing in my weekly support group had experienced university education and owned a small property. They would invariably have their mother-in-law living with them. In addition, they would follow the Zuo Yue Zi or 'sitting the month' a Chinese tradition to rest and recover from birth. It was common to hire a Yue Sao, or a night nanny. This woman was traditionally hired to support the postpartum mum in recovery from birth, ensuring her adequate rest. She often prepared traditional nourishing meals and cared for the baby in between breastfeeds. I had the privilege as a Westerner of being invited into several Chinese homes in Beijing and witnessed the 'Yue Sao' in her postnatal carer role. In several instances, she slept with the new mother and massaged the mother's breasts to encourage milk production but also to alleviate early-days engorgement and discomfort. The downside of this was that the baby was held a lot more by the 'Yue Sao' than by the new mother. I noticed regulated and timed breast feeding, which gave me clues as to the mother's reason for inviting me into the home in the first place; to resolve breastfeeding complications.

A contrasting situation

In contrast, I would often engage the server in our local restaurant in conversation to ask after her family. These women would be in the category of poor Chinese. They may have returned to the countryside to give birth to their baby. Within less than a week following the birth, they will have returned to the city and returned to full time work. They had no opportunity to breastfeed. Their baby would be raised primarily by the grandmother. and a wet nurse may have provided some breast milk. Formula milk was not only expensive, but the fear of tainted milk powder following the 2008 milk scandal persisted amongst Chinese families. The disparity between the different classes and income of the women whom I encountered was huge.

As a mother myself I couldn't imagine the pain of leaving such a young baby in the care of anyone. The economic inequality between the women was huge. Both groups of women were hardworking, but the educated women had a career, a home and could afford childcare, while the uneducated woman lived an isolated life, working very long hours and in many cases only returning to the countryside home once every year or two.

In **2013,** after 2 short years in China, we were relocated to Paris. Once again, without a job and having plenty of time on my hands, I established a breastfeeding support group. We met in branches of the cafe Pret a Manger that were scattered around central Paris. In many cases, the French postnatal care in 2013

mirrored the 1970s approach to infant feeding in the UK. Encouraging mothers to get some rest, babies were often cared for overnight in a postnatal ward nursery.

In **2014** we returned to live in the UK. It took me a while to feel established in my local community. With the support of one empathetic mother of five, I established my own breastfeeding support group, holding meetings in various church halls in our market town.

In a short time, the drop-in breast feeding group attracted up to twelve mums and babies each week. I chose to run the group on Monday mornings as many parents are isolated over the weekend when breastfeeding support is generally not accessible. Monday became a popular day to seek support from me and to gain mum-to-mum support, make friends and enjoy time out of the house.

In **2018** I qualified as an IBCLC and finally felt that my informal breast feeding support group was offering research based, up to date breastfeeding support. Each mother and baby relationship is unique and I enjoy my role as a breast feeding supporter. My own knowledge and experience has taken me a lifetime to acquire and I am still learning. My journey started in 1978, led me to several different countries and I never stopped learning.

In **2025 m**y weekly drop-in breastfeeding support group attracts an ever-changing cohort of mums and babies. I want it to be a haven in which to share the highs and lows of breast feeding and to gain confidence in one's own unique breast feeding journey as a parent.

Positive changes observed over several decades, include:

- babies being put to the breast within the first hour following birth
- mother and baby being kept together whenever possible
- feeding without restricted regimes/baby-led feeding
- formula milk no longer visible or promoted within the hospital/clinic setting
- IBCLCs often employed within a hospital/community setting
- hospital and children's centres acquiring BFI status
- breast feeding peer supporters offering their time within the postnatal hospital stay and in the community.

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grandmother x 4. Find her on instagram here.

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1 https://laleche.org.uk/rolling-back-years-seventies/

2 Yanzhong Huang (2014) The 2008 Milk Scandal Revisited. Council on Foreign Relations

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3 Start Your IBCLC Journey: https://ibclc-commission.org/how-to-become-an-ibclc/