AIMS For a better birth...

Feeding your baby? Don't let them lie to you.

Gabrielle Palmer, wrote her inspirational and eye-opening book, 'The Politics of Breastfeeding', in 1988 (3rd edition 2009). I bought it immediately and, even to this day, if I forget why I still care about how babies are fed, I open her book and instantly remember. It changed the way I viewed the world and when that happens, there is no going back. The importance and continued relevance of 'The Politics of Breastfeeding' means that it has never been out of print in 37 years. It has since been accompanied by it's 'mini-version', 'Why the Politics of Breastfeeding Matter' (2018), and by what some people consider to be her best book, 'Complementary Feeding: Nutrition, Culture and Politics' (2011). When Gabrielle agreed to write for AIMS I knew in my bones that her words will be a rallying call to the next generation of breastfeeding activists. Thank you Gabrielle.



By Gabrielle Palmer

> ***" We live in a society in which there is too much information, but very little knowledge and even less wisdom."***
>
> ***(Elif Shafak)***

In this article I want to address issues that sabotage breastfeeding, globally and in the UK, and why that matters.

Culture and belief is powerful

If we grow up being told that something is very hard and many people cannot do it, that becomes the case. Conversely, if we grow up seeing that thing happening all around us we absorb that ability and think nothing of it.

My school singing teacher was strict, humiliating anyone who got a note wrong. My sister was told to sit at the side and keep quiet because she 'didn't have a voice'. She didn't sing again for over 50 years. Then the warm-hearted Gareth Malone appeared on TV persuading us that we could all sing. He transformed the nation and choirs popped up everywhere. My sister joined a choir in her 60s and loved it. I also thought I couldn't sing. In Mozambique where I lived in the early 1980s, everyone sang. Work meetings were punctuated with a song; the President sang, often out of tune, during his speeches; work celebrations involved songs composed for the occasion ... *"We're going to conquer diarrhoea"* … being a most relevant one, harmonised beautifully by health workers. One day while teaching, I found myself singing solo to start the class. I had forgotten my fear. My students were brilliant, harmonising spontaneously and I knew that no one would be thinking, 'she's got an awful voice', 'did you hear that flat note'.

So too with breastfeeding. In the 1980s, Mozambique suffered conflict, a collapsed economy and food shortages. As volunteers, my family and I (children 9 and 11) lived on meagre rations, but we were all healthy. During those years I never came across 'failure to breastfeed'. Life was tough. All women worked hard, as farmers, factory workers, economists, teachers, soldiers, policewomen etc. Women did the bulk of the water carrying. Many carried a 30 litre container of water on their heads for over a mile. That's 30 kilos! Here we pay a gym subscription to become that strong.

Most of those women were lactating. All my knowledge and training as a mother and as a nutritionist pales beside my breastfeeding education in Mozambique. When teaching, I noticed women unconsciously pressing their arm against their breast with a circular movement. I realised they were suppressing a let down reflex - maybe they'd been thinking of their child - but they did it obliviously just like I might scratch my head. The special tip I'd solemnly learned in breastfeeding counselling training was common knowledge here, passed from woman to woman. I never met anyone who doubted she could breastfeed. That's why some years later when I told my Mozambican friends that I was writing a book about breastfeeding, they burst out laughing.

The UK is a society where most women get in a tizz about breastfeeding, unless they happen to come from a breastfeeding culture and also manage to evade the sabotage of ill-informed health workers and marketing. Scottish data reveals that at the 6 to 8 week review 90% of babies of Black, Caribbean or African ethnicity were breastfeeding compared with 39% of white Scottish babies (ScotPHO 2025). This intrigues me. Could more of these women be persuaded to become breastfeeding supporters?

Most of us unconsciously submit to the social norms of our age . We also 'govern' each other.[1] Women struggling to play football were once met with scorn, ignorance and dismissal,*by other women* as much as by men. They were actually banned from playing in FA grounds until the 1970s. Just as it was with football, it is hard to breastfeed in a social, cultural and economic climate that still views breastfeeding as difficult and weird. One of the most effective ways of supporting breastfeeding and breastfeeding continuation is to provide the mother with a 'breastfeeding community'. Inviting pregnant mothers to breastfeeding groups so that they absorb breastfeeding as being 'the normal thing' and not weird at all, and providing early peer support after the birth is known to be very helpful.[2]

Writing for AIMS I don't have to explain the importance of birthing practices and their impact on breastfeeding. While skin to skin contact immediately after birth is now an accepted and approved practice, it is often brief and tokenistic - not yet an intrinsic part of our culture. Extended skin to skin contact improves breastfeeding success[3] and may also increase breastfeeding uptake. I know personally an ambitious academic who had her first baby at 42. She planned to breastfeed for just four weeks and to return to work early before maternity leave ended. She knew the midwives because she designed research protocols with them. After the birth she had eight hours' skin contact with her baby. She breastfed for two years, extending her maternity leave to eight months and returning part-time, which meant using up some savings. Against even her own predictions, she was a happy and devoted mother who enjoyed her baby. And she still soared the academic ranks without a problem. I'm convinced it was the skin contact.

The well-meaning and unintentional saboteurs

I once attended an on-line global conference on breastfeeding run by The World Health Organization (WHO). The lead speaker introduced the subject with the following words: "I always knew I would breastfeed, my mother was Hispanic and she breastfed me, but my mother never told me how difficult it was." Thus in a forum intended to promote breastfeeding she made the whole world believe that breastfeeding was difficult, deterring thousands of women and confirming the assumptions of many participating doctors. How could a professional physician be so unaware of their words?

Sincere people inadvertently destroy confidence every time they speak or write. A common mantra is: "Do breastfeed if you can, but don't feel guilty if you can't." It drives me crazy. Whatever their own experience, would any competent teacher emphasise difficulty or suggest failure when introducing their subject? Confidence is the first principle for learning and a teacher's first step is to make their pupil believe they can do it. Do we say to our children on starting school, "Don't feel guilty if you can't learn to read"?

Women who wanted to breastfeed and 'failed' can feel upset, hurt or extremely angry. They may believe their bodies let them down. There are, of course, situations when breastfeeding is not possible: a double mastectomy, active breast cancer or Sheehan's syndrome where the pituitary gland is damaged. Inevitably though, women stop breastfeeding sooner than they had hoped because they didn't get the care, information and support they needed. Health professionals may not be fully trained in

breastfeeding and may project their own baggage of unresolved problems. They truly believe that the kindest thing is to help the woman change to artificial feeding. If that woman's family thinks so too, then it's almost impossible for her to resist. We live in a fog of well-meaning ignorance, or worse, cognitive dissonance.

In the 1990s a doctor attending the Breastfeeding Practice and Policy Course at the Institute of Child Health (ICH), London, declared, "When I arrived I thought I knew 90% about breastfeeding, now I realise I only knew 10%". He was head of his national paediatric association and very pro breastfeeding. Most of the medical attendees had never observed a breastfeed from start to finish and were unfamiliar with mother-baby interaction and behaviours. We invited mothers and babies into the classroom to teach them. Many doctors came from countries where outdated medical text books taught harmful protocols. Their power as doctors can override good, traditional knowledge.[5] Every doctor I've ever worked with has told me that Medical School taught them nothing about how to help women to breastfeed. "We leave all that to the midwives" one said. In the UK many doctors' own negative experience biases their attitudes.

Mothers got the wrong advice for 40 years

For decades WHO based its child growth standards on the US National Health Survey growth charts. Most countries adopted them as their national guidelines. Since the 1920s, weight and height measurements were gathered from American children, mostly white, artificially fed and given early solids.[6] During this time, the concepts of 'growth faltering' and 'insufficient milk syndrome' were adopted by scientists and the baby food industry. Nutritionists working to combat severe childhood malnutrition developed life-saving strategies, but they got the basics wrong. Research into 'lactation performance' abounded. I recall a study in Africa where they separated mothers and babies, restricted feeds and then test weighed the baby to assess breastmilk supply. So unethical. It must have been torment for babies and their mothers, but then most scientists were western educated, culturally biased and misunderstood how breastfeeding worked. They saw a mother like a dairy cow who was either a good or poor milker. They saw the breast as a bladder, not a gland, stimulated by the baby.

These clever people were mostly men who did not have intimate knowledge of real breastfeeding behaviour. They pronounced that after three months mothers could not produce enough breastmilk to support adequate growth, that is, growth like that of artificially fed, overweight American babies. Mothers were instructed to add oil or sugar or both to the traditional staple food (e.g. maize porridge or rice) at three months, to compensate for the allegedly failing breastmilk supply.[7] Everyone believed they were doing the right thing. Decades later nutritionists reinvestigated and realised that this practice not only reduced breastmilk stimulation (a baby full of high calorie pap does not have a big appetite for her mother's milk) but the 'empty calorie' sugar and oil reduced the availability of the useful nutrients in the cereal and lowered the quality of the diet. Moreover the foods were likely to carry infection to the baby at an age when the immune system is not fully developed.

Fortunately, towards the end of the 20th century, WHO embarked on the splendid Six Country Study

which followed children from birth onwards in six different cultural settings. They discovered that the US growth standards were misleading; that the growth slow-down after three months was not 'growth faltering' but normal; that six months' exclusive breastfeeding was ideal and that early solids were harmful. WHO stated: *"Arguably, the current obesity epidemic …. would have been detectable earlier if a prescriptive international reference had been available 20 years ago"*(WHO 2004). We had been feeding our children so inappropriately that the manufacturers had to change their recipes, reducing the calorie and protein content of infant formula. Too high levels were linked to later health problems such as cardiovascular disease and diabetes. When it came to complementary food labels, the industry fought hard and dirty against WHO and UNICEF's aim to change age instructions.

Does breastfeeding matter in the UK?

Breastfeeding has a powerful effect on a nation's health. It protects babies and their mothers from a broad range of health problems.[8,9] It affects intergenerational health. Our health is influenced by our parents' and grandparents' diet,[10] and so breastfeeding is likely to benefit our children's children. Breastfeeding influences health in later life and its adoption could save the NHS substantial sums.

UK breastfeeding rates are among the lowest in the world. In affluent areas, such as the East of England, 59.3% are breastfeeding at 6 to 8 weeks and in poorer areas such as the North East 38%. When I know how hard the skilled health professionals and the breastfeeding support groups work I find this depressing. Overall rates have risen slightly and we're all supposed to be positive, but I ask why as a society are we so unambitious? Why does the UK ignore the WHO recommendation for *'exclusive breastfeeding for six months, continuing with family foods for two years and beyond*, which the UK signed up to at the World Health Assembly?[11]

> ***"A millionaire's baby who is not breastfed is less healthy than an exclusively breastfed baby whose mother is in the poorest social group."***
>
> ***(Prof J Stewart Forsyth 2006)***

Professor J Stewart Forsyth led the research team that found that formula fed babies in cool, clean Dundee had the same rates of pneumonia and diarrhoea as formula fed babies in the poverty stricken slums of tropical Manila in the Philippines where death rates were high. The Dundee babies did not die because when they became ill, they had rapid access to good health services and were diagnosed and treated quickly. Our artificial feeding culture is dependent on an ever present, skilled and expensive back-up service. Without antibiotics, oral rehydration salts and rapid response health professionals our infant mortality rate would rise alarmingly. For years the focus was on mothers' hygiene competence, but young babies don't die just because of poor feed preparation, they die because they are deprived of the immunological protection of breastmilk.

Women's right to choose

Before I continue, let me quote childbirth guru, the late Sheila Kitzinger, who said:

> ***"The only reason for a woman not to breastfeed is if she doesn't want to."***

I agree. Every woman has the right not to breastfeed. But she also has the right to know the risks and to get unbiased information about feeding products. When vulnerable newborns in Europe and the USA died from infection due to intrinsic pathogens in infant formula was this headline news? Are all parents informed that powdered infant formula is not sterile? Codex Alimentarius, the UN authority which sets global standards for food safety and nutritional adequacy, requested a committee of learned scientists to advise on the safety of additives in infant formula. After extensive investigation, they recommended that artificially fed babies under 12 weeks should only be fed freshly made products without additives. Codex did not build this edict into their rulings. The baby food industry is skilled at manipulating the Codex committee and governments who participate. The UK government is as much in a headlock by the food industry as any other nation.

This is a serious issue. Antibiotic resistance is increasing. Former UK Chief Medical Officer Dr Sally Davies calls it '*a catastrophic threat*'. She talks about fatal infections after minor surgery, but she does not mention the inevitable rise in baby deaths. Our NHS buckles under the pressure of an unhealthy population, in part due to our terrible diets, lack of physical activity and pollution. In the UK over 30,000 babies and children under five are hospitalised with RSV (Respiratory Syncytial Virus) annually at a cost of £91,000 to the NHS. Twenty to thirty babies die.[12] If all those babies had been breastfed, hospital admission and mortality would have been significantly reduced. When breastfeeding babies get an infection it is usually far less severe and they're less likely to be hospitalised.

The baby food industry

With any big issue, first follow the money! The market for infant formula and follow on milk is worth more than $55 billion (2022). Its marketing budget is $3-5 billion a year. Every penny or cent of this marketing is paid for by families who use infant formula, follow on and toddler milks. We pay for companies to tell us lies.[13] This compares with the entire operating budget of WHO. This is despite the WHO Marketing Code that bans promotion of formula milk while permitting scientific information to be disseminated for health professionals. This year, 2025, a digital marketing resolution has been added to the Code. Teams of highly paid lawyers will be advising companies like Nestle and Danone on how to evade these rules.

Industry marketing is not just advertising. The companies have for decades infiltrated the health professional bodies and influenced medical and midwifery education around the world. Vast sums are spent on sponsorship, research grants and educational forums. Described by the late Dr Derrick Jelliffe as *'manipulation by assistance, endorsement by association'*, this harmful relationship between commerce and health professionals persists.

In 2000 I was employed by UNICEF. We were working with WHO on The Global Strategy for Infant and

Young Child Feeding. A joint meeting was planned with a signed Memorandum of Understanding (MOU) that neither the baby food industry nor the campaign groups (such as IBFAN the International Baby Food Network) would attend. I was in the group addressing the timing of the introduction of solids. Industry was fighting to keep the advice on their labels as being at four months. To my surprise, an International Labour Organisation representative (of employers, not employees) was in the group arguing the case for early solids (i.e. four months). A WHO employee also prevaricated, even though he knew the scientific evidence advised exclusive breastfeeding (or formula) for six months. I discovered at the end of the meeting that people from the baby food industry were eavesdropping in on the whole meeting from the Director General's office. The fox had not just designed the hen coop, it was sitting in with the chickens. I now have more faith in WHO's integrity. It has employed many individuals who act honourably and care passionately about these issues. It is usually a question of underfunding and financial pressure that pushes institutions into the arms of the baby food industry. The Code exists to curb these relationships.

One successfully marketed product is 'follow-on' milk. I have to inform you that follow-on and toddler milks are entirely unnecessary. It is healthier for your child to drink fresh whole cows' milk as part of their mixed diet. Current UK DOH advice is, if you're not breastfeeding, to continue with standard infant formula until 12 months. Behind the scenes many infant feeding experts think it's safe to give cow's milk from six months.

Throughout the 21st century there's been a steep rise in prescriptions of expensive specialised formula milks for infants thought to be suffering from medical conditions such as colic, reflux or even Cow's Milk Allergy (CMA). Mothers often attribute common problems of babies such as crying, vomiting or rashes to CMA, and some breastfeeding mothers exclude cows' milk from their diet. A team of paediatricians assessed the evidence and found that in 99% of infants with CMA, the mother's breastmilk did not contain sufficient CM allergen to trigger a reaction. In the vast majority of babies there was no need for the mother to avoid cows' milk. As one of the authors of this research explained to me, 'The cow's milk molecule is too big, it can't get into the breastmilk.' The blood/milk barrier is amazingly clever at keeping out bad stuff and letting in good stuff such as bespoke antibodies for the infections that besiege both mother and baby in everyday life. Meanwhile, the formula manufacturers are unashamedly profiting on the anxiety of mothers who simply need reassurance and support.[14,15]

When Nestle dressed up their saleswomen in nurse's uniforms and went to the rural clinics in Africa, the sickness and death that ensued triggered me into a life's purpose that I had not foreseen. They have since honed their marketing into the subtle strategies they use today. They have captured the power networks and too often the mindsets of the professionals. I learned that Nestle paid for 60 Indian paediatricians to fly to Switzerland for a conference on CMA. They produce a special chart to aid diagnosis. Nestle could not run such a conference in India because India's version of the WHO Code would make such training illegal. Industry is banned from training health professionals but it happens all over the world where the Code is not in law or is weakly implemented. Globally, too many of the professional bodies for doctors, midwives and nurses still have baby food industry financial support. Even as they make good statements about breastfeeding, they absorb distorted information just as the babies absorb the artificial milk.

We must remember that for over a hundred years the combination of medical ignorance and commercial greed has destroyed easy breastfeeding and it continues to do so. Breastfeeding is a universal demonstration of women's skill and strength. Indeed, some philosophers and anthropologists have theorised that the origin of misogyny, men's demeaning of women, arises from a fundamental jealousy of their greater powers to give birth and breastfeed.



What can you do?

You're doing a lot already I'm sure, but here are a few ideas.

1. Once giving a talk in a hospital, I mentioned the lifetime costs of type 1

diabetes (breastfed children have a lower risk), unaware that the financial manager was listening. I learned later that it changed his decisions, especially as his wife had type 1 diabetes. Money talks. Look at your local economics. What is the commonest reason for admission to your local paediatric ward? It could be respiratory infection. Calculate if those babies had been breastfeeding, how many would have needed admission? Likewise with GP appointments and prescription costs (GPs rarely see breastfed babies). Get your figures checked, make alliances, don't make enemies. I would hazard a guess that the savings might equal the cost of an extra infant feeding advisor to support mothers in the community.

2. Calculate the plastic pollution from artificial feeding and inform your local environmental groups. Young environmentalists are often bowled over by the facts of breastfeeding. What we learn long before we have children has a lasting effect.

3. Share my books with people who care about the world. Friends would say, "Oh I'll buy The Politics of Breastfeeding for my pregnant niece", I'd reply, "No, buy it for your nephew, it's got jokes and pictures and it affects him too, it's not a 'how to' book." I'm aware younger people avoid longer books hence, 'Why the Politics of Breastfeeding Matter'. And, 'Complementary Feeding: Nutrition, Culture and Politics' is a rapid run through food issues which are rarely discussed in the media.



Additional AIMS suggestions for becoming a breastfeeding activist:

- Gain knowledge and skills by training as a breastfeeding supporter, breastfeeding counsellor or

lactation consultant.

- Engage or volunteer with organisations that support and promote breastfeeding.
- Advocate for breastfeeding by supporting policies and campaigns that protect the rights of breastfeeding mothers, and by promoting breast-feeding friendly environments (watch this short film).
- Report UK Code violations to The Baby Feeding Law Group.
- Remember just one fact as to why this matters. For me (the AIMS editor) it is that, globally, over 800,000 deaths of children under five, each year, can be attributed to suboptimal breastfeeding practices. That is akin to one and a half 'Titanics' of babies being lost*every single day*!

Author Bio: Gabrielle Palmer was once a breastfeeding counsellor. Reading 'The Baby Killer' in 1974 catapulted her into campaigning. In 1979 she set up Baby Milk Action. When working in Mozambique colleagues urged her to apply for the MSc in Human Nutrition at the London School of Hygiene & Tropical Medicine. To her amazement she got a place (1985/86) and this changed her life. Childbirth guru, Sheila Kitzinger, asked her to write her book, 'The Politics of Breastfeeding'. She was never out of work or worry thereafter. She has two children and three grandchildren. She claims to be retired.

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1 Editor's note: Governmentality is a theory of power developed by French philosopher Michel Foucault, which analyses "governmental" power through both the power states have over the population and the means by which subjects govern themselves. https://en.wikipedia.org/wiki/Governmentality

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5 Editor's note: This is true regarding birth too. The medical people regarded as having the highest level of authoritative knowledge in maternity care have rarely if ever witnessed physiological birth.

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