AIMS For a better birth...

Editorial: Thinking about breastfeeding

AIMS Journal, 2025, Vol 37, No 3



Welcome to the September 2025 issue of the AIMS journal. The theme for this quarter is breastfeeding.

An important issue that emerged as we read through people's accounts, was the lack of breastfeeding support available for new mothers. This made me go and search out the only photograph I have of my first baby being breastfed. She is eight weeks old in the picture and already being 'topped up' with formula milk. By eleven weeks, I had stopped breastfeeding.

This was fifty years ago. According to the 1975 Infant feeding survey, only 51% of all mothers initiated breastfeeding, and just 36% of mothers under 20, which was me by a whisker. By six weeks only 20% of babies were still breastfeeding, so I suppose I wasn't doing too badly. But I hadn't wanted to stop breastfeeding, I simply didn't get the right support.

When I look at the picture I want to cry. "I am not even holding her properly", I wailed as I retrieved it from the album. (You try putting your head to one side and swallowing twice.) My kind son said that perhaps I was trying to get her face in the photo, and I grasped at that possibility hoping it was the case. I was 'demand feeding', which was very cutting-edge at the time, but my baby wasn't very demanding. I was worried that her slow weight gain, and the mucus that appeared in her nappies, had a serious underlying cause such as cystic fibrosis. I reasoned that if she gained more steadily with formula top-ups I

would know that wasn't the case. I mentioned my concern to the health visitor who squeezed my breast and announced that I didn't have much milk, and, even though I knew that she couldn't possibly tell that way, her words sealed my decision and that was the beginning of the short and slippery slope towards replacing my milk with formula milk.

My last ditch attempt to maintain breastfeeding was to try 'supplementing' with apple puree. I still remember her sigh of relief as she savoured the first spoonful and then wolfed down the whole bowl. But bottles, solids *and* breastfeeding was taxing and soon it just felt easier to drop the dwindling breastfeeds. Of course I still loved feeding my baby and I have a deeply happy memory of watching my mother feed her, but even after fifty years I wish I had done better by my dear little girl. I didn't even call the NCT breastfeeding counsellor, but then we didn't have a telephone in those days, and I didn't drive.

There is one funny part to our breastfeeding story though. About six months after we had stopped breastfeeding I lifted her out of her cot one morning, all warm and sleepy from a daytime nap, and as I went to sit with her on the sofa, she turned to her breastfeeding position as if to have a feed. Just as she was opening her mouth, we made eye contact and she suddenly realised what she had done. There was that moment of recognition and then she burst out laughing. Deep in her core she hadn't forgotten her early breastfeeding weeks and clearly they were a happy memory for her.

When I spoke with my daughter yesterday to ask if it was okay that I was including these memories in my editorial (it was) she reminded me that she always preferred 'food' and never did like milk. She also said that the natural ease with which she breastfed her four children was probably implanted in her as a tiny breastfed baby. That was a lovely thing to hear, thank you darling.

By the time my daughter had her happy forgetful moment, I was already expecting my second baby and I borrowed 'The Womanly Art of Breastfeeding' from the NCT library. Having read that, I couldn't imagine any problem that would stop me breastfeeding the new baby and, despite inevitable challenges of one sort or another, my other four children were exclusively breastfed. Even as I write this, though, I wish more than ever that I could turn back the clock and for this to be true for my firstborn as well.



Someone once explained to me that regardless of our cognitive reasoning as to why we find ourselves formula feeding, our body 'notices' that the call on the milk supply was either never made, or ceased earlier than expected. As far as our body is concerned there is only one possible explanation for this; something must have happened to the baby. This is why, I was told, women often feel a deep sense of grief when breastfeeding stops very early on - even when this was their decision. For some women, the events that led to early breastfeeding disruption can even result in ongoing feelings of trauma.

In this issue of the journal Nicola de Sousa remembers her own experience of breastfeeding trauma and how this led her to train as a breastfeeding counsellor, and Emma Laurinaviciene-Connor looks back at her breastfeeding journey, highlighting the missed opportunities and limitations of the support she

received. Midwives are usually the first people that new mothers look to for support, but in her article independent midwife Lucy Moggridge explains just how little training midwives receive in breastfeeding, and Anne Hemsley, a former midwife, backs this up in her account of spending a lifetime learning about breastfeeding, but having to initiate and organise this herself.

If midwives have a gap in their knowledge, doctors have an even larger one. Normal physiology is not a big part of their training, and like the rest of us, they are unwittingly swayed by the misleading knowledge propagated by the formula milk industry. We count ourselves hugely privileged to have an article by Gabrielle Palmer, the author of 'The Politics of Breastfeeding', filling us in on the factors that sabotage breastfeeding. The issue of profits before health is still ongoing as this recent BBC article shows.

Even when breastfeeding has not been sabotaged, there is money to be made by undermining women's confidence that they already have all that they need to feed their babies - that their bodies know what to do. In this issue, Birth doula and breastfeeding counsellor, Berlin Krebs, warns us about the ever-growing business in birth and breastfeeding technology, and Kathryn Kelly shares a recent discussion at an AIMS workshop where she invited people to share their thoughts about technology in the perinatal period. While the vast majority of new mothers are capable of breastfeeding, there are a few exceptions. Claire Barlow and Jenn Kenworthy introduce their support group for mothers suffering with pituitary gland problems, and explain how a heavy blood loss following a birth can affect the milk supply.

On the whole though, the reason why the UK has one of the lowest breastfeeding rates in the world is because we grow up not seeing it (not even in Peppa Pig's family) and therefore we do not absorb this knowledge naturally. Suzanne and Joelle Colson have dedicated their careers to studying what natural human breastfeeding probably looks like before being overlaid by cultural impositions. We include two articles by Joelle and Suzanne Colson, one about Biological Nurturing, and one proposing that newborn babies are able to feed while asleep and that breastfeeding might be easier and more successful if they did. Following the Colsons, we flag up the effect that IV fluids given to the mother in labour may have on her baby's initial weight loss, and rounding up the themed section of the journal on a lighter note, AIMS volunteer Catherine Hart interviews Kate Evans the author of the very popular book, 'The Food of Love'.

We are really happy with the variety of opinion and perspective shared between the articles in this issue. **If any of these stir strong feelings for you, the editor will be pleased to receive letters for publication in December at: alex.smith@aims.org.uk**







Also in our non-themed section, Nicole Schlögel continues to reflect on how the 'mechanics of birth' she

learned by heart as a student midwife, is at complete odds with the organic dynamics of physiological birth. Scott Mair puts the case for fathers as central, active parents with their own needs, strengths, and challenges, and Jenny Cunningham and Dr Jude Field share the results of their project aimed at establishing future priorities for midwifery research. In this issue we pay our last respects to Jean Robinson and Margaret Jowitt, both old friends of AIMS, and next time we will be remembering the inspirational Michel Odent who passed away in August. Last, but never least, the AIMS Campaigns team updates us on their activities since June.

We are very grateful to all the volunteers who help in the production of our Journal: our authors, peer reviewers, proofreaders, website uploaders and, of course, our readers and supporters. This edition especially benefited from the help of Anne Glover, Jo Williams, Katherine Revell, Salli Ward and Josey Smith.

In the December issue of the journal, AIMS is pleased to be drawing on the excellent work of the research project known as Mum-PreDiCT. We hope that this issue will share useful information about how the NHS can support women with multiple health conditions as they seek to navigate their way through pregnancy, birth and the postnatal period. If you have a personal experience of this and would like to share it, please contact me at: alex.smith@aims.org.uk