AIMS For a better birth...

Breastfeeding

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Beverley Beech reviews the uphill battle to breastfeed in a modern society

Our society appears to have lost sight of the real function of women's breasts. For millions of years all mammals breastfed their babies, if they failed to do so the babies died. As society developed some women gave their babies to wet nurses. Wet nursing developed from the practice of feeding other women's babies when a woman died or was ill, and that practice was still strong in the 1930s when feeding a sibling's child was quite common. This practice also strayed over into the practical when women would feed other women's babies because of a need or because of other pressures from society.

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In modern times artificial milk was developed and as the companies became more successful at marketing they persuaded the population that artificial milk was superior to breastmilk and it became fashionable not to breastfeed. Bottle feeding fitted very well with an industrialised view of birth and the body and the focus turned to measurement and man made quantification. The message was clear, commercial producers, along with the doctors, could improve on nature and they became very effective in disseminating this message and undermining womens innate knowledge of their own bodies and their babies' needs.

The pressure from this government to 'encourage' women into the workforce at the expense of their newborn babies would, in any thinking society, be regarded as child abuse. As a result, many babies are now being put into nurseries at six weeks old, or even earlier, while the woman resumes her job. Many women feel forced into this by excessive mortgages, the rent they have to find, and those who live in poor circumstances have even more pressures on them to earn in order to supplement the inadequate benefits system. At the other end of the scale there are those who perceive material goods that they are expected to have for their child as more important. At what cost to our society and future children?

The adverse effects of formula milk adver tising and the power of the formula marketing companies cannot be over-estimated1. They have moved from being the suppliers of an alternative food that would sustain a baby whose mother really could not breastfeed to becoming business oriented companies whose major focus is 'the bottom line' - money - knowingly promoting the use of ar tificial milks to the detriment of babies. Maryse Lehners-Arendt, and Baby Milk Action relate their battles to challenge the power of industry at the World Health Organisation and in Europe in fora where consumers have

representation that is deliberately restricted. There are times when I think it is a miracle that any women breastfeed with the number of hurdles they have to overcome. Is it any wonder that women give up when they go into a large, centralised, maternity unit hoping to have a normal bir th, only to find little or no support for their intentions. Few women know that their chances of achieving a normal bir th in an obstetric unit is fewer than 1 in 6 if they are expecting their first baby, and less than 1 in 3 for those expecting subsequent babies2. Or they give up because of the negative attitudes, highlighted by Suzanna Nock in her article, of so many family, friends and neighbours.

Those who have had surgery, induction or acceleration of their labours for the birth of their babies are rarely told that the drugs commonly used in labour have an adverse affect on breastfeeding, that a drugged baby will be reluctant to feed and an exhausted, drugged, mother will have to overcome enormous difficulties if she is to succeed in breastfeeding her baby.

So many midwives appear to be ignorant about, or unsympathetic to, breastfeeding and are only too keen to push the woman to give the baby a bottle. They have no confidence in women's abilities to breastfeed and resort to the use of ar tificial milks, without taking responsibility for the damage that they are doing to the process. Many midwives also appear unaware of the continuum between birth and breastfeeding and by disrupting and failing to suppor t that continuum they also disrupt breastfeeding3. Is it any wonder that so many women give up when they are told that the baby is not taking enough milk or putting on enough weight when, as Jean Walker shows in her ar ticle, the weight charts are based on bottle fed babies and are inappropriate for those who are breastfed?

Those midwives who are sympathetic to breastfeeding and wish to encourage it face an uphill battle too when the obstetric units' main focus is to process the woman through as quickly as possible with as few midwives as possible. As a result, those midwives who try and spend time to help a woman establish breastfeeding are criticized for wasting too much time on one woman. As Fiona Dykes, in her article, shows changing the rhetoric in support of breastfeeding will not necessarily change the deeply entrenched attitudes and practices of individuals, communities, and institutions where breastfeeding comes at the end of the production line of technological birth experiences.

There is, however, some hope. The Scottish Assembly has enshrined the right to breastfeed in public, but Parliament (to its shame) talked out a similar bill in England - although the Welsh are hoping to introduce a similar bill in their Assembly.

Breastfeeding is not just a matter of giving a baby a feed that is perfectly regulated to its needs, provides protection from illness, and is tailored to the infant's environment. It offers the woman an opportunity to bond and have ongoing close contact with her baby, and a chance to have a moment of quiet with her child in her hectic life. The release of the hormone relaxin helps the woman feel more relaxed during the weeks and months following her baby's birth while she is breastfeeding. It is also the only 'fast food' that is 'on tap', at the right temperature, has immunological benefits, and is perfectly formulated to the baby's needs. It also provides both the mother and the baby with long-term health benefits. For the mother, a reduced risk of cancer and for the baby protection against diabetes, gastroenteritis, asthma, obesity and

heart disease - to name just a few.

The efforts that women make to succeed in breastfeeding their babies are quite remarkable and, as Sarah Lee has shown in her article, it is perfectly possible for a woman even to breastfeed an adopted baby successfully. But successful breastfeeding should not be an uphill battle against the combined forces of ignorance and marketing. There are signs that times are changing. Women are beginning to understand the pressures they are up against and determined breastfeeders are giving encouragement to others who might waiver in their commitment. Now we need government to put its money where its mouth is about investing in the national health if we are to catch up with the rest of Europe and even match the more than 95% breastfeeding rate in Norway.

References

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