AIMS For a better birth...

Supporting Breastmilk

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Vicki Williams talks about some of the barriers to supporting breastfeeding

Supporting breasts is about so much more than finding a good bra, but, let's face it, that in itself is hard enough! The simple lack of well fitting, well fitted bras, in a wide range of sizes (just like breasts themselves), on the high street is a sad reflection on how little care our society gives to breasts unless they are on show and dressed up for bill-board viewing.

So, breasts are great for showing off, approved of for attracting a mate, but it still seems like they aren't getting enough support for their other biological function, nourishing human babies until they are ready to wean.

On page 6 Katherine Dettwyler looks at our biological feeding patterns. The core aim of this issue is to support the rights to breastmilk for as long as mum and baby wish to continue their feeding relationship or give human milk to their babies.

Whilst it may be sad that it should need a law to protect the right to breastfeed, it is great news that we have got one. Thanks to some hard campaigning from many corners, the Equality Act 2010 includes breastfeeding. The legislation says that it is sex discrimination to treat a woman unfavourably because she is breastfeeding. It applies to anyone providing services, facilities or premises to the public in any way. Service providers include most organisations that deal directly with the public and they must not discriminate against, harass or victimise a woman because she is breastfeeding.[1] Discrimination includes refusing to provide a service, providing a lower standard of service or providing a service on different terms. This means a restaurant manager cannot ask you to stop breastfeeding, refuse to serve you or request you relocate. UK law protects you for as long as you wish to breastfeed your child, which is a clear message, the Government supports extended breastfeeding.

This is a great starting point for publicity campaigns and breastfeeding welcome schemes, and NCT and other local action groups are achieving great things. NCT has recently launched a breastfeeding package to help healthcare teams to increase and improve the support offered to women alongside their Breastfeeding Welcome Scheme (see page 15) and in Wakefield, Association of Breastfeeding Mothers (ABM) counsellor Emma Ashworth has helped to re-establish the local scheme in conjunction with the local council and NHS. Multiagency working, and a consistent approach, is great for mothers, along with high-quality information such as that given by the Breastfeeding Network (BfN) Helpline as discussed on page 9.

It is now time that local and national government and our healthcare services went the next step in breastfeeding support by ensuring that babies receive equitable access to donor breastmilk if for any reason they can't have their own mother's milk. The World Health Organisation and the UNICEF Baby Friendly Initiative are very clear – breastmilk direct from mother's breast is the first choice nutrition for an infant. If that is not an option, then their mother's own expressed breastmilk is second choice. Third choice is banked milk from another human donor, with infant formula the fourth choice of nutrition.[2]

A commitment to access throughout the UK to donor breastmilk from central milk bank services, as in Scotland and Northern Ireland (see page 14), rather like the Blood and Transplant Service, would make a massive difference. Imagine if access to blood or organs depended on whether there was a 'blood' bank in the hospital you happened to be in!

This issue is packed, but in a future issue we will look at supporting women to initiate successful breastfeeding and consider the thorny issue of the use of drugs and interventions in labour. Often women are not told that these can seriously affect getting breastfeeding off to a good start and exhausted mothers are left believing that problems are their fault. Baby Friendly Status and access to NHS-funded lactation specialists for all units providing maternity, neonatal or paediatric care would also be a big step forward. If that were to happen then women would get good-quality information to help them decide how they wanted to feed their babies, they would get better support to make their choices a reality if they wish to breastfeed and they would get accurate information about starting solids and continuing breastfeeding for as long as they and their child wish.If Norway can manage a breastfeeding rate of over 90% at three months, there is no reason why it could not happen in the UK.[3]

The other great commitment that could be made at a national policy level is to firmly get behind the WHO International Code of Marketing of Breast-milk Substitutes.[4] Currently UK law has adopted a watered-down version, and adverts that circumvent the code abound. Whilst on the surface these adverts might appear to be safe advertising, aimed at babies over the age of six months, toddlers and preschool children, actually they subtly undermine confidence in breastfeeding at every stage and not only do they not give accurate information for parents to make informed decisions, they seek to deliberately misinform. This is damaging to breastfed babies and it denies formula-fed babies the chance for their parents to have high-quality and unbiased information. The inflated benefits and pseudo-scientific claims encourage parents to think positively about brands that have no evidence to back up the

health claims of active ingredients advertised. Every time an advertising complaint is upheld the advert is simply removed and replaced with a new one. Without a retraction or public statement, parents can be forgiven for thinking that the advert has just done its time. For more information on this thorny issue, one which space in this issue has not given us a chance to cover in any depth, please visit Baby Milk Action at www.babymilkaction.org.

Vicki Williams

References

1. HM Government (2010) Available at www.legislation.gov.uk/ukpga/2010/15/section/13

2. World Health Organization (2002) Infant and young child nutrition – Global strategy on infant and young child feeding. Report by the Secretariat. Fifty-Fifth World Health Assembly A55/15

3. World Health Organization (2012) Global Data Bank on Infant and Young Child Feeding. Available at www.who.int/en/

4. World Health Organization (1981) International Code of Marketing of Breast-milk Substitutes. Available at www.who.int/nutrition/publications/code_english.pdf