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Breastfeeding: A rough guide

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# “Breastfeeding: A rough guide”

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# Breastfeeding in the UK

- WHO recommends exclusive bf until 6 months
- Infant Feeding rates in UK slowly improving:
- 2000: 70% initiation; 42% 6 weeks.
- 2005 – 76% initiated BF; 48% 6 weeks
- 2010 – 81% initiated BF
- **Big differences between initiation and continued feeding. Why?**



# ‘Choice’ and infant feeding

- Moral ‘jeopardy’ of BF decisions: ‘breast is best’ discourse (Murphy, 1999, 2011).
- Rhetoric of choice (Crossley, 2009)
- Ideology of ‘total motherhood’ (Wolf, 2010)
- Feminisms and BF (Carter, 1995)

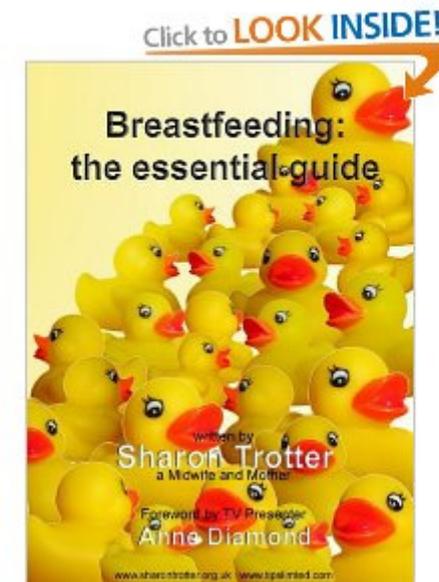
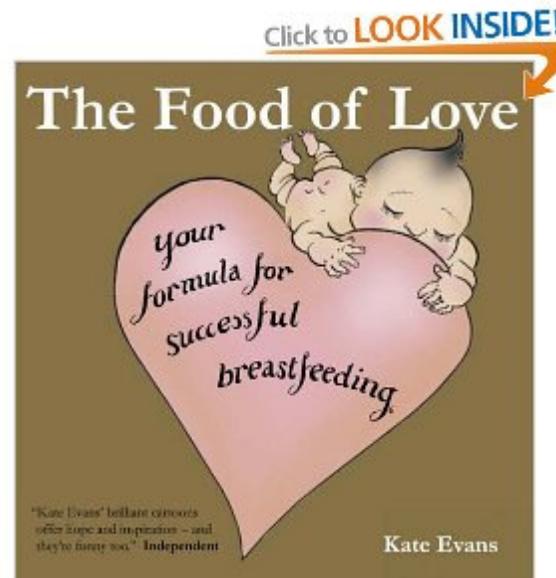


# Experiential elements of breastfeeding

- 'In practice the theory's different' (Scavenius et al, 2007)
- 'nobody tells you' (Hoddinott & Pill, 1999); challenges of early feeding (Kelleher, 2006).
- Marshall (et al, 2007): social and cultural factors affecting bf duration.



# Lots of self-help texts on Breastfeeding



# Routine antenatal information

- What about information routinely given to women antenatally?
- “Off to the best start: Important information about feeding your baby” (NHS, 2007).
- Topics covered: positioning, signs breastfeeding going well, top tips, how to express.
- Includes where to seek help but not ‘common problems’.

# Main themes around BF in antenatal preparation

- 1. BF proposed as ideal way to feed child, women encouraged in making ‘informed choice’ to BF
- 2. BF constructed as ‘taught’ skill, needing practice and support (women told where to seek support)
- 3. Difficulties in BF not fully dealt with – some texts deal with ‘common problems’ (but not in routine NHS literature)
- 4. Dilemmas of teaching ‘realistic’ breastfeeding (initiation versus adherence).

# Data set

- Small-scale study ‘experiences of infant feeding’
- 18 unstructured interviews conducted May-July 2011
- Opportunistic sample: educated, middle-class professional women
- All 18 initiated BF (17 strong intentions to BF): 8 exclusive/successful, 1 mixed, 9 FF.
- Qualitative analysis of responses
- Common problems encountered
- Issues around support, prenatal information etc...

# Early feeding experiences

- **So were you quite surprised with – I'm trying to think how to phrase this, but I guess, with the realities of breast-feeding, were you quite surprised?**
- Oh, yes. Yeah. Nobody had given me any inkling that it would be anything but a doddle. The only slight worry I might have had, I think, thinking about it, was if I would produce enough milk. That was the only problem I'd ever heard about breast-feeding, was if, you know, the mother didn't produce enough. There is such – I was going to say a conspiracy of silence, but, you know, since becoming a mum, people confide in you. You kind of know yourself, but also they'll confide in you more. I remember some of my colleagues, female colleagues here at work, took me for a meal before I went on maternity leave. Most of them are mums and, you know, it was all very positive, as kind of it should be. But there was one older woman who kind of did say to me— Oh, I can't remember the actual words but we were just on campus and we were just kind of parting – just as a parting thing, she said something about, "Oh, you know, we'll talk after the birth," or something. You know, that kind of slightly ominous—

# Early feeding experiences cont'd

- But at the time, I didn't pick it up and I was like, I don't know what this is about. I think what she was trying to say to me is, "We can talk once you know how awful, you know – because we can't talk now." And she was doing it in a kind of light-hearted kind of way, which I didn't even pick up on because I, you know-...There's so much, and I think breast-feeding is a biggy. We all know that you kind of have an idea that giving birth is not that great and you, actually, strangely, you know, have these programmes on telly where you have the screaming mother and the birth. You know, we've all kind of seen those and you think, oh my God. Okay, so that seems to be not taboo. You know, that kind of screaming mother with the head coming out. Whereas bleeding nipples and mastitis and can't get baby to feed, Never. Not a word. Not an image. That just seems to be, strangely, totally taboo.
- Interview 3, one child, BF duration one week.

# Support in the early days 1

- I couldn't get to Baby Cafe until I was five weeks so I just had to muddle on and figure out how to do it myself.
  - **I'm just amazed that you carried on, 'cause there's lots of women, over half of women give up by that point.**
  - Yeah, I can understand it because it really is very painful, it really is, especially in the early days, it's awful, it's absolutely awful. For a lot of women – I can completely understand why you could give up because you want to be the best mum you can be to your baby and if it's making you completely miserable then you're probably not the best mum you can be and I think, without the support I had from my family, I possibly couldn't have done it because Emma did want to feed a lot. That kid used to feed all the time. To get to the size she did you have to feed a lot and if it wasn't for people coming, my mum and my sister every day, 'cause I was so ill anyway, apart from the breastfeeding, my mum and my sister coming every day, making food, giving me drinks just looking after me, tidying up and doing all that sort of thing. Looking after Emma and getting her away from me for half an hour for a break occasionally, I couldn't have done it.
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- Interview 9, still breastfeeding at time of interview, 14 months.  
Inspiring tomorrow's professionals

# Support in the early days 2

- But in some ways, when I've talked to health professionals it's, "Well have you been to the baby café? It would be really good for you to go there. That can help you." And it's like well, there are limits of what they can do and who else can give you that added advice and support that you need.
- (3 lines omitted)
- I mean, from a physical perspective, I struggled to get out and about in the first two weeks, so it would have been a huge - even with someone to drive me there, it would have been a huge issue to have got there within the first two weeks and I'm not a vulnerable woman or haven't fallen into that category. I mean, you know, never know. You know, even despite my background, you know, you can fall into – you know, class doesn't determine whether you suffer from postnatal depression or what your family circumstance is, whether you've got support around you or not and yeah, it seemed quite insurmountable within the first ten days to get myself to a baby café. And by that point, a lot of people have stopped and certainly people that, you know, I've met whilst pregnant and kept in contact with since.

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- Interview 2, still BF at 5 months  
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# Was there anything that you wish you had have known before you had her?



- In terms of breastfeeding, I don't know, I think I would have wanted more information on what can go wrong, rather than if you don't breastfeed, it's 'cos you didn't try hard enough. Or, you either make the decision beforehand or, if you give up, it's 'cos you're not trying hard enough. And even, you know, the person that I was talking about, who sort of gave me lifts to the baby clinic and stuff, she'd actually had children before but they've come to the antenatal classes because it was her first child with her new partner, so it was more for him. So she would add to what the ((breastfeeding teacher)) person was saying, with her own experience, and she said she found it really difficult, it really hurt, but she was determined to do it, so she just tried. And my mum had said similar, really hurts and sometimes you're stamping your foot with pain, but you just have to keep going and try. And that's my attitude to life in general, if something's difficult, you know, bring it on, just keep trying, keep doing it. So the fact that that attitude just didn't work at all, was sort of – so there's absolutely nothing anybody could have told me, apart from, you know, there are other reasons why it might not be possible.
- Interview 1, initial colostrum BF, milk never came in.

# Antenatal preparation

- One of the group views of the antenatal class that I was part of, was that had it been a more realistic –
- **Okay.**
- Presentation of what it's like to breast feed actually, more people might have stuck with it because I think there's bits that you don't expect and that nobody's told you about. And one of our group gave up after four weeks and I really – I really, really wish I knew then what I know now because I could have said to her “if you can just hang on for another week, ten days, fortnight maybe, this is going to come good and it'll be alright” ‘cos I knew she didn't really want to give up but she were just – she couldn't cope. She were at the end of her tether with the discomfort and the length of feeds and what have you.
- Interview number 15, still BF child at 23 months

# Antenatal preparation

- **do you think if you had this information before you had Aiofe that you would have carried on feeding? That you wouldn't have been quite so shocked with everything that had happened?**
- I think I would have picked up that there was a problem earlier on and I would have realised that I needed more help with the latching earlier on. I think if I had realised breast-feeding was a skill and also a combination between mum and baby that, you know— I can't believe when I see, you know, women out and about breast-feeding that they're doing anything I wasn't. I mean, I don't know. Then I wouldn't have had to do all that thinking in a traumatised state. I would have been able to have thought it through, you know, over time and not in a panic and thought about options and it not been so traumatic to change either. To realise more upfront that this may be problematic and that maybe bottle feeding, having tried a lot of other things, would be an option. But transferring to an option in a traumatised state was not good and I couldn't trust myself because my thinking was all over the place.

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- Interview 3, BF for one week

# Main findings

- Differences between expectations given prenatally and actual experiences
- Unexpected difficulties in BF arose for nearly all participants
- All adopted message that 'breast is best' but some unable to continue feeding
- Implications for personal subjectivity - 'good mothering'
- Is there another way?

# Implications for BF preparation

- Women given bf advice pre-birth but not ‘informed’ advice
- **Concerns with adherence rates on BF/**
- **Dilemma on teaching ‘realistic’ information:**
- Role of antenatal care – to inform about benefits/risks, postnatal – role of support, baby cafes.
- **What about women who do not seek support?**
- Problems of mixing advocacy and practice

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Thanks...And, any questions?

