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Tensions, expectations and  
realistic advice in early  
breastfeeding

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Outline

- Background to infant feeding
- Infant feeding policy
- The research project
- The findings
- Implications



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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**



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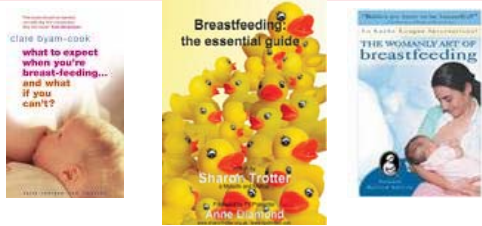
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**Breastfeeding 'self-help' books** 



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**Paradox of Feminisms and BF** 

- A feminist woman feeds her own child
- Empowering women to make right 'informed choice'
- Right to bf in public
- Right to express milk at work
- Etc.

- A feminist woman chooses how to feed her child
- Decision based on life circumstances
- Not tied to child
- Involvement of father
- Etc.

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**'Choice' and infant feeding** 

- Moral 'jeopardy' of BF decisions: 'breast is best' discourse (Murphy, 1999).
- Rhetoric of choice and 'moral imperative' to BF (Crossley, 2009)
- Ideology of 'total motherhood' (Wolf, 2010)
- Feminisms and BF (Carter, 1995) – choice against empowerment



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### 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; 2010): social and cultural factors affecting bf duration.



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### Promoting BF: Baby Friendly Initiative

- Promotion of BF (1 million babies die per year across world)
- Confidence and support to BF – informed decision
- Baby Friendly Hospital Initiative (BFHI) UNICEF 1991



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### Routine antenatal information

- "Start 4 Life: Important information about feeding your baby" (NHS, 2010).
- Topics covered: positioning, signs breastfeeding going well, top tips, how to express.
- Includes where to seek help but not 'common problems'.
- Official guidance has routine information on BF – myths and some 'realities'

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**Main themes around BF in antenatal preparation**

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- 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).

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**Data set**

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- Small-scale study 'experiences of infant feeding'
- 18 unstructured interviews conducted May-July 2011
- Opportunistic sample: educated, middle-class professional women
- Analysis focused on 12 women with first child under 2 (5 BF, 1 mixed-feeding, 6 FF)
- 11/12 strong intention to BF
- Thematic analysis (Braun & Clarke, 2006) of transcripts identified number of emergent themes

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**5 Main themes emerged**

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- 1. Infant feeding decisions
- 2. Benefits of breastfeeding
- 3. Breast is not always best
- 4. Experiences of advice and support with infant feeding
- 5. Unrealistic expectations and unexpected 'realities' of infant feeding

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1. Infant feeding decisions 

- a. Deciding to breastfeed – *routine, expected.*
- b. Formula feeding is not a straightforward choice – *finance, ease of practice.*
- c. Maternal identity and breastfeeding

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Deciding to breastfeed 

- "Yeah. It seemed like 'a natural decision' [to breastfeed]. I'd been breastfed. Without even kind of engaging with ideas of motherhood, I was fully surrounded by ideas about 'breast is best' and so just, you know, always assumed that's what I would do. I would breastfeed. We've got a very limited budget as well, so it makes finan' – well I thought it made financial sense. So yeah, it was just – it didn't feel like a decision, it was one of those things where I was surrounded by the discourse that I just thought, yeah, you know, that's obviously what I'm going to do."
- (Kath: FF)

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2. Benefits of breastfeeding 

- a. Breast is best
- b. Making up for failures
- c. Bonding

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**Benefits of Breastfeeding** 

- "Just - I wanted to before I'd read any of the literature and I knew that it was going to be good for Mia, good for both of us, for bonding. A lot of my friends had breastfed, you know, some successfully and some not so. But I just wanted to do it for the health benefits for both me and for Mia."
- (Emily: FF)

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**Reasons for BF** 

- **AL: I mean I guess what does breast feeding give to you? Because obviously you know, you're giving your child very good quality milk. But what do you think the process gives to you?**
- I think there's a few things. I don't think there's one single factor. I'm bloody-minded and once I was kind of doing it and it was successful and I felt kind of pleased that I was managing to do something that I knew was really good for him, and I think particularly because the birth didn't go the way I wanted it to. I kind of thought "this is something I can do. I can give him this and I can make this work". So I think that was a factor."
- (Lauren: BF)

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**3. Breast isn't always best** 

- *For some women, they claimed from their experiences that BF wasn't the best option for them:*
  - a. Mother and infant distress
  - b. Maternal identity and infant feeding – guilt and failing
  - c. Little acknowledged importance of context in breastfeeding experiences

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**Breast is not always experienced as best** 

- "It's absolutely toe-curling. Ohhh, it's horrible and Emma had a bit of a feed-fest in the early days. In the stage between – and nobody tells you about this – but in the stage between the colostrum and the milk coming in a lot of babies just don't stop feeding and Emma fed forty-eight hours non-stop and we couldn't get her off me. She just screamed the second she was away from me and I might get the odd fifteen minute's break during that forty-eight hours, but she wouldn't stop feeding, and the pain, ohhh, it was terrible. I rang the hospital and they explained what was happening so I went with it because I knew that it would come to an end. (Maggie: BF)"

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**Context: Why women stopped feeding** 

- "Nobody made that decision. Everybody, every single one of them wanted to breastfeed. One girl had, well she had a massive baby and a really long labour and really big blood loss, so she was anaemic, so her midwife actually said, "I'm here to tell you I don't think you should breastfeed." And it was the best advice she could have heard because she'd have been back in hospital. Somebody else is still combination feeding but she's got post natal depression and she actually went a bit mental after the birth and just couldn't, you know, produce enough milk because of that and sort of topped it up and has continued to do that. ..."

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**Cont'd** 

"Somebody else's baby was very premature and so it was taking her ages to express and I'm sure that's connected. You know, the baby was in special care and that, you know, it's not conducive to sort of sit there, pumping away in that sort of context, so that was her reason behind it. So you know, every single person had a different, very good reason. It wasn't because they couldn't be bothered or they didn't like the idea or, you know, 'cause they didn't want their baby spoiling their fun bags, it was none of that. It was all about, you know, medical things that happened post-birth." (Kath: FF)

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4. Experiences of advice and support with infant feeding: 

- a. Importance of advice and support
- b. Limitations of advice and support
- c. *Conspiracy of silence*/withholding narratives of difficulties of feeding
- d. Taboo of bottle feeding

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Importance of advice and peer-support 

- "...one of the best things has been just that peer support from people who've been through it themselves and whether they continued feeding or didn't continue feeding and, actually, most of them had issues and stopped feeding... And even knowing that there's support out there, you can't get to it unless someone comes by or you've had a conversation with friends beforehand, so you've got some kind of knowledge and understanding, it would be very difficult. So you know, for example one of the great things was that I had a friend who took me round the supermarket and said, "This is what can be helpful in this circumstance. This is what can be useful in this. We found this worked, others don't but you may want to get that in just in case you need it." (Christina: BF)

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5. Unrealistic expectations and unexpected 'realities' of infant feeding: 

- a. Unexpected realities of feeding
- b. The benefits of realistic breastfeeding advice
- c. Advice to peers

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**'Realistic' Antenatal preparation**

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- 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. (Lauren: BF)

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**Tensions between best for mother or baby**

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- "I think I'd tell them, I wouldn't try and discourage them from breastfeeding certainly, but I think I'd tell them that if they found it wasn't really working for them not to feel bad about considering other options. Because I've got a friend who had a baby at the same time as I had Erin and then she's gone on to have two more but she has terrible trouble with mastitis every single time and you know I lent her all our bottle steriliser and all that kind of stuff and kind of tried to say, don't make yourself ill, she gets so run down and everything, I said don't make yourself ill just because you feel guilty because there's no reason to, look at Erin, look at how well everything turned out for us and don't let yourself be kind of pushed into feeling guilty about something that isn't your fault at all, it's not your fault, it's not the baby's fault, it just doesn't work for some people. It is the guilt I think." (Lisa: FF)

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**Main findings**

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- Strong differences between expectations and actual experiences
- Unexpected difficulties in BF arose for 12 participants under analysis (in 17/18). Very emotive narratives.
- All adopted message that 'breast is best' but some unable to continue feeding
- Experiences of upset, guilt for those who didn't continue BF
- Tensions between 'best for baby' and 'best for mother'

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**Implications for BF preparation** 

- Women given bf advice pre-birth but claim not 'informed' advice
- Concerns adherence rates on BF/realistic' information
- Role of antenatal care – to inform about benefits/risks, postnatal – role of support, baby cafes. Can women take on information prenatally? What about those who don't seek support?
- **Problems of mixing advocacy and practice**
- Individual concern or societal issue?
- Implications for maternal wellbeing and subjectivity

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**Thanks...And, any questions?** 

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**Further Reading** 

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