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Mothers of lower socio-economic status make the decision to formula-feed in the context of culturally shared expectations and practices. Invited commentary on:

Carroll M, Gallagher L, Clarke M, *et al.* Artificial milk-feeding women's views of their feeding choice in Ireland. *Midwifery* 2015; **31**:640–6.

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Commentary

Implications for practice and research

- Within some communities women may already view formula-feeding as the obvious infant-feeding choice, even before pregnancy. Therefore, breastfeeding promotion should not be focused just on pregnant women, but on the wider community
- Exposure to other women breastfeeding may help to promote breastfeeding during pregnancy.
- Research methods which enable more sustained engagement with participants may facilitate further understanding of the perspectives of mothers from communities where formula-feeding is dominant.

Context

Despite global efforts to promote the health benefits of breastfeeding, rates of breastfeeding differ considerably across countries and demographic groups.^{1,2} The present study took place in the Republic of Ireland where, although rates for initiation of breastfeeding have been rising, they are still lower than most other European countries.^{2,3} The authors' previous large-scale survey of infant feeding in Ireland had found that women of lower socio-economic status were less likely to breastfeed.³ Therefore, their aim for the present study was to understand factors which influence women within this group to use formula milk rather than to breastfeed.

Methods

Ten women from the authors' previous survey were interviewed either face-to-face in pairs or individually by telephone, approximately 4-5 months after the birth. All were feeding formula milk following an earlier stated intention to do so, had never breastfed and had either completed education prior to 18 years of age or had an unskilled or semi-skilled occupation. The semi-structured interviews explored factors which had influenced the decision to formula-feed, views of breastfeeding and ideas about what might have persuaded them to breastfeed. Interviews were audio recorded, transcribed and decomposed into descriptive themes via an inductive analysis.

Findings

The themes developed focused on personal attitudes, external influences and future attitudes. Most participants said they had never considered breastfeeding as an option. Many were aware of others who were breastfeeding and accepting of this, but viewed formula-feeding as an equally valid personal choice from which they could not be easily persuaded. Breastfeeding was seen as physically unappealing and more difficult, while bottle-feeding was viewed as facilitating bonding with the father and enabling rest for mothers, while still allowing infants to thrive. Bottle-feeding was noted as a cultural norm in Ireland.

Commentary

This study supports the idea that infant-feeding decisions are not simply individual choices, but are made within a social context which may place constraints on breastfeeding.⁴ Although

the authors' thematic structure distinguishes between personal attitudes and external influences, their data illustrate just how difficult it is to separate the personal and the social and how infant-feeding takes place in a context of culturally shared expectations and practices.

The authors are careful not to overstate their findings. As they note, this is an exploratory, descriptive study, based on a small sample with limited data - the six telephone interviews lasting only 10–16 minutes each. Some caution is warranted about data obtained from relatively brief contact with formula-feeding mothers. When mothers talk to health researchers about not breastfeeding they are faced with the task of maintaining an identity as a 'good mother' in a context where they might presume that they are being assessed against the maxim of 'breast is best' and are required to defend their choice.⁵ It is interesting that the participants do not appear to have discussed any feelings of ambivalence around formula-feeding or the sense of failure and guilt about not breastfeeding that some participants have reported in other studies.^{5,6} This might be related to the brevity of the interviews or to the fact that these participants, who had never intended to breastfeed, were from communities which were more accepting of formula-feeding.

Despite caution related to sample size and depth of data, there are some findings worth particular attention. Although they knew other women who breastfed, many participants had never seen anyone breastfeed. Their accounts suggested that enhancing the visibility of breastfeeding might be important for breastfeeding promotion.

Commentator details

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