

Are we being honest about breastfeeding?

As a breastfeeding support organisation with over 20 years' experience we are well-informed about the reality of breastfeeding. We generally help women who are trying to overcome problems and set-backs, and all too often when they are at their lowest and loneliest. We have a good record - women who get support from BfN tend to come back for further support, breastfeed for longer, recommend the charity to others – some even go on to inspire, support and train others in their local communities.

The statement issued in National Breastfeeding in Scotland week asked us all to reflect on whether we are all doing enough to enable women to breastfeed and what we could do better? *Could we do better?* I think so.

The callers to a BBC Scotland phone-in at the start of this week pretty much highlighted the gaps that women experience in support, callers asked us to:

“educate others about breastfeeding not just mothers”

“tailor support for women who can't breastfeed – they are let down too”

“involve fathers, partners and others in the conversation”

“talk about pain and pressure from others”

“help parents to be more prepared”

“silence the adverts and promotion”

“raise the standard of training of health care professionals”

“talk through the options, don't just tell me what is best, throw the word best out of the window”

“listen to me...”

All callers were talking about the quality of support they had had, or more often that they didn't have.

Despite the proven benefits of breastfeeding, and continued low breastfeeding rates, there is still no clear national strategy to support families to breastfeed. This means that currently we are only set up to catch women at the bottom of the cliff rather than stop them from falling in the first place. The ambivalence of government about the benefits of breastfeeding and desire of women to breastfeed only to be met with little or no support needs to change.

The provision of support for mothers and their families is grossly inadequate and varies widely across the UK. Women are very aware of the benefits of breastfeeding through health promotion but receive very little support in making breastfeeding work for them. This leaves women feeling that they have failed, but actually they have been failed by the lack of support. This needs to change. We should see support expanding not shrinking back – every woman should be able to expect free, quality support.

Breastfeeding matters to women and families. More than 3 in 5 women stop breastfeeding earlier than they want to (<http://data.gov.uk/dataset/infant-feeding-survey-2010>). The vast majority of reasons women give for stopping breastfeeding are issues that can easily be resolved with good quality support. This needs to change.

The motivation and skills in health care professionals is critical. There is a lack of standard training and awareness of the importance of breastfeeding amongst healthcare professionals – GPs, pharmacists, paediatricians, health visitors, neonatal units – depending on where she is in the country, or even which individual practitioner she speaks to, the information a mother receives varies massively. This needs to change.

The voluntary sector plays an important role in the provision of breastfeeding support, with organisations like BfN providing mother-centred, non-judgmental, independent, evidence based information and support to mums via good quality, highly trained and supervised volunteers, mainly in the form of peer support, which has been proven to have a positive effect on breastfeeding rates, particularly in areas of high deprivation, where breastfeeding is not seen as the 'norm' – but with services for peer support being cut, support for local communities is further weakened. This needs to change.

Laws are important and Scottish law offers more protection but many women still don't feel safe to breastfeed in public without fear of ridicule and humiliation. The law, while being protective, has little cultural influence at a societal or individual level until it is better understood and adhered to. We need to educate others on the value of breastfeeding. As one caller to the BBC Radio Scotland phone in said, she became less confident feeding out and about as her baby got older – the stigma of breastfeeding beyond six months in our culture needs to be challenged so women who choose to breastfeed feel comfortable and supported in public – only by more and more of us seeing breastfeeding in public will it become normal.

We collectively need to support communities to understand and value breastfeeding so it can be seen as just a normal thing to do. This is only achieved if we can bring it out of the closet or home and into the mainstream in an open and celebrated way. This requires conversations with others outside of the present breastfeeding movement.

Lastly, we need to evaluate the costs of breastfeeding, it's free but a women's time may not be. While all employees are entitled to 52 weeks maternity leave subject to certain conditions women's circumstances may vary. Going back to work sooner is a reality and so employer and employees' understanding of rights to breastfeed must be better understood.

So, are we being honest about breastfeeding? I say no. The benefits of breastfeeding for mothers and babies is substantial and well-evidenced. Babies expect to breastfeed and many mothers intend and start to breastfeed but then run into difficulties because of the lack of coordinated and consistent support. This leaves women, let down, angry and frustrated. We need to be more honest about preparing women for breastfeeding and then offer them the support to see their choice through.

Useful resources and references

[The National Breastfeeding Helpline](#) (0300 100 0212), offers independent, confidential, mother-centred, non-judgmental breastfeeding support and information from volunteers with experience who trained by [The Breastfeeding Network](#) and the [Association of Breastfeeding Mothers](#). Lines are open 9.30am – 9.30pm every single day of the year. Calls to the Helpline cost no more than calls to UK numbers starting 01 or 02 and are part of any inclusive minutes that apply to your mobile provider or call package.

Opinion on Breastfeeding Discrimination for Hogan Lovells International 2015

Hoddinott, P, et al (2006), One-to-One or Group-Based Peer Support for Breastfeeding? Women's Perceptions of a Breastfeeding Peer Coaching Intervention, *Birth*, 33: 139–146.
<http://onlinelibrary.wiley.com/doi/10.1111/j.0730-7659.2006.00092.x/abstract>

Unicef Ten Steps to Successful Breastfeeding: <http://www.unicef.org/newsline/tenstps.htm>

Breastfeeding Network: Breastfeeding-Friendly Scheme:
<https://www.breastfeedingnetwork.org.uk/bfn-breastfeeding-friendly-scheme/>

Evaluation of Breastfeeding Network peer support
<https://www.breastfeedingnetwork.org.uk/evaluation/>

Victora, Cesar G. et al (2016), Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet*, Volume 387, Issue 10017, 475 – 490.

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