Changing the conversation – breastfeeding matters to babies, women, families, and society and we must work together to make it possible and easy for women to breastfeed

National Breastfeeding in Scotland Week is an important opportunity to reflect on whether we are all doing enough to enable women to breastfeed and what we could do better.

Our knowledge and understanding of breastfeeding – and the impact of not breastfeeding – has developed rapidly over the past few years. There is a critical need to shift the culture in Scotland and the rest of the UK, from one in which women often find breastfeeding difficult and may feel pressured to breastfeed, to one in which all women are offered the help and support they need to enable them to breastfeed. **Significant societal barriers need to be removed for this to happen.**

What we know:

- There are significant and substantive differences between breastfeeding and not breastfeeding in regard to health and development outcomes, for both the baby and the mother[1,2].
- Despite Scotland's ambition to be the best place for a child to grow up, breastfeeding can be hard for women to do. Women living in communities where breastfeeding rates have been low for generations may have little access to family or community support, contributing to ongoing inequalities[3,4].
- Although Scotland has strong legal protection for women who breastfeed in public[5], many women still find it embarrassing to breastfeed in front of others, whether in public or in their own homes[6].
- Exposure to misleading advertising of formula may influence the public, parents, and health professionals to believe that these products are equivalent to breastfeeding. A WHO international code exists to limit the marketing and promotion of breastmilk substitutes, but is not properly monitored and implemented[7,8].
- Supporting women who wish to breastfeed is effective and cost effective[9,10] yet high quality support whether in hospital or at home is not consistently funded or available for all women for as long as they need it. Evidence shows that babies in neonatal units and their parents need special help to have close skin-to-skin contact and support for breastfeeding, but this is not consistently offered either[11].
- Underlying these barriers, and contributing to public and professional ambivalence about breastfeeding, are media messages that often focus on negative aspects of breastfeeding[12] and which criticise those who speak up about its importance. These messages often focus on the negative experiences of individual women, and seldom look further to consider why breastfeeding – a natural and physiological function of the human race – has become so difficult. In contrast, formula feeding is often seen as normal and unproblematic.[13] Media messages about breastfeeding are further complicated by the pervasive hyper-sexualised images of women's bodies. As a consequence, young women have even reported that they feel it is immoral to breastfeed[14]

As a result of these factors women often struggle and fail. They may experience efforts to inform and help them as pressure, and understandably become guilty and angry about not managing to care for their baby in the way they know is best. **This must change.**

A new way of enabling breastfeeding is needed – one that tackles the societal barriers that individual women cannot tackle alone and creates a shift in the prevailing culture and attitudes to breastfeeding. **This should be put in place in a planned and coordinated way by decision-makers with funding, influence, authority and accountability,** rather than relying on women's own determination, the motivation of health professionals, and the work of voluntary organisations alone. **It will require a coordinated cross-sectoral strategy** that engages everyone in the conversations needed to create a positive environment for women, babies and families.[15]

We need to:

1. Provide all women with the right support at the right time in the right place. This includes a fully funded system of support available in hospital and at home, provided by staff and volunteers who are supported, educated and skilled in the prevention and treatment of breastfeeding complications.
2. Provide legal protection against misleading promotion and marketing of formula. Fully enact the WHO Code on the marketing of breastmilk substitutes, with adequate monitoring and enforcement.
3. Ensure all health professionals (midwives, health visitors, GPs, obstetricians, paediatricians, speech therapists, neonatal nurses, nursery nurses, peer supporters[16], and specialist practitioners as appropriate), receive high quality education and training in line with the Unicef UK Baby Friendly Standards for education.
4. Provide education for children about breastfeeding at all appropriate stages, as part of healthy lifestyle learning.
5. Ensure all employers provide support for women in the workplace who are breastfeeding, in accordance with existing international regulations.[17]
6. Provide accessible information for all, to educate and inform senior decisions-makers, health professionals, the media, and the public, about infant feeding and ways to support and enable women to breastfeed. This should include work with the media in all its forms – print, audio-visual, social.
7. Engage everyone – women, families, the public, decision makers, professionals, managers, teachers, the third sector, academics, employers, and government - in a different conversation. We need to listen to how we can work together to break down the barriers and create the circumstances in which babies can be breastfed, and women can enjoy breastfeeding

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The Association of Breastfeeding Mothers

[1] Babies who are not breastfed have increased likelihood of developing infectious diseases such as gastrointestinal disease, respiratory disease, and otitis media; and of developing longer term complications such as diabetes and obesity. Preterm babies who are fed on breastmilk substitutes are more likely to develop necrotising enterocolitis and sepsis, both life-threatening complications. Babies' development is affected by not being breastfed, with detrimental effects on IQ, educational and behavioural outcomes. The longer women breastfeed for, the less likely they are to develop breast and other reproductive cancers. (The Lancet Series on Breastfeeding http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)01024-7.pdf).

[2] Soccianti C, Key T, Anderson AS et al (2015) European Code Against Cancer 4th edition

[3] http://www.scotland.gov.uk/Publications/2013/02/8535

[4] http://www.scotland.gov.uk/Publications/2013/02/8535

[5] https://www.citizensadvice.org.uk/scotland/law-and-courts/civil-rights/breastfeeding-s/

[6] McAndrew et al. Infant Feeding Survey 2010

[7] http://www.who.int/elena/titles/regulation_breast-milk_substitutes/en/

[8] http://www.firststepsnutrition.org/newpages/infants/infant_feeding_infant_milks_UK.html

[9] http://www.cochrane.org/CD001141/PREG_support-breastfeeding-mothers

[10] https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/advocacy/preventing-disease-and-saving-resources/

[11] Woodman K. Providing the best meeicine: summary of the evidence in support of breast(milk) feeding in neonatal units. 2017. NHS Health Scotland.

[12] http://www.sciencemediacentre.org/tin-hats-on-were-discussing-breastfeeding/

[13] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC27525/

[14] Dyson L, Green J, Renfrew M, McMillan B, Woolridge M. Factors influencing the infant feeding decision for socio-economically deprived pregnant teenagers: the moral dimension. *Birth,* 2010. 37(2):141-149

[15] https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/advocacy/call-to-action/

[16] https://www.breastfeedingnetwork.org.uk/wp-content/uploads/2016/06/BfN-Blake-Stevenson-Evaluation-report-V5-1Apr.pdf

[17] http://ilo.org/global/standards/subjects-covered-by-international-labour-standards/maternity-protection/lang--en/index.htm