

# Baby friendly problems

Joy Johnston 2002

First presented as a Lecture for ALMA Infant Feeding Matters course

## Introduction

Breast feeding has been getting some **bad publicity** lately. Newspaper reports told the story of a baby born prematurely, who went home breastfeeding and subsequently died. The mother said she did not know her baby was not adequately nourished. The coroner said the hospital and community services had failed to follow up adequately. Another sad story has recently been published in **Melbourne's Child** (June 2002). The mother, Jenny Evans, wrote an article "Breastfeeding may starve your baby".

This is a sensationalist headline. Many of 'us' – professional people who have an interest in breastfeeding – could immediately become defensive, and argue to our own satisfaction that nothing could be further from the truth.

The debate is not new. Midwives and lactation consultants are often portrayed as heartless, unfriendly, mindless dictators who prey on fragile and vulnerable women and their new babies. It's not limited to our country either. Some damning publicity for the Baby Friendly initiative has appeared in popular US drama series such as ER.

## Negativity in professional circles

The negativity is not restricted to the press, either. Recent discussions on an email list that is very pro-midwifery and natural birthing included a comment that:

"It [the Baby Friendly Hospital Initiative\*] has been taken up with such vehemence in the West, a crusade if you will, with extraordinary focus on technique. No wonder mothers and many midwives find it daunting. I have been asked 'What about mother-friendly?'"

The writer, an experienced midwife and lactation consultant comments: "The 'baby friendly initiative' I believe, was aimed at developing countries whose children were dying of diarrhoeal disease through contaminated water, incorrect formula and lack of hygiene." Perhaps this commentator believes it's unnecessary in a country like ours.

## Consumer negativity

The following response was posted to the list:

"As a recent consumer, I can say that the (over) emphasis on technique and latch, although it is important, is very confusing. When I had my daughter, in a baby friendly hospital, every midwife had a different idea about what I was meant to be doing. Confusion is not the word. My mind was in chaos!!!"

## **There's a real problem in the Baby Friendly world.**

### **Addressing the problem**

The way to address a problem is first to **acknowledge** it, and then to **make plans** and attempt to solve it.

Women have identified **confusion** that results from conflicting advice as a major issue in many reports over more than a decade. In an attempt to address conflicting advice, some hospitals have developed **strict procedures** for staff, in the areas of 'how to' - position, achieve a good attachment, be sure that the baby is feeding well. All staff at such a place may be able to list the key points of good positioning and attachment:

- "chest to chest
- baby's body well aligned to mother's
- mouth wide open
- lips flanged
- chin touching breast
- more of areola below nipple in mouth
- cheeks not drawn in
- rhythmical burst-pause suckling and swallowing"

Is this an excessive emphasis on technique? Is this what's wrong with Baby Friendly? Are we forgetting that every breastfeeding episode involves two people, a woman and an infant; that they are not machines.

The woman suffering from confusion also wrote: "This baby friendly hospital recommended formula to me. So much for the 10 steps!!!"

There are plenty of similar anecdotes.

"Also, their LCs were very limited in their advice. For low supply, I was told on more than 10 different occasions over 3 months to just keep expressing."

This (informed) woman concludes: "I agree with the baby friendly initiative, but seeing it first hand, I don't think its working."

Ouch! But it gets worse.

"... also recent consumers have stated that the maternal and child health (MCH) nurse and midwives in hospital (rural Victoria) told them their milk did not have enough nutrients in it, and that it wasn't strong enough. I think the whole situation is worse than we think, and I am surprised that anyone is breastfeeding at all, considering the current climate...."

### **The current climate**

What is the current climate? Our society does not remember a time when breastfeeding came 'naturally'.

## **A society that does not trust the natural process in breastfeeding**

Mothers of the post-war baby boomers, 50 or more years ago, were advised by their 'infant welfare sisters' to boil up a pot of cows milk, skim off the skin that formed, and add a certain amount of sugar and water. They were encouraged to give this to their young babies, a few weeks of age, in the evenings, as they did not have enough milk. Some even added vitamin drops to make it extra nutritious. They introduced cereals in the early weeks of a baby's life, and were encouraged to develop feeding and sleeping routines.

Their daughters, 30 years ago, were the least likely in the history of mothering in Australia to breastfeed. The 'science' of artificial feeding was exciting and captured the minds of 'modern' mothers. These women are now the mothers of today's mothers, and have for many years predominated in the workforce of midwives and nurses attending to maternal and infant care.

## **Humanisation of birth**

At the same time there have been strong moves in Australia and globally to humanise birth, reclaiming the natural process as the norm, and gathering evidence of harm that is caused by interfering with the natural process. Breastfeeding is part of the birth continuum, and that's where the baby friendly initiative fits: protecting, promoting and supporting a health-giving natural process.

## **Medicalisation of birth**

The current climate also means that a large proportion of newborn babies have drugs in their systems for the first few days and longer. The increasing medicalisation of pregnancy and birth, and the subsequent increase in use of analgesia, anaesthesia and surgery for birth, must have an impact on the initiation of breastfeeding. Babies who are drugged may show basic seeking and sucking reflex activity, but often lack the coordination necessary for breastfeeding. This is very frustrating for the baby, the mother, and anyone who is trying to help them.

## **Misunderstanding**

Misunderstandings of the baby friendly initiative are common in the current climate. The thought that being baby friendly is somehow unfriendly to mothers is far removed from the truth. Breastfeeding is the norm for all infants, and is no more important for poor people in developing countries, where children commonly die of diarrhoeal disease through contaminated water, incorrect formula and lack of hygiene, than it is in more developed, wealthy societies. Babies die unnecessarily, and are seriously ill in Australia too because they are not breastfed.

## **Why we need Baby Friendly accreditation**

I know of no reason why every maternity service in Australia should not implement the '10 steps to successful breastfeeding', and seek external assessment through the Baby Friendly Hospital accreditation process. Mothers are deeply distressed by their apparent 'failure' when they have tried unsuccessfully to breastfeed.

There are many reasons for failure of breastfeeding. Almost all women are willing to initiate breastfeeding, but the drop-off rates are alarming.

There is reliable evidence that practices which have for many years been common in maternity services across the developed world, such as separation of mother and baby, timing of feeds, use of artificial supplements, use of dummies and teats, advertising of alternatives to breastfeeding ... all contribute to early weaning.

These are the issues that are dealt with in the global Baby Friendly Hospital Initiative. Babies who are brought into this world doped up to their eyeballs with narcotics, and their mothers require special skilled support, and it can all be done within the baby friendly process. Let's be realistic - not everyone gets it right all the time, but that's life!

## **Baby-friendly is also mother-friendly**

Most mothers, most of the time, want what's best for their babies. Midwives who seek to provide woman centred care will do all that they can to support the mother-baby bond, working with the natural process, and only interfering when we have a good reason. That's being mother-friendly too.

Protecting, promoting and supporting breastfeeding doesn't come easily. There are many deterrents in our society. Our work should be underpinned by reliable evidence.

A mother-friendly maternity service provides information, care, and support to women so that they will make informed decisions about how to proceed. This is as true for those who have complex medical and social needs, as it is for those who progress through birth and breastfeeding without any sign of illness, under their own innate and instinctive power.

\* The Baby Friendly Hospital Initiative in Australia is administered by the Australian College of Midwives. For information go to <http://www.bfhi.org.au/index.html>