

Societal Barriers to Breastfeeding

Written by Annie Urban

Friday, 01 June 2012 00:00 - Last Updated Thursday, 15 August 2013 13:01

When people think of breastfeeding difficulties, the things that probably come to mind are supply issues, bad latch, cracked nipples, constant feedings and the like. Certainly, there are women who are afflicted by those difficulties and who cannot overcome them. But I believe the societal barriers to breastfeeding have a much more significant impact on breastfeeding rates than the medical or technical issues.

What are the societal barriers to breastfeeding?

Formula advertising: Everywhere you look, formula is being pushed on new moms. Buying maternity clothes? You can enter a drawing to win a year's worth of formula. Buying a parenting magazine? Expect a few two-page spreads telling you about the latest hype on formula being closer than ever to breastmilk. Giving birth at a hospital? Expect to go home with a sponsored bag full of formula samples and coupons, unless you are lucky enough to give birth in a baby-friendly hospital. Surfing the Web looking for breastfeeding advice? The formula companies will try to deceive you into clicking on their ads by pretending they are about breastfeeding. We need to push to make compliance with the World Health Organization's International Code of Marketing Breast-Milk Substitutes into a standard or a law, or find some other way to ensure that formula and bottle companies are not acting unethically and unnecessarily sabotaging breastfeeding in pursuit of corporate profits.

Societal Barriers to Breastfeeding

Written by Annie Urban

Friday, 01 June 2012 00:00 - Last Updated Thursday, 15 August 2013 13:01

SOCIETAL BARRIERS TO Breastfeeding

By Annie Urban

When people think of breastfeeding, difficulties, the things that probably come to mind are supply issues, bad latch, stacked nipples, crooked nipples and the like. Certainly, there are women who are affected by these difficulties and who cannot overcome them. But I believe the societal barriers to breastfeeding have a much more significant impact on breastfeeding rates than the medical or technical issues.

What are the societal barriers to breastfeeding?

Formula advertising: Everywhere you look, formula is being pushed on new moms. Big big marketing dollars! You can enter a drawing to win a year's worth of formula. Buying a parenting magazine? Expect a few two-page spreads telling you about the latest tips on formula. Being closer than ever to formula. Giving birth at a hospital? Expect to go home with a sponsored bag full of formula samples and coupons, unless you are lucky enough to give birth in a baby-friendly hospital. Surfing the Web looking for breastfeeding advice? The formula companies will try to divert you into clicking on their ads by promoting they are about breastfeeding. We need to push to make compliance with the World Health Organization's International Code of Marketing Breast Milk Substitutes into a standard or a law, or find some other way to ensure that formula and bottle companies aren't acting unethically and unconsciously sabotaging breastfeeding in pursuit of corporate profits.

Insufficient education of medical professionals: Women having trouble with breastfeeding often turn to their pediatrician or to a general practitioner. Unfortunately, the amount of education that these doctors have in breastfeeding is insufficient. It will obviously differ from school-to-school and jurisdiction to jurisdiction, but I have heard of some doctors having literally a few hours of training on breastfeeding. In addition, pediatricians' attitudes about breastfeeding are declining, doctors whose skills are most lacking are least likely to seek training to upgrade it, and there are plenty of medical professionals who are just downright not supportive of breastfeeding, either on purpose or out of ignorance. So when I hear people say, "the pediatrician said 'N' and I trust him, so we followed his advice," forgive me for being a bit skeptical. If you are having breastfeeding difficulties and your doctor does not refer you to a lactation consultant, you should be concerned. Be proactive and build your A-Team before your baby arrives.

Poor access to lactation consultants and breast pumps: People who are struggling with breastfeeding need access to qualified lactation professionals—i.e. International Board Certified Lactation Consultants—and may also need access to a quality double electric breast pump to help maintain or increase supply while working on breastfeeding issues. However, a lot of people who do have access to lactation still do not have access to these essential breastfeeding supports.

Lack of maternity leave: In the United States, women do not have access to decent maternity leave. Some have no access to maternity leave at all. In Canada, most women have access to maternity leave, but there are pressures that prevent many women from being able to take leave or that force them to go back early. It can take months to get breastfeeding well established, and many women must return to work before it has happened. The insufficient maternity leave provisions in many countries pose a significant barrier to breastfeeding.

No workplace support for breastfeeding: Whether they are forced back to work due to inadequate maternity leave provisions

or choose to go back to work, women do not have real direct support for breastfeeding in the workplace. Some states have laws that protect women's rights in this regard, but many do not. Even within those states that do have laws, employers are known to put pressure on breastfeeding women or make them feel bad for needing facilities or time to pump. There is also not enough support for babies at work programs, which allow women to bring small babies to work with them if they choose. Without the right support, women often find themselves trying to pump enough milk sitting on a toilet without frequent enough breaks to maintain milk supply.

Milk banks not a priority: An entire industry and infrastructure is set up to collect, screen and distribute blood to those that need it, but milk banks are not a priority. There are too few of them, and the ones that exist appear to be in it more for the profits than for ensuring that every baby has access to breastmilk. Making milk banks a higher priority would allow women with excess milk to provide it to those that need it, thereby reducing the dependency on formula.

Attitudes and imagery: People will breastfeed if they see others breastfeeding. Peer pressure, feeling normal, having role models—call it what you like, it is what it is.

If the predominant image in public, in magazines, in movies and on television is bottle feeding, then people will see that as normal. If it is not, then fewer people will breastfeed, and those who do will be criticized and discriminated against by the anti nursing in public brigade. This is one of the reasons I think it is so important to breastfeed in public. This is why I think we need at least as many breastfeeding dolls as bottle-feeding dolls.

We need to keep providing medical, technical and moral support to women who are struggling with breastfeeding. That will always be a requirement. But to truly facilitate breastfeeding, we need to break down these barriers so that all families and all babies can enjoy both the health benefits and the economic benefits of breastfeeding.

WORLD BREASTFEEDING WEEK
AUGUST 1-7, 2012
worldbreastfeedingweek.org

or choose to go back to work, women do not have real direct support for breastfeeding in the workplace. Some states have laws that protect women's rights in this regard, but many do not. Even within those states that do have laws, employers are known to put pressure on breastfeeding women or make them feel bad for needing facilities or time to pump. There is also not enough support for babies at work programs, which allow women to bring small babies to work with them if they choose. Without the right support, women often find themselves trying to pump enough milk sitting on a toilet without frequent enough breaks to maintain milk supply.

Milk banks not a priority: An entire industry and infrastructure is set up to collect, screen and distribute blood to those that need it, but milk banks are not a priority. There are too few of them, and the ones that exist appear to be in it more for the profits than for ensuring that every baby has access to breastmilk. Making milk banks a higher priority would allow women with excess milk to provide it to those that need it, thereby reducing the dependency on formula.

Attitudes and imagery: People will breastfeed if they see others breastfeeding. Peer pressure, feeling normal, having role models—call it what you like, it is what it is.

If the predominant image in public, in magazines, in movies and on television is bottle feeding, then people will see that as normal. If it is not, then fewer people will breastfeed, and those who do will be criticized and discriminated against by the anti nursing in public brigade. This is one of the reasons I think it is so important to breastfeed in public. This is why I think we need at least as many breastfeeding dolls as bottle-feeding dolls.

We need to keep providing medical, technical and moral support to women who are struggling with breastfeeding. That will always be a requirement. But to truly facilitate breastfeeding, we need to break down these barriers so that all families and all babies can enjoy both the health benefits and the economic benefits of breastfeeding.

ANNE URBAN



View and purchase this issue, [Order here](#) Pathways to Family Wellness magazine, Issue #34.