Clinical Lactation

Official Journal of the
United States Lactation Consultant Association
USLCA
With the Compliments of Springer Publishing Company, LLC

The Lactivism Backlash Unwittingly Identifies a Serious Problem for Mothers in the United States

Share this: 

Editorial

A recent opinion piece in *The New York Times* has caused considerable stir in the breastfeeding community. Social media and LISTSERVs have been abuzz. We've heard it all before: Breastfeeding doesn't make *that much* difference, and the science that supports it is weak. Furthermore, breastfeeding is promoted by a small group of misguided, pushy fanatics—in other words, you! By daring to support breastfeeding, we have all been tarred with the fanatic brush.

Individual lactation consultants are not the only target. The backlash has also focused on Baby-Friendly Hospitals. In lurid tones, backlash articles speak about breast milk substitutes being under lock and key and that mothers can only get it if it is prescribed. From there, it is only a hop, skip, and a jump to saying that mothers are *denied* breast milk substitutes in the hospital and may even need to bring some from home.

Most of the substance of this article was easily refuted. There are, literally, thousands of studies that demonstrate that breastfeeding is the biological norm and that breast milk substitutes fall short (*The Surgeon General's Call to Action to Support Breastfeeding* nicely summarizes many of these studies). It's true that many of these effects are modest. Why? Because human development is about more than how babies are fed. But breastfeeding has a critical part to play in babies' long-term health. If you're determined to ignore these findings, you probably will. But before you dismiss them, consider that major international health organizations, such as the World Health Organization, the U.S. Surgeon General, the Institute of Medicine, the Centers for Disease Control and Prevention, the American Academy of Pediatrics, and many others support breastfeeding. You have to wonder why. Have they all been duped by this putative lack of science? Really? How likely is that?

Similarly, the comments about Baby-Friendly are also handily refuted. Research studies have consistently demonstrated that when hospitals go Baby-Friendly, their breastfeeding initiation rates go up. When Baby-Friendly policies are in place, racial/ethnic differences in breastfeeding initiation rates disappear. By putting these policies in place, we make breastfeeding available to all, including our most vulnerable populations.

As for keeping breast milk substitutes under lock and key, that simply means that hospitals have to pay for it when they are Baby-Friendly, so it becomes part of the tally of things that mothers receive in the hospital. In the hospital, every bed cover, bandage, maxi pad, pill, and diaper is tallied. If mothers want breast milk substitutes, it's added to the tab. It's there if mothers need it, just like any other medical supply.

So this latest pushback on breastfeeding is simply one author's opinion that the research does not support. However, her post inadvertently identifies an important problem in the United States: the lack of support for new mothers. Articles that target lactivists often share stories of mothers struggling for weeks with sore nipples or low supply who finally quit breastfeeding and are called "bad mothers" by "breastfeeding fanatics." That's ridiculous on several levels. First, why wasn't someone helping these poor mothers? Why in the world did they need to struggle for weeks like this? Can we really blame them for quitting? Second, calling these women bad mothers is similarly absurd. I have been in the family violence field for more than 30 years and have seen some genuinely bad mothers. Stopping breastfeeding after struggling for weeks isn't even a blip on the bad mother scale. The women who say things like that to other mothers, in person or on social media, need to knock it off. Where were they when these poor mothers were struggling? To these women, I say, "Support these mothers or keep your mouths shut."

So how *do* we support new mothers? We're so used to our own model in the United States that we often can't picture what support should look like. Fortunately, there are people who can see where we need to go. I first ran across the work of postpartum doula, Salle Webber, more than 25 years ago. She had written an article in a little indie magazine that I used to write for called *The Doula*. I've shared her words in many presentations over the years, and everyone has always responded the same way: Where can we find this woman?

I want to end this editorial by sharing some of the lovely words from her book, *The Gentle Art of Newborn Family Care*. Read them and let them nourish your spirit as they have nourished mine. Then use them to start thinking about the postpartum period differently. What can you

Clinical Lactation, 2016, 7(1), http://dx.doi.org/10.1891/2158-0782.7.1.5

do in your community to ensure that your mothers have the level of care that they need? And what can mothers, and people who care about them, do for themselves?

The real story in *The New York Times* is not about a bunch of pushy lactivists. What this author has unwittingly identified is the lack of postpartum support for mothers in the United States. If we want our breastfeeding rates to continue to improve, we must address this problem. I hope Salle Webber's words will inspire you.

> *Our culture is without a custom that provides for the care and well-being of the new family as they progress. The mother may exist for weeks in a blur of sleep deprivation, lack of companionships, insufficient food or drink throughout the day, limited ability to attend to her personal hygiene needs, confusing demands from the baby, and in some cases, depression as a result. The outside world is going on without her. Her partner is back to work after a week or two at most; her friends are busy and seem so well-dressed when they drop in. Her clothes don't fit, her breasts are enormous and dripping milk. She hasn't had a conversation with an adult in hours—or days. Her focus is on putting the baby to her breast, milk let-down, burping, pooping, and spitting up. The modern work is less than interested and she may feel isolated and alone.*
>
> *One caring person can change all that. Daily attention and companionship are therapeutic. Sharing the wonder of the child is a lovely experience for all. Remember the miracle that this new life represents, and know that it is an honor to be part of this circle.*
>
> *We are learning once again how to attend to the needs of our neighbors. Bringing food, cleaning house, entertaining older children, or simply listening and encouraging are simple, yet vital, services we can offer. Looking with compassion upon a tired mother, we may offer to hold the baby while she naps, or to do the laundry, or prepare dinner, go grocery shopping, or massage her weary back. These are the simple necessities so often overlooked.*
>
> *. . . New mothers cannot be expected to live by the usual rules of society. They require care that meets the needs of the partnership they share with their babies. As we better understand the importance of the early weeks of life to the child's later expectations and behaviors, we see the value in being compassionate. As we reflect on the long-term health benefits, physical as well as mental, of full healing after a major medical event, we see the importance of caring for our new mothers. (Webber, 2012, pp. XX)*

Thanks for all you do for mothers and babies.

Kathleen Kendall-Tackett, PhD, IBCLC, RLC, FAPA
Editor-in-Chief

Reference

Webber, S. (2012). *The gentle art of newborn family care*. Amarillo, TX: Praeclarus Press.

Marijuana Recommendations From American College of Obstetricians and Gynecologists

The American College of Obstetricians and Gynecologists, Committee on Obstetric Practice, has released a new Committee Opinion on *Marijuana Use During Pregnancy and Lactation*, noting that as a growing number of states are legalizing marijuana for medicinal or recreational purposes, its use by pregnant women could increase even further. Because of concerns regarding impaired neurodevelopment, as well as maternal and fetal exposure to the adverse effects of smoking, the opinion states that women who are pregnant or contemplating pregnancy should be encouraged to discontinue marijuana use. The report describes insufficient data to evaluate the effects of marijuana use on infants during lactation and breastfeeding; in the absence of such data, marijuana use is discouraged: http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Marijuana-Use-During-Pregnancy-and-Lactation.

Source: USBC