

Breastfeeding: The Facts and Issues

Very few experts disagree with the fact that breastfeeding is the optimal choice for the infant. However, decreasing breastfeeding rates raise many questions as to why mothers are not choosing the best nutritional choice for their children. Despite breast milk being the obvious choice for infant feeding due to the health, psychological, and economic benefits, many mothers still decide to feed their infants formula due to lack of knowledge and support, difficulties with breastfeeding, and social embarrassment. Changes need to be made with formula companies, medical professionals, and the public opinion of breastfeeding in order to give nursing mothers the support they deserve.

The main factor in encouraging breastfeeding is the emphasis on the major health benefits for both the mother and the child. Many researchers have concluded that breast milk helps improve overall infant health and reduces risks of some diseases and cancers for the infant as well as the mother. According to Newman and Pitman, there are numerous health benefits for a breastfed infant. They describe that breast milk contains anti-bodies that keep a child from getting ill, and that the milk's composition changes as the child grows to better protect and benefit the immune system and growth of the child (Newman, Pitman 19). The most immediate health benefit for the infant is the reduction of the chances of an infant dying from sudden infant death syndrome, more commonly known as SIDS or crib death (Newman, Pitman 11). More long term benefits are reductions for the chances of a child developing diabetes, asthma and other respiratory diseases, ear infections, and even cancer development during childhood. There is also evidence of a reduced chance of a breastfed child developing Crohn's disease or forms of heart disease, as well as minor health problems such as allergies and eczema (Newman, Pitman 11-12). Newman and Pitman also write that children who were breastfed show signs of more

enhanced brain development and tend to score higher on tests than those children who were formula fed, due to the fact that breast milk is made for humans by humans and therefore already contains the nutrients that are essential to brain development (10). As is the case with infants, breastfeeding also contributes to health benefits for the mother. In an article published in the *Journal of Women's Health*, Godfrey and Lawrence discuss these benefits. They report that mothers who breastfeed have a lessened chance of developing breast and some reproductive organ cancers, cardiovascular disease, and arthritis. It is shown that the longer the duration of breastfeeding, the less likely they are to develop these health issues (Godfrey, Lawrence 1598). Breastfeeding is also shown to improve psychological health for a mother. Mothers who breastfeed agree that they feel a closer bond with their children after breastfeeding and are able to better understand their child's wants (Newman and Pitman 14). In *The Surgeon General's Call to Action to Support Breastfeeding* the U.S. Department of Health and Human Services reports that breastfeeding can reduce risk of postpartum depression, a condition that affects 13 percent of mothers, causing them to be upset and even angry at their child for crying, as well as other serious symptoms that can affect the mother's mental state (3). They also found that a main reason some mothers chose to breastfeed was so that they could feel "a sense of bonding or closeness with her newborn" (United States 3). With all of these proven health benefits, there is no doubt that breastfeeding really is the best nutritional choice for a child as well as the mother.

Along with the health benefits breastfeeding has to offer, many economic benefits have been discovered through various studies. Weimer wrote an analysis of what these benefits could be and the results are surprising. While the Nutritional Program for Women, Infants, and Children, better known as the WIC program, promotes breastfeeding, they are "the largest purchaser of infant formula" in the United States, buying "approximately 40 percent of all

formula sold” (Weimer 3). Formula purchased for the WIC program in 1997 alone cost \$567 million, and that was after rebates were given from the formula companies. The General Accounting Office estimates that even “a 10 percent increase in breastfeeding rates” could save the WIC program up to \$750,000 (Weimer 4). Increased breastfeeding rates would not only reduce government spending within the WIC program, but family costs at home could also be reduced if a family chose to breastfeed (United States 3). According to the U. S. Department of Health and Human Services, families could reduce their spending in the first year by up to \$1,500 just by breastfeeding and not spending money on purchasing formula. This savings estimate doesn’t even include any hospital costs for visits pertaining to medical problems that could have been avoided by breastfeeding (3). This creates a sort of snowball effect: if children are breastfed, they are generally healthier, meaning parents don’t have to take as many sick days or spend money on doctor or hospital visits, further increasing their savings on top of not having to purchase expensive formula. This all ties back into government saving. By reducing the number of infant hospital visits to treat respiratory infections and deaths due to SIDS, the government is able to save even more money in medical costs (United States 3).

If all of the above facts are true, which they are, and breastfeeding really is the optimal choice, why do many mothers choose not to breastfeed or give up after such a short time? In a study published in *Child Care in Practice*, researchers found that women had many different reasons for choosing to either not breastfeed at all or stopped breastfeeding earlier than planned. The most common answer women gave to not wanting to breastfeed was that “breastfeeding was not an attractive option” (Iwaniec, et al. 288). According to the U. S. Department of Health and Human Services, “embarrassment remains a formidable barrier” when it comes to women breastfeeding in public (13). Many women are worried that the 57 percent of U. S. adults who

feel women should not be allowed to breastfeed in public will criticize them and embarrass them in front of other people, which leads to a fear of public breastfeeding (United States 13). Other common answers for women not wanting to breastfeed included having a previous negative experience, knowing someone else that had a negative experience, and inconvenience (Iwaniec, et al. 289). Women who reported stopping breastfeeding earlier than planned cited going back to work, pain or difficulty, embarrassment, and lack of support (Iwaniec, et al. 291). Unfortunately, many new mothers give up breastfeeding due to pain or difficulty caused by lack of support and knowledgeable advice from medical professionals. Although medical professionals know that breastfeeding is better than formula, they often do not have the correct resources to help a struggling mother and are pushed by formula companies to provide alternative options. Godfrey and Lawrence wrote in the *Journal of Women's Health* that “hospital practices have an influence on whether women succeed at breastfeeding” (1599). And when up to 74 percent of women in hospitals receive up to a month’s worth of free formula samples (1599), the push for breastfeeding seems to disappear, and new mothers are happy to settle for what they are led to believe is the next best thing when breastfeeding just doesn’t work for them. Sadly, there are better choices than formula when breastfeeding is no longer an open option for a mother, but they are often not pushed. As Godfrey and Lawrence present, if breastfeeding is no longer an option, donor milk is a better choice than formula (1599). However, instead of introducing the idea of donor milk, many medical professionals just propose that a mother switch straight to formula feeding instead of exploring healthier options that are more beneficial to the child.

Despite popular belief, formula is nowhere near the next best thing as a substitute for breast milk. Newman and Pitman discuss the dangers of formula companies in their book. They bring up the point that formula is a manufactured food, just like cans and boxes of food we eat

every day, and there is always a chance that a manufacturing error can cause “mistakes in the composition of the food” (Newman, Pitman 9). Since this food is for infants and is often the only source of nutrition the infant receives, mistakes can lead to life-long effects such as permanent brain damage, or could even be fatal, such is the case when there is an extreme excess of Vitamin D in the formula (Newman, Pitman 10). Even though formula is nowhere near as healthy as natural breast milk, many medical professionals recommend a mother wean her child and feed it formula and will even give her free samples (Newman, Pitman 18). This is all due to a major push from the formula companies who send representatives to donate and hand out formula samples, pamphlets, and other media in hospitals and doctor’s offices to try and convince new mothers that their formula is just as beneficial as breast milk (Newman, Pitman 16). The U. S. Department of Health and Human Services expands on these thoughts and refer to the interference and push from formula companies as “barriers” (10). Because of formula advertising, medical professionals and mothers are lured into believing that formula has been improved and contains all the important nutrients that breast milk does (United States 10). These claims are false, and in 2009, Mead Johnson & Co. was sued for \$13.5 million for claiming that Enfamil LIPIL formula would “give babies better visual and brain development than ingredients in store-brand formula” (United States 22). Studies, including one published in the *International Breastfeeding Journal* by Foss and Southwell, have shown a correlation between formula advertisements and breastfeeding rates (2). They looked at both ads published in *Parent’s Magazine* and breastfeeding rates and found that the more formula and hand feeding advertisements were published, the more breastfeeding rates dropped (Foss, Southwell 6). If it is shown that advertisements correlate with breastfeeding rates, then restrictions should be put on formula companies and their advertisements and be strictly upheld so that mothers will receive

true and correct information to help them make an informed decision about breastfeeding based on the facts, not what a company wants them to believe.

Similarly, medical professionals need to be better informed and better trained to help expecting and new mothers with breastfeeding concerns and issues first hand instead of instantly suggesting they switch to formula. A short article published in *Time* talks about Colleen Kelly, a mother who had difficulty breastfeeding and received little help from her doctor. Kelly describes how her doctors told her it was her baby who wasn't latching properly or how they had never seen a case like hers (Davis 2). This article outlines that many doctors are not specifically trained in helping with breast-feeding and are just taught the basic health benefits in medical school, not the in depth "science of it" that they need to help mothers (Davis 2). Many women suffer from lactation failure, just as men can suffer from erectile dysfunction, yet insurance companies do not cover medicines for the condition if a doctor is even able to come to that conclusion (Davis 1). It was only after Kelly went to several breastfeeding support groups and doctor's offices and found no answers that she read an article in a magazine about breastfeeding and lactation failure (Davis 3). This article alone shows a huge lack of knowledge in the medical profession that needs to be addressed, and surely more mothers than just Kelly have had these issues or ones similar. Anyone working toward a degree in the medical field should be knowledgeable about breastfeeding so that they will be able to help struggling mothers when the time comes. If people can't rely on their own doctors to help them with medical problems, who are they to turn to?

With all of the facts presented it is obvious that breastfeeding is the optimal choice for both mother and child for both health and psychological reasons. Formula companies, however, advertise and push that their products are just the same as milk that is created by humans for

humans, which is obviously false. Measures need to be taken to ensure that breastfeeding mothers get all of the support and assistance they possibly can before resorting to formula. Advertisements, especially for formula, need strict restrictions that keep formula companies from falsely advertising and trying to sway a mother's opinion about formula. A mother has the right to know all of the facts so that she can make an informed, well-educated decision about her child's nutrition. Changes also need to be made in the medical field. Doctors, nurses, and any other medical professionals working with new or expecting mothers need to be taught about breastfeeding benefits and ways to assist and support a nursing mother and child so that they can help the mother in any way they can before resorting to formula. The public opinion of breastfeeding needs to change drastically. Breasts need to stop being sexualized in mass media, and more images of breastfeeding need to be shown to help women and all members of the public realize that breastfeeding is a very natural thing and does harm to no one. If all of these changes are eventually made, one can hope that breastfeeding will be seen both as natural and a healthier choice than formula, and that women will be able to receive the support they need and deserve to give their children the best possible nutrition there is.

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