# BREAST-FEEDING STILL FACES MANY ROADBLOCKS, NATIONAL SURVEY FINDS

**Patrick Sullivan**


## In Brief • En bref

Although breast-feeding receives strong support from physicians, recent focus groups conducted for Health Canada found that it still faces roadblocks because some new mothers find it too embarrassing. In some cases, their male partners oppose breast-feeding. The solution appears to be more and better education provided very early in pregnancy. There is also a need to "spell out explicitly" the role male partners can play in supporting breast-feeding.

Même si les médecins appuient fermement l'allaitement, des groupes de discussion organisés récemment pour le compte de Santé Canada ont révélé que l'allaitement a encore des obstacles à surmonter parce que de nouvelles mères le jugent trop embarrassant. Dans certains cas, leur partenaire masculin s'oppose à l'allaitement. La solution semble résider dans une éducation meilleure et plus poussée, très tôt au cours de la grossesse. Il faut aussi «préciser clairement» le rôle que les partenaires masculins peuvent jouer en appuyant l'allaitement.


"I knew I was going to bottle-feed. I know it's natural to breast-feed but it's just not natural for me. I think it's gross."

— *member of Health Canada focus group, discussing Canadians' attitudes toward breast-feeding*

A Health Canada survey of Canadians' attitudes toward breast-feeding reveals the country has a long way to go before breast-feeding has broad-based national support.

The survey centred on discussions in 12 focus groups formed across the country; participants ranged from expectant teenagers to recent immigrants and the male partners of expectant women. Among the findings was the need to educate male partners so that they can provide encouragement to mothers having a hard time with breast-feeding.

Despite Health Canada's efforts to promote breast-feeding as a natural event — one poster, promoting breast-feeding outside the home, states "Who said a day at the mall was impossible?" — the focus groups made clear that many Canadians think doing it in public is far from natural. "I had a man in the mall ask me to stop," said one participant. "I was sitting on a bench and no one would have really known. I had a blanket and was being very discreet."

Although the study concluded that Health Canada should continue to promote acceptance of breast-feeding in public, "based on the current attitudes of women themselves this must be viewed as a long-term process."

Dr. Jack Newman, who heads the breast-feeding clinic at Toronto's Hospital for Sick Children, agrees. He said a study completed 2 years ago indicated that 83% of Toronto mothers initiate breast-feeding, "but the issue is very complex and what happens in Metro Toronto isn't necessarily what happens elsewhere in the country."

Generally, he added, the initiation rate drops dramatically east of the Ottawa River and is particularly low for single and teenage mothers and women on welfare. He said male partners can play a key role in supporting breast-feeding, but companies sometimes encourage mothers to use formula by arguing that its use will allow fathers to participate in a baby's feeding.

"There's no doubt that education is the key," Newman said, and it needs to be focused on Quebec and Eastern Canada, health care professionals and new fathers. The question that needs to be answered, he said, is why the initiation rate is higher than 90% in Vancouver but under 40% in some parts of the country, and particularly in Eastern Canada.

Physicians who are encouraging their patients to breast-feed should

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not underestimate the role embarrassment plays in stopping some mothers from doing it. "Embarrassment about the body and a general reticence about sex can be a big part of the reluctance to breast-feed," he said.

The Health Canada study concluded that five major factors play a role in women's decisions to choose formula over breast-feeding:

- Freedom. Breast-feeding is seen as "much more restrictive" than formula feeding because it allows no breaks from looking after the baby. "Formula allows others to look after and feed the child without the mother being present, or needing to worry about expressing sufficient milk."
- Embarrassment. Breast-feeding has to be done on demand, and this means it is not an option for many women who are embarrassed about doing it in public. Some focus-group participants were uncomfortable about breast-feeding in front of their male partners in their own home.
- Mother's diet. When using formula, a mother does not have to be concerned about her own diet and whether the baby is getting adequate nutrition through breast milk.
- Mother's personal history. Many women who were brought up on formula see no reason to treat their own children differently.
- Smoking. There was consensus that smoking and breast-feeding are incompatible, and because some mothers plan to continue smoking, they opt to feed formula.

The study suggests that initiation of breast-feeding would become more popular if a "more realistic expectation" was created. As well, "there is a need to spell out explicitly the role that male partners can have in developing their own special relationship with the child when the decision is [made] to breast-feed."

It says that educational efforts aimed at mothers should stress equally "the nutritional and physiological benefits of breast-feeding for the infant, followed by the cost advantages." Educators must also deal with "the issue of freedom and embarrassment — in other words, how life can be managed while breast-feeding," and stress the physical benefits to the mother. This includes dealing with "some of the misconceptions" about the effect of breast-feeding on women's breasts.

"Importantly, there needs to be a statement made that while breast-feeding is 'natural,' success is more a result of learning and support rather than something that is instinctive on the part of the mother and child. This is another signal to women that they are not 'failures' as mothers; rather, they are going through normal trial and error, an integral part of any new learning experience."

Physicians can receive free copies of the report from Marie Labrèche, Family and Child Health Unit, Health Canada, Rm. 1156, Finance Building, Tunney's Pasture, Ottawa, ON K1A 1B5; 613 957-3436. ■


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