

9-2004

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### Recommended Citation

Spear, Hila J., "Breastfeeding's not as easy as you think!" (2004). *Faculty Publications and Presentations*. 7.  
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# Breastfeeding's Not as Easy as You Think!

by Hila J. Spear

Knowing about patients' experiences related to their perspectives on obstetric services can help nurses and other health care providers understand what they can do to better meet the needs of childbearing women. The following narrative describes a personal encounter that my daughter experienced while receiving routine prenatal care and focuses on concerns relevant to the promotion of breastfeeding.

Overall, my daughter Lee's pregnancy had progressed normally without any signs of complication. She readily developed a positive relationship with her obstetrician who consistently demonstrated concern, willingly answered all of her questions, and was very supportive of her plan to breastfeed. When Lee was well into her third trimester of pregnancy, I visited with her soon after she had returned from a prenatal examination. She happily informed me that the baby's heartbeat was strong and regular at 133 beats per minute, and her blood pressure, urinalysis, and weight were within normal limits. All good news. She expressed surprise and disappointment,



Photo credit: Michelle McClafferty

## ABSTRACT

This article describes a personal encounter that an expectant mother experienced during a routine prenatal office visit. Her story highlights the need for nurses, physicians, and others involved in the care of pregnant and childbearing women to consistently promote breastfeeding as the optimum method for infant nutrition and to seriously evaluate standard practices that are not breastfeeding-friendly.

however, about how one of the support staff members presented breastfeeding in an unfavorable way during this particular office visit.

The health care worker provided Lee with a gift pack of infant formula. She then eagerly handed Lee another package that also contained samples of formula. Lee pointed out that she would not need formula because she planned to exclusively breastfeed her baby. This person responded negatively by stating, "Well, breastfeeding's not as easy as you think!" She went on to explain how much difficulty a family member had experienced with breastfeeding and intimated that it's much easier to just bottle feed. My daughter stated that even though it would take some effort, she had a supportive network of family and friends and was confident in her decision to breastfeed. This staff member responded with almost a grimace and obvious disapproval of Lee's choice to breastfeed her baby.

We need to be consistently proactive in our efforts to promote a breastfeeding culture and related healthful outcomes for both mothers and their babies. Granted, though breastfeeding is a natural phenomenon, it often isn't easy. Breastfeeding is a learned art and behavior that requires patience and commitment. Mothers need critical support from not only health care providers but the family unit as well. It is important to provide mothers with realistic guidance and accurate information about how to successfully breastfeed; they need encouragement, not discouragement. A *can do* attitude should be the norm.

I realize that the attitude expressed by this one staff member was probably not representative of the obstetric practice's general view on breastfeeding. Nevertheless, in my informal conversations with other young mothers and health care providers, I do not believe that this

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anecdotal account is an isolated incident. While my daughter has a mother who is a lactation consultant, a sister who worked through delayed lactation and managed to exclusively breastfeed for six months, and a number of friends who successfully breastfed their infants, what about other expectant mothers who do not have access to such a well-developed support system? My daughter remarked, "I'm sure that if a mother had any doubts about breastfeeding her baby, she would be inclined to bottle feed after hearing about how difficult it is to breastfeed your baby." Nurses and physicians who work with pregnant and childbearing women should be mindful of the need to be informed themselves and to educate support staff about the importance of approaching patients in an unbiased fashion and to promote and support mothers' decisions to breastfeed.

Another troublesome issue is related to the continued widespread endorsement of infant formula. Even though the World Health Organization (WHO) and the American Academy of Pediatrics (AAP) oppose commercial distribution of infant formula to women before and after they give birth, many physicians' offices and other health care institutions, namely hospitals, routinely engage in this practice. When Lee told me about the offer of free formula, her sister recalled that early in her pregnancy she also had been given a large gift pack supplied with several bottles of formula accompanied by literature touting the nutritional value and benefits of bottle feeding. No one asked her how she planned to feed her baby or discussed the superiority of breastmilk and the AAP's recommendation to breastfeed. It was assumed that she would be interested in receiving samples of formula.

Giving pregnant mothers complimentary infant formula advertises bottle feeding. The provision of infant formula for nursing mothers after they deliver sends the message that they need to have formula on hand since there is a strong possibility that breastfeeding and breastmilk will not adequately meet their infants' nutritional needs. Furthermore, providing expectant and new mothers infant formula increases the probability that they will initiate early supplementation and decreases the likelihood that they will exclusively breastfeed their babies (Donnelly et al. 2004; Howard et al. 2000). Of course, in some situations it may be medically necessary to supplement with formula to meet the nutritional and hydration needs of an infant (Spear, in press). Still, mothers who experience uncomplicated pregnancies, give birth to healthy newborns, and lactate normally do not need to supplement with formula.

Lee's story serves as a reminder for nurses, physicians, and others to seriously examine the practice of



Photo credit: Unknown

providing samples of infant formula, pre- and postnatally. Moreover, regardless of their own experiences or preferences, health care providers must make a concerted effort to provide mothers with forthright information about the distinct advantages of breastfeeding. To facilitate successful initiation and sustained maintenance of breastfeeding, and to achieve long-established national maternal child health goals of the Healthy People 2010 (2000) initiative, it is imperative that all childbearing women receive encouragement to breastfeed. Once a mother makes the decision to breastfeed, she needs positive support and affirmation.

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