BACK CHAT

Why breast feeding fails

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Background: Vanessa is a 34-year-old lawyer married to a police officer. Her first baby was born after a perfect pregnancy and labour until fetal distress necessitated an easy Ventouse extraction late in the second stage. Baby F had normal Apgar scores and weighed 2920 g. This paper records a conversation between Vanessa (V) and her father (F) about breast feeding.

F. I know you were keen to breast feed baby F—I was a bit worried that you might feel under more pressure to succeed because of having a paediatrician for a father?

V. No, not really—I knew about all the advantages for the baby and for me, but I wasn't really that impressed because—even though it seems obvious that breast milk must be better—the vast majority of bottle fed babies do absolutely fine. The thing that impressed me most was the idea that flavours of different foods would be transmitted in the milk so she would get used to lots of different things.

F. Did you think breast feeding would be easy?

V. No, not at all—I thought—if they offer a whole morning antenatal class on breast feeding there is obviously a lot to know but I assumed that as I had been instructed what to do and how it works, I would be fine. I just wasn't prepared for the anxiety of those first few days—she just fiddled about when I tried to get her to latch on. Books and websites confused me with conflicting advice, and made me panicky about the amount of foremilk and hindmilk she should get; how often I should switch breasts etc.

F. I remember that by the fourth day, you were very tearful because you didn't think you were making any progress?

V. Yes—the midwife was very reassuring, but the junior doctors began to mumble about blood sodium levels and dehydration. The midwives got me to do a feeding chart, but I was too exhausted to do it properly. One doctor criticised my chart, and said that F was lazy, which upset me. Meanwhile mothers who had decided to formula feed were all going home and I was still stuck in hospital.

F. Did they offer her any bottle feed?

V. The midwives were very good—they helped me give her a little expressed colostrum and breast milk, topped up with a bit of formula by a syringe and then by a cup feeder—but they never gave her a bottle. Expressing was exhausting, but it gave me back a little control.

F. When you did go home, on day five, did you expect a visit from the community midwife?

V. Yes—but she didn't come for three days and then only when I rang and left several tearful messages. When she did turn up, she weighed F, looked panicky and said she had lost 20% of her body weight and I must take her straight back to hospital.

F. That was a pretty bad day—F did look as if she had lost quite a bit of weight and she was a bit lethargic. But her weight loss certainly wasn't 20% was it?

V. No, it was more like 13%. But the junior doctor came round, took blood for sodium levels and threatened her with an intravenous drip. Her sodium was 158 which I gather is a bit high but not dangerous.

F. What happened then?

V. The duty midwife was brilliant—she was very calm, assured me that this was something she had seen hundreds of times before, helped me get F latched on much better, and just stayed with me. And over the next few days she began to feed better and I could see that we were winning.

F. And now?

V. I'm really enjoying feeding her. I thought it would be a chore and I would give up after I felt I had done my duty—but now I plan to feed her for the recommended 6 months. I express milk and store it in the fridge so that Andrew can feed her sometimes and that gives me a break.

F. What lessons do you think professionals can draw from your experiences?

V. Quite a few! There is obviously something wrong with the system because now I have met lots of mothers and nearly all of them gave up early on breast feeding—and they all feel sad and guilty about it. They all had similar problems to me, but lacked the support to get through it.

Antenatal classes should prepare you better for how you will feel and the time it takes to get feeding established. We were shown a video of a big bouncy baby guzzling away with Mum beaming happily—it looked easy, but we needed to see videos of the first few days. Long discussions on the benefits of breast feeding are pointless—most people have already decided to breast feed, otherwise they wouldn't be there. They should be more practical, discuss questions like how to tell if your baby is getting enough. They should involve your partner (if you have one)—if Andrew hadn't stayed calm I would probably have given up.

I knew there was a weekly breastfeeding clinic in my area, but few first time mothers will get to a clinic in the early days when it's most important. I didn't call the helplines, because what I really needed was to be shown how to do it.

The junior doctors in hospital didn't seem to know much about breast feeding. Why don't they do rounds with the experienced midwives, so that mothers don't get two completely different opinions?

Community midwives ought to visit first time breastfeeding mothers on their first day at home—and they should have reasonably accurate scales.

Being able to express even a little milk and give it by cup or syringe, using a little formula, and keeping a record of feeds and output were all very helpful and gave me the confidence to keep trying. And now it is great to be able to express so that her grandparents can look after her for a few hours! It gives me more freedom and she hasn't stopped preferring breast to bottle.

F. It's easy to blame the milk formula companies for the decline in breast feeding—but your experience suggests that paediatricians and midwives ought to study breast feeding together and could do much more to support mothers in those crucial early days.

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