

## How to Know a Health Professional is not Supportive of Breastfeeding

All health professionals *say* they are supportive of breastfeeding. But many are supportive only when breastfeeding is going well, and some, not even then. As soon as breastfeeding, or anything in the life of the new mother is not perfect, too many advise weaning or supplementation. The following is a *partial* list of clues that help you judge whether the health professional is supportive of breastfeeding, at least supportive enough so that if there is trouble, s/he will make efforts to help you continue breastfeeding.

How to know a health professional is **not** supportive:

1. **S/he gives you formula samples or formula company literature when you are pregnant, or after you have had the baby.** These samples and literature are inducements to use the product, and their distribution is called marketing. There is no evidence that any particular formula is better or worse than any other for the normal baby. The literature, CD's or videos accompanying samples are a means of subtly and not so subtly undermining breastfeeding and glorifying formula. If you do not believe this, ask yourself why the formula companies are using cutthroat tactics to make sure that your doctor or hospital gives out *their* literature and samples and not other companies'? Should you not also wonder why the health professional is not marketing breastfeeding?

2. **S/he tells you that breastfeeding and bottle feeding are essentially the same.** Most bottle-fed babies grow up healthy and secure and not all breastfed babies grow up healthy and secure. But this does not mean that breastfeeding and bottle feeding are essentially the same. Infant formula is a rough copy of what we knew *several years ago* about breastmilk which is in itself only a rough approximation of something we are only beginning to get an inkling of and are constantly being surprised by. For example, we have known for many years that DHA and ARA were important to the baby's brain development, but it took years to get it into formulas. But it doesn't follow that the addition of these to formulas is doing what it's supposed, as their absorption from formula is different from breastmilk. The many differences have important health consequences. Certain elements in breastmilk are not in artificial baby milk (formula) even though we have known of their importance to the baby for several years—for example, antibodies and cells for protection of the baby against infection, growth factors that help the immune system, the brain and other organs to mature. And breastfeeding is not the same as bottle feeding, it is a whole different relationship. If you have been unable to breastfeed, that is unfortunate (though most times the problems *could* have been avoided), but to imply it is of no importance is patronizing and just plain wrong. A baby does not have to be breastfed to grow up happy, healthy and secure, but it *does* help.

3. **S/he tells you that formula x is best.** This usually means that s/he is listening too much to a particular formula representative. It may mean that her/his children tolerated this particular formula better than other formulas. It means that s/he has unsubstantiated prejudices.

4. **S/he tells you that it is not necessary to feed the baby immediately after the birth since you are (will be) tired and the baby is often not interested anyhow.** It isn't *necessary*, but it is often very helpful (See handouts #1 *Breastfeeding—Starting Out Right* and #1b *The Importance of Skin to Skin Contact*). Babies can nurse while the mother is lying down or sleeping, though most mothers do not want to sleep at a moment such as this. Babies do not always show an interest in feeding immediately, but this is not a reason to prevent them from having the opportunity. Many babies

latch on in the hour or two after delivery, and this is the time that is most conducive to getting started well, but they can't do it if they are separated from their mothers. If you are getting the impression that the baby's getting weighed, eye drops and vitamin K injection have priority over establishing breastfeeding, you might wonder about someone's commitment to breastfeeding.

5. **S/he tells you that there is no such thing as nipple confusion and you should start giving bottles early to your baby to make sure that the baby accepts a bottle nipple.** Why do you have to start giving bottles early if there is no such thing as nipple confusion? Arguing that there is no evidence for the existence of nipple confusion is putting the cart before the horse. It is the artificial nipple, which no mammal until man had ever used, and even man, not commonly before the end of the nineteenth century, which needs to be shown to be harmless. But the artificial nipple has not been proved harmless to breastfeeding. The health professional who assumes the artificial nipple is harmless is looking at the world as if bottle feeding, not breastfeeding, were the normal physiologic method of infant feeding. By the way, just because not all, or perhaps even not most, babies who get artificial nipples have trouble with breastfeeding, it does not follow that the early use of these things cannot cause problems for some babies. It is often a combination of factors, one of which could be the using of an artificial nipple, which add up to trouble.

6. **S/he tells you that you must stop breastfeeding because you or your baby is sick, or because you will be taking medicine or you will have a medical test done.** There are occasional, rare, situations when breastfeeding cannot continue, but often health professionals only assume that the mother cannot continue and very often, they are wrong. The health professional who *is* supportive of breastfeeding will make efforts to find out how to avoid interruption of breastfeeding (the information in white pages of the blue Compendium of Pharmaceutical Specialties and the PDR are *not* a good references—every drug is contraindicated according to them as the drug companies are more interested in their liability than in the interests of mothers and babies). When a mother *must* take medicine, the health professional will try to use medication that does not require the mother to stop breastfeeding. (In fact, *very few* medications require the mother to stop breastfeeding). It is extremely uncommon for there to be only one medication that can be used for a particular problem. If the first choice of the health professional is a medication that requires you to stop breastfeeding, you have a right to be concerned that s/he has not really thought about the importance of breastfeeding.

7. **S/he is surprised to learn that your 6 month old is *still* breastfeeding.** Many health professionals believe that babies should be continued on artificial baby milk for at least nine months and even twelve months (and now that the formula companies sell formulas for up to 18 months and even 3 years, soon some health professionals will be urging mothers to use formula for 3 years), but at the same time seem to believe that breastmilk and breastfeeding are unnecessary and even harmful if continued longer than six months. Why is the imitation better than the original? Shouldn't you wonder what this line of reasoning implies? In most of the world, breastfeeding to 2 or 3 years of age is common and normal, though, thanks to good marketing of formula, less and less common.

8. **S/he tells you that there breastmilk has no nutritional value after the baby is 6 months or older.** Even if it were true, there is still value in *breastfeeding*. Breastfeeding is a unique interaction between two people in love even without the milk. But it is *not* true. Breastmilk is still milk, with fat, protein, calories, vitamins and the rest, and the antibodies and other elements that protect the baby against infections are still there, some in greater quantities than when the baby was younger.

Anyone who tells you this doesn't know the first thing about breastfeeding.

9. **S/he tells you that you must *never* allow your baby to fall asleep at the breast.** Why not? It is fine if a baby can also fall asleep without nursing, but one of the advantages of breastfeeding is that you have a handy way of putting your tired baby to sleep. Mothers around the world since the beginning of mammalian time have done just that. One of the great pleasures of parenthood is having a child fall asleep in your arms, feeling the warmth he gives off as sleep overcomes him. It is one of the pleasures of breastfeeding, both for the mother and probably also for the baby, when the baby falls asleep at the breast.

10. **S/he tells you that you should not stay in hospital to nurse your sick child because it is important you rest at home.** It is important you rest, and the hospital that is supportive of breastfeeding will arrange it so that you can rest while you stay in the hospital to nurse your baby. Sick babies do not need breastfeeding *less* than a healthy baby, they need it *more*.

11. **S/he does not try to get you help if you are having trouble with breastfeeding.** Most problems can be prevented or cured, and most of the time the answer to breastfeeding problems is not giving formula. Unfortunately, many health professionals, *particularly physicians, and even more particularly paediatricians*, do not know how to help. But there is help out there. Insist on getting it. "You don't have to breastfeed to be a good mother", is true, but not an answer to a breastfeeding problem.

**Questions?** (416) 813-5757 (option 3) or [drjacknewman@sympatico.ca](mailto:drjacknewman@sympatico.ca) or my book **Dr. Jack Newman's Guide to Breastfeeding** (called **The Ultimate Breastfeeding Book of Answers** in the USA)

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