



## Arkansas Breastfeeding Coalition

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### Position Paper on Breastfeeding Promotion and Policy Language

Breastfeeding should be the biological reference point for human infant nutrition. It should also be the cultural norm, and human milk should be available to all human babies. A vital step towards achieving these goals is by changing the language in which we talk about breastfeeding. This guide is for professionals writing educational materials, position papers, press releases, policy statements, etc.

- A. **It's not two equal choices.** Some people feel a need to discuss “advantages and disadvantages” or “pros and cons” of formula and breastfeeding. We don't do this with other health issues when one behavior is proven by many studies to be far better than the other. Breastfeeding is a straight-forward health issue, not one of two equivalent choices. Remind people that breastfeeding is the recommendation by all major health organizations. Your role is to help them follow these medical recommendations.
- B. **The ideal life vs. the real life.** Avoid using the terms “best possible,” “perfect,” “ideal,” “gold standard,” “optimal” etc. in referring to breastfeeding. Parents don't think the rest of their life is perfect, ideal, etc. They don't think that the other meals they feed their family are “optimal.” For most people, normal is fine and what they expect. When we make breastfeeding seem “ideal,” formula feeding sounds adequate and achievable. Instead of using these terms, talk about breastfeeding as the normal, physiological way that humans are designed to feed their babies. The term “special” as in “breastfeeding is a special relationship between mother and baby” or “set up a special nursing area” is also not advisable. Special for most people means something out of the ordinary, something that is for certain occasions only when you have time to plan and prepare. Breastfeeding needs to be seen as fitting into a busy, normal, everyday life.
- C. **Start with breastfeeding as the physiological norm.** When stating reasons to breastfeed, there is a tendency to discuss the health “advantages” or “benefits” of breastfeeding such as “lower rates” of cancer or “reduced risk” of allergies. These are reinforcing bottle feeding as the accepted norm. Health comparisons use a biological, not a cultural norm. Basic science teaches us that the control group has NO experimental drug or treatment. The control group is also the one that is the biological norm and is not the study focus. In science research, the experimental group is the one with a variation in normal biology or the one that is given an experimental drug, procedure, etc. The experimental group is always the focus of the study. Formula feeding is experimental and not the biological norm, so formula feeding should be the focus of research. Because breastfeeding is the biological norm, breastfed babies are not “healthier,” artificially-fed babies are ill more often and

more seriously. When we fail to describe the hazards of artificial feeding, we deprive families of crucial decision-making information. We are not allowing them informed consent.

This becomes even more misleading when we use percentages. If B is  $\frac{3}{4}$  of A, then A is  $\frac{4}{3}$  of B. Choose A as the standard and B is 25% less. Choose B as the standard, and A is 33  $\frac{1}{3}$ % more. So if we state, for example, that there was a 25% decrease in breast cancer rates among women who were breastfed as infants, if it was restated with breastfeeding as the norm, we would say that there was a 33  $\frac{1}{3}$ % increase in breast cancer rates among women who were artificially fed.

- D. **Health summaries link problem outcomes to problem behavior and name the problem behavior specifically.** They don't discuss the safe and normal behavior. Imagine if instead of giving a warning against smoking the Surgeon General issued "encouragements" for pregnant women stating that breathing clean air during pregnancy will result in a healthier, bigger baby born closer to term. Even studies that find poorer health with formula rarely name it in the title or abstract. They either say breastfeeding is better or refer to "lack of breastfeeding." We need to make it clear what the problem behavior is so women have informed consent if they choose to use it.
- E. **Formula ranks fourth.** It is commonly said (including by formula companies) that formula is "the next best thing to breastfeeding." According to WHO, the hierarchy is 1) breastfeeding, 2) mother's own milk given to the child in a bottle or some other method, 3) milk of another human mother, 4) artificial milk feeds. Formula is the fourth best choice and this should be made clear.
- F. **Are we making women feel guilty?** Don't worry about making bottle feeding mothers feel guilty. Breastfeeding promotion messages are addressing people prenatally, not addressing those who have already made the choice to use formula. If women who did not breastfeed do feel guilty, help them analyze their feelings of anger, grief or betrayal at not getting adequate information and support so they could have breastfed. Help women transform their frustrations into voices for change. Their failure is a societal failure, not a personal one. Our society is not doing enough to adequately support breastfeeding women.
- G. **What about choice?** Don't debate "feeding choice." This is the language of formula manufacturers. Freedom of choice is a concept frequently raised by makers of other unhealthy products like junk food and tobacco. It is true that it is ultimately the parents' choice, but deliberately stepping out of the process implies that either choice is equally good. If a woman announced to her doctor that she had just taken up smoking during her pregnancy he would not just say "Ok, that's your choice." Although life's choices are the individual's to make, it doesn't mean that the information source should be neutral about them when the evidence is clear that one is better. Reframe this message using some of the information in this paper.
- H. **Stand up for mothers and children.** Using this phrase acknowledges that breastfeeding is a normal part of family life. Women need assurance that they CAN breastfeed and that they will receive adequate support. Unless there is some true physiological abnormality, almost all women can breastfeed. They need information and support. If they have friends or family who "couldn't" breastfeed, it is most likely they didn't have accurate information or adequate support. Help them figure out how to achieve their goals to breastfeed before they have the baby.
- I. **Convey the message that breastfeeding is a public health issue** just like smoking, safe sex, seat belts, etc.

- i. Cite the risks of not breastfeeding to both mothers and children, for acute and chronic illnesses. Convey that mothers and babies deserve to know the real, unadulterated truth about the health risks of formula before they make their decision. This informed consent is provided in other areas of health and mothers deserve this information as well.
- ii. Include specific statistics rather than general language about risk
- iii. Frame breastfeeding as a systems issue, rather than an individual issue. It is a health issue, not a lifestyle choice.

## Quick Guide for Clinicians- Preferred Phrases to Use When Promoting Breastfeeding

Commonly Used Expressions	Recommended- A Better Way to Say It
<p>“Breastfeeding is the best choice for you and your baby.”</p> <p>“Breastmilk is the perfect food for your baby, it is like liquid gold.”</p>	<p>“Breastfeeding helps ensure normal good health for your baby.”</p> <p>“Breastmilk is a human baby’s normal food.”</p>
<p>“Breastfeeding makes a special bond between you and your baby.”</p> <p>“Breastfeeding is a special time only you and your baby share.”</p>	<p>“Breastfeeding fits into a busy family’s life.”</p>
<p>“Do you plan to breastfeed or bottle feed?”</p>	<p>“What have you heard about breastfeeding?”</p> <p>“Which of your family and friends have breastfed their babies?”</p>
<p>“I will go over the advantages and disadvantages of breastfeeding and bottle feeding.”</p>	<p>“There are no significant disadvantages to breastfeeding. You may have some questions or concerns early on but we will help you get through those.”</p>
<p>“Breastfeeding has many benefits for both mother and baby.”</p>	<p>“I want you to understand the risks of using infant formula so that you can make an educated decision.”</p> <p>“I would like to talk to you about the importance of breastfeeding.”</p>
<p>“Breastfeeding is the best choice. For those women who can’t breastfeed or choose not to, formula is the next best thing.”</p>	<p>“Almost all women can breastfeed and we will help you with it. For those few women who can’t, the next choice would be their own expressed milk. If that isn’t available, we recommend human milk from a milk bank. If that isn’t possible, the fourth choice is infant formula/artificial baby milk.”</p>
<p>“I would like to discuss what choice you are going to make for feeding your baby.”</p>	<p>“Breastfeeding is a natural relationship between a mother and baby. It can’t be replaced by any product you buy.”</p>
<p>(For the postpartum mom) “Are you still breastfeeding?”</p> <p>“Oh, so you are doing extended breastfeeding. What else is your baby eating?”</p>	<p>“How is breastfeeding going?”</p>

## Language Recommendations For The Clinician

Commonly Used Breastfeeding as a Lifestyle Choice-Advantages Disadvantages Style	Recommended Breastfeeding as a Personal and Public Health Issue, the Physiological Norm for Feeding Human Infants-Informed Consent Style
<p>Breastfeeding described as best possible choice, perfect food, gold standard, optimal feeding choice, special, etc.</p>	<p>Breastfeeding described as the biological norm for feeding human babies. Most families don’t think they do everything perfectly and “good enough” or normal has worked in other aspects of their lives. “Special” to most people means something that takes extra work to achieve for certain occasions.</p> <p>“Breastfeeding helps ensure normal good health for your baby.”</p> <p>“Breastmilk is a human baby’s normal food.”</p> <p>“Breastfeeding fits into a busy family’s life.”</p>

<p>Advantages and disadvantages of breastfeeding and formula feeding are presented. Breastfeeding may be presented as the best choice but the emphasis is on presenting both sides equally. Ask if she plans to breastfeed or ask whether she plans to breastfeed or bottle feed.</p>	<p>Ask the woman or family what they have heard about breastfeeding. If they give negatives, affirm that many people have heard this, but you will provide them with information and assistance to help with barriers or perceived barriers they have presented. We don't feel obligated to present both sides equally with other important health issues. Breastfeeding is recommended by all major health organizations.</p> <p>If specifically asked about advantages and disadvantages of formula vs. breastfeeding, reframe it or say something like "There really aren't any <u>significant</u> advantages to formula. What have you heard are formula's advantages or breastfeeding's disadvantages?" Then address those issues.</p>
<p>Refer to the "benefits" of breastfeeding such as "lower rates" of cancer or "reduced risk" of allergies.</p>	<p>Refer to risks of formula such as higher rates of various health problems, both acute and chronic, for both mother and baby. This is giving people true informed consent if they choose to use formula. Since breastfeeding is the biological norm, it should be the reference point. This is how we describe other health issues.</p> <p>Rather than "benefits" say "importance" of breastfeeding.</p> <p>For handouts on the risks of formula feeding:  <a href="http://www.infactcanada.ca/pdf/14-Risks-Small.pdf">http://www.infactcanada.ca/pdf/14-Risks-Small.pdf</a>  <a href="http://www.infactcanada.ca/RisksofFormulaFeeding.pdf">http://www.infactcanada.ca/RisksofFormulaFeeding.pdf</a>  <a href="http://www.breastfeeding.com/reading_room/what_should_know_formula2.html">http://www.breastfeeding.com/reading_room/what_should_know_formula2.html</a>  <a href="http://thebabybond.com/InfantDeaths.html">http://thebabybond.com/InfantDeaths.html</a></p>
<p>Be careful to not make women feel guilty if they choose to use formula.</p>	<p>Stand up for mothers and children. Empower them to be able to breastfeed their babies. Assume she will be breastfeeding. Most women plan to. Don't hand mothers excuses. If someone did not breastfeed in the past, help them see it not as a personal failure but a system or cultural failure- that they did not get the help or support they needed. Help them turn feelings of anger, grief or betrayal at being robbed of the breastfeeding relationship into a voice for change.</p>
<p>Breastfeeding is presented as the best choice, formula is presented as the close second best.</p>	<p>Use the WHO hierarchy. Breastfeeding a baby is the top choice, under that would be pumping and giving mother's own milk to her baby, under that would be using donor milk for the baby, and fourth would be using formula.</p>
<p>Use the term "feeding choice" for either breastfeeding or formula.</p>	<p>Don't debate "feeding choice." Reframe the concept with the points above. Freedom of choice is frequently used by makers of other unhealthy products besides formula, such as junk food and tobacco. Think "process" not "product." The process of breastfeeding is much more than the milk.</p>
<p>Give out formula company materials on breastfeeding or other materials touting breastfeeding as the "best" choice.</p>	<p>Have "gently accurate" materials available:  <a href="http://www.cdph.ca.gov/programs/breastfeeding/Documents/MO-HowDoesForWAFBF-Eng.pdf">http://www.cdph.ca.gov/programs/breastfeeding/Documents/MO-HowDoesForWAFBF-Eng.pdf</a>  <a href="http://bcbabyfriendly.ca/whatsinbreastmilkposter.pdf">http://bcbabyfriendly.ca/whatsinbreastmilkposter.pdf</a>  <a href="http://www.bcbabyfriendly.ca/WhatSlnPosterInstructions.doc">www.bcbabyfriendly.ca/WhatSlnPosterInstructions.doc</a></p>
<p>When a mother comes in after a baby is a few months old, ask if she is still breastfeeding.</p>	<p>Don't use the word "still" or call it "extended breastfeeding" if the baby is past a certain age. Those words imply it has gone on too long. It's just breastfeeding.</p>

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