VOICES FROM THE FIELD -
Breastfeeding Education and Support: A Practice Perspective

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Service perspective

La Leche League Canada (LLLC) (la lay-chay) and Ligue la Leche are the two Canadian affiliates of La Leche League International (LLLI), providing mother-to-mother services in English and French respectively to thousands of pregnant and breastfeeding women annually. It is from this perspective that we have reviewed the articles on breastfeeding and related topics in the Centre of Excellence for Early Childhood Development online encyclopedia.

Breastfeeding is important to the health of the population even in developed countries and particularly for disadvantaged women and children. Health Canada[1] and the Canadian Paediatric Society[2] recommend exclusive breastfeeding to six months, appropriate introduction of solids and then continued breastfeeding to two years and beyond.

LLLC provides practical help to meet these recommendations. There is much more work to be done to create an environment in which breastfeeding is seen not only as the normal way to feed babies, as stated by Greiner,[3] but also the normal way to nurture babies and young children and to foster the development of the mother-baby relationship.

We were disappointed that breastfeeding was so rarely mentioned in the encyclopedia other than in articles specifically related to feeding. Articles on attachment, prematurity, sleep, crying and early intervention strategies did not seem to recognize that breastfeeding involves distinctly different circumstances for mothers, babies and families than does artificial feeding.

Some articles view breastfeeding as the exception rather than the norm. For example, Woodward and Liberty[4] refer to research showing that breastfed babies have "improved alertness," "significantly higher scores on the orientation and motor scales," "better self-regulation," "fewer abnormal reflexes," and so on. In reality, these babies are normal, while babies who are not breastfed have decreased alertness, significantly lower scores on orientation and motor scales, more abnormal reflexes, and so on. As Weissinger[5] has observed, language and perspective are important.
Canada has relatively high rates of breastfeeding initiation, but the duration rates are poor and have not changed in years. Disadvantaged women are the least likely to initiate

breastfeeding.[6] Therefore, all families will benefit from a more integrated and interdisciplinary approach to breastfeeding promotion, protection and support, such as the approach called for by Caulfield[7] and in the Breastfeeding Committee for Canada's *Baby-Friendly™ Initiative in Community Health* Services.[8] This approach would bring together a variety of disciplines, such as early child development, nutrition, psychology, health promotion, anthropology, etc., as well as lactation experts and community-based organizations that have learned first-hand how to help women to have successful breastfeeding experiences.

Greiner[3] points out that the evidence for peer support in extending duration is strong. Women need the opportunity to find ways to integrate breastfeeding and parenting. Here are just a few examples of why lactation research and expertise need to be linked with early childhood development research, practice and policy:

- Sleep researchers and practitioners need to be aware of issues such as how brain patterns and behaviours during sleep in a breastfeeding dyad, particularly in a co-sleeping context, are different than for mothers and babies who are not breastfeeding,[9,10] and that breastfeeding mothers have varying milk storage capacity (not production capacity)[11] that determines how often an infant needs to feed. This should influence the design of research, interventions and policies so they support the breastfeeding relationship**,** rather than interfering with it.
- Similarly, researchers and practitioners working with crying issues need to understand that the assessment of parental concerns is different if the infant is breastfed. For example, problems in breastfeeding management (such as oversupply, over-active letdown, etc.)[12] may cause or exacerbate crying, yet can usually be resolved with knowledgeable help. In other cases, parents need intervention or coping strategies that preserve breastfeeding.

Gaps describe by women between evidence and their experiences:

- Artificial feeding is frequently viewed as equivalent to breastfeeding and although breastfeeding is promoted, women often get little practical help from professionals.
- Despite the value breastfeeding brings to the entire community, mothers feeding their babies in public places are frequently subjected to criticism and negative comments, discouraging not only the mother being criticized, but other women around her.
- Workers outside the health system who provide support to mothers (for example, social workers and child-care providers) may unintentionally give advice or recommendations that negatively affect breastfeeding because they are uninformed. All those who work with pregnant women and mothers of infants or young children should receive training about the value of breastfeeding and basic breastfeeding management.
- Disadvantaged mothers, in particular, often must return to work or school in the early weeks or months after birth; separation can make breastfeeding more difficult. Breastfeeding-supportive policies would provide adequate leave and income to all new mothers in the early months.

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The breastfeeding papers in the CEECD encyclopedia review a portion of the extensive research on breastfeeding, and our paper has touched on a few additional points. Increased breastfeeding duration is an important health promotion goal that will result in a healthier child and adult population and significant savings for families and society. Breastfeeding is a complex activity involving two people in an intimate relationship and needs to be recognized as being distinctly different. On behalf of breastfeeding families, we call for a more integrated approach to research, practice and policy development that uses breastfeeding as a lens to guide questions, strategies and policies, and that involves the expertise and experience of community-based organizations and individuals.

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