

OBSERVATIONS ON BREAST FEEDING

Why don't women breast feed?

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MUCH HAS already been written in the post-war years on the decline of breast feeding and this survey was conducted to find out exactly what the position was in my practice. This practice is probably typical of many urban practices, with a large proportion of the men in local works or factories: I.C.I. and Dorman Long Steel Works are the local giants. The aspect of it all which struck me most was that some mothers—about 15 per cent of primiparae—still actually breast feed and enjoy doing so. In compiling the figures quoted, no leading questions were asked as to why mother had given up breast feeding, I merely wrote down what she told me in reply to the straightforward question as to why she had stopped. All mothers were seen by me personally and their answers checked as far as possible by the record card (E.C.6) especially with regard to actual dates.

All mothers who had their first baby between 1 January 1960, and 1 September 1965, were seen. Of these 74 had one or more children, 44 had two or more and ten had three children. The attitude of the mother and her action regarding breast feeding through successive pregnancies proved most interesting.

First the reasons, as given, for giving up breast feeding:

Mother's aspect

(1) Aesthetic feeling against breast feeding which varied from actual dislike almost amounting to hatred—

“ I loathed every minute of it doctor ”, to a more disinterested statement such as, “ Not fussy about it doctor ”, or “ Gave me no joy ”.

(2) Embarrassment amongst the family or strangers. The unsuccessful breast feeder would not bare her breast even with husband, mother or father present. It was usual for her to go upstairs into another room which was cold and where she felt cut off from the family and the T.V.

(3) Painful breasts—varying from soreness of the nipples to “absolute agony doctor”. This latter from a school teacher not given to exaggeration.

(4) “It’s so messy doctor—the milk dribbles all over my dress and it looks bad in public.”

(5) Only one person gave the reason that it spoiled her figure.

(6) “It makes me very tired.”

Baby’s aspect

(1) “You can see how much he is getting.” This was by far the most important point in this group. It seems to give mother a tremendous feeling of satisfaction to see the milk going down the bottle.

(2) “Baby’s quieter”, “sleeps better”, “suits him better”, “more satisfied”, “less wowly”. These minor reasons all played a part.

As far as the husband was concerned the feeding of the baby was regarded as absolutely the mother’s province. In one case the husband insisted on bottle feeding so that he could take part together with his wife in the feeding. Both the husband and the wife volunteered that they felt closer together as a family when father could help in this way. In another case the husband insisted on his wife breast feeding. Apart from these two families, father left it to mother to decide and did not seem to mind so long as he was not disturbed in any way. Not one mother mentioned breast feeding as being a tie to prevent her from going out to work or play, and not one mother mentioned any connection regarding breast feeding and cancer of the breast or that it might be associated in their minds with class distinction; nor did any mother believe that breast feeding one child made her temporarily sterile whilst she was actually breast feeding.

In general the older the mother and the higher the social status there was an increased desire to breast feed and to persevere, although only ten of my 74 primiparae were over the age of 25 years. Early marriage for the girl, whether she is pregnant or not seems to be the prevailing fashion.

A breakdown of the figures further reads as follows:

No. of primiparae	74
No. delivered in maternity home or hospital	73
No. unable to feed on technical grounds, e.g., indrawn nipples, ill health, adoption or point blank refusal	9
No. breast feeding 10 days after birth	65
No. breast feeding 17 days after birth	25
No. breast feeding 42 days after birth	19

Thus, of these mothers with their first baby, 65 of whom had been encouraged to breast feed and actually had done so whilst the doctor and midwife had attended them during the ten days 'lying in' period, soon relapsed after these visits ended—in actual fact 40 out of the 65 stopped within seven days of leaving the home or after the midwife ceased to visit. I feel that if we really wish our mothers to breast feed it is vital that in the week following the 'lying in' period official supervision must continue. The health visitor must visit immediately the mother arrives home, she must help and encourage her during these seven days, even to the extent of a daily visit. Help with the house work is also necessary—perhaps a home-help service, to cover the first few days of a mother coming home would be ideal, in the absence of a close relative. One visit by the doctor on the second day would also be a valuable factor in helping mother to cope with baby on the breast. Difficulties such as where, when and how to breast feed could be discussed freely.

To turn to the second part of the survey i.e., the 44 mothers who had a second baby.

No. delivered in maternity home or hospital	..	..	..	40
No. delivered at home	..	..	..	4
No. breast feeding 10 days after birth	..	..	..	33
No. breast feeding 17 days after birth	..	..	..	7
No. breast feeding 28 days after birth	..	..	..	7
No. breast feeding 42 days after birth	..	..	..	3

Thus, as with the first baby, the importance of the first week of coming home from institutional care is emphasized. Five mothers who had successfully fed their first baby, with varying degrees of enjoyment, put the second baby on the bottle within 17 days of birth. Two of these successful, breast-feeding primiparae had the second baby at home and breast fed from birth; the other three who had been so successful put their second baby on the bottle within one week of coming home. The reason given in each case was that it was such a waste of time when there was so much to do. To force themselves to sit breast feeding baby with the elder child crying for food, the house to clean and husband coming home for food was too much for them. Here again the need for more help in the home is apparent.

I had often wondered at the way the mothers placidly breast fed the second baby in the maternity home and insisted they were going to do so at home, only for a complete *volte face* within two days of coming home. I wondered if basically they resented being made to breast feed whilst in the maternity home. I now think that there is no resentment and they quite enjoy breast feeding in the

maternity home but that they just do not have the time to breast feed on their return to daily life and work in their own homes. On the other hand, it is doubtful if the expense of ancillary help in the way of practical home-helpers for the return home is justified, since all the babies in the above series have done well.

The final chapter concerns the third child and here the picture is quite different.

No. delivered in maternity home or hospital	..	..	..	1
No. delivered at home	..	..	..	9

Of these the one in the maternity home and seven of those delivered at home insisted on immediate suppression of lactation from birth. There was no question of any lip service to ten days of breast feeding whilst they were at rest. The other two successfully breast fed for six weeks. It would seem, therefore, that by the time the third baby comes, mother knows all the answers and will do what she thinks is right for her irrespective of whatever anyone else might say.

To conclude, it appears that if we wish to continue the practice of encouraging mothers to breast feed their babies, it is essential that a follow-up service by all concerned be instituted during that all important seven days of their return home, especially more help in the home with the daily routine tasks.

Dr Samuel Johnson on travelling fellowships

Dr Wall, physician at Oxford, drank tea with us, Johnson had in general a peculiar pleasure in the company of physicians, which was certainly not abated by the conversation of this learned, ingenious, and pleasing gentleman. Johnson said, "It is wonderful how little good Radcliffe's travelling fellowships have done. I know nothing that has been imported by them; yet many additions to our medical knowledge might be got in foreign countries. Inoculation, for instance, has saved more lives than war destroys; and the cures performed by the Peruvian bark are innumerable. But it is in vain to send our travelling physicians to France and Italy and Germany, for all that is known there is known here. I'd send them out of Christendom; I'd send them among barbarous nations."

Boswell's Life of Samuel Johnson,
 L.L.D. London. John Murray.
 1835. viii. 295.