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## Mothers' Experience of Bottle Feeding

The emphasis in health policy on breastfeeding promotion seems to escalate steadily, and yet in many countries the consequences are disappointing. In Australia and New Zealand mothers have one of the highest initiation rates of breastfeeding but more work needs to be centred on extending the duration.

Nobody disputes the benefits of breastfeeding, but we must acknowledge that, for whatever reason, a significant proportion of mothers either never breastfeed or abandon it quite early. It is important that these mothers are given the support that they need to learn how to prepare and use infant formula safely.

A new review from the UK Medical Research Council examined the findings of 23 studies of infant feeding, 17 of these quantitative and 6 qualitative. 14 were from the UK, 7 from the USA, one from Australia and one from New Zealand, involving a total of 13,263 subjects. The findings showed that some mothers did not prepare formula correctly, either in terms of correct concentration or of hygiene.

Several feelings that mothers identified emerged as main themes: Guilt; Sense of Failure, Shame and Worry; Uncertainty; Relief.

It was widely felt that the woman had somehow failed her infant by not breastfeeding. Typical responses were:

*I did feel really, really guilty that I didn't try harder to breastfeed and I still do now.*  
(Lee 1082);

*...I felt guilty as sin going out and buying artificial teats [to supplement with]. I felt awful.* (Cloherty et al 201)

*...I'm giving more bottles now...and I feel a little disappointed about that... (Bailey et al 247)*

*I just felt guilty because I thought I'm being selfish to quit. (Mozingo et al)*

*I think the only thing is you feel that breastfeeding has been drummed into you. You almost feel guilty for saying that you want to bottle-feed. (Earle 327)*

One author said 33% of their participants felt guilty and 44% said they were made to feel guilty. This is a pervasive issue, that zeal to promote breastfeeding leads to pressures on women not to use formula. Conversely, 50% of women in one study felt under pressure to breastfeed: this often led to feelings of anger as they felt the pressure was unreasonable. When it was the hospital midwife who applied such pressure this in turn led to feelings of guilt, shame and worry which are hardly likely to be conducive to persuade women to breastfeed.

In one study 48% of women felt they were given insufficient information about formula feeding. Incorrect preparation was common, including under dilution. Frequent changes of formula brand were commonly noted in response to perceived problems especially regurgitation, and bowel problems, which may well have been due to overfeeding.

The report concludes that where formula feeding is chosen, it is essential that the mother be given full support and information on the topic. One author said, *“when the decision is made to start formula-feeds, mothers should be reassured that bonding, attachment and infant health are not irreversibly damaged, and the quality of their mothering should not be questioned because of the feeding method chosen.”*

In conclusion it is stated *“The UNICEF Baby Friendly Initiative (BFI) and recent guidance from the National Institute for Health and Clinical Excellence (NICE) on postnatal care, while promoting breastfeeding, also recognise that parents who are giving their babies formula feeds should be offered appropriate and tailored advice to ensure this is undertaken safely. Our review suggests that such information and support on bottle-feeding does not happen in many settings. Indeed, some mothers may not receive this instruction because of the mistaken belief by health professionals that the BFI prohibits this. With increasing governmental support to expand the number of BFI-accredited units, healthcare providers should ensure that the needs of parents who bottle-feed are not overlooked.”*

**Rajalakshmi Lakshman, David Ogilvie and Ken Ong: Mothers' experiences of bottle-feeding: a systematic review of qualitative and quantitative studies. Arch. Dis. Child. Published online 14 Jul 2009; doi:10.1136/adc.2008.151910**

*While this paper comes from the UK, the observations reflect commonly expressed issues in Australia and New Zealand, and it is essential to ensure that when, for whatever reason, partial or complete formula feeding is chosen, the family is fully supported with adequate information and engendering feelings of guilt or inadequacy do not result. - John Birkbeck.*