



Breastfeeding for Doctors

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## Position Statement on the Shared Caregiving of the Breastfed Child

We are a group of doctors from various specialty backgrounds with an interest in Breastfeeding Medicine. Many of us are members of the Academy of Breastfeeding Medicine and published authors in this field. We are educated in the biological, psychological and anthropological aspects of breastfeeding and have undertaken considerable postgraduate education and qualifications on the topic, which is not routinely taught in UK medical schools. As such, we are experts on the subject and have a far more informed view than the average medical professional.

We are writing to address concerns that breastfeeding beyond infancy is developmentally harmful. While it may be unusual in Western Industrialised countries to breastfeed beyond infancy, it is recommended by the NHS and World Health Organisation to breastfeed each child for a minimum of 2 years. This is not just for the child's nutrition, but for the development of a normal immune system. It is also well documented that breastfeeding aids secure attachment and emotional regulation.[1] This may be of particular importance for children who have adverse childhood experiences such as family separations, adoption or bereavements.[2]

In our professional experience of supporting parents to continue breastfeeding during separation, it is certainly possible to maintain direct nursing for part of the week when the lactating parent is available, and have the child accept other forms of comfort the remainder of the time, such as cuddles. The acceptance of non-nursing comfort measures does rely however on the secure attachment of the child to the other caregiver. It is not confusing for the child, as they recognise from very early on when nursing is available from one parent, and not from the other. Nonetheless, the child may ask for milk or breastfeeding when they are missing their nursing parent. Not infrequently, the non-nursing parent uses continued breastfeeding as an excuse not to pursue other comfort measures or blames it as the reason they are unable to form a secure attachment. Breastfeeding does not prevent a non-nursing parent from forming a loving relationship with the child.

Breastfeeding is a tool which more parents are using in the UK throughout toddlerhood. The recent Scottish Infant Feeding Survey showed that 32% of babies who were fortunate enough to initiate breastfeeding, are still being breastfed at the 13-15month review.[4] The short- and longer-term benefits are outlined in the article below "Breastfeeding Beyond Infancy - a guide for GPs".[3] Additionally, the UN states that "Children have the right to life, survival and development and to the highest attainable standard of health, of which breastfeeding must be considered an integral component." [5]

Non-nursing parents may suggest that continued breastfeeding is being used for the purposes of their parental alienation rather than for responsive care of the child. We strongly refute this assertion, and urge that any child resisting contact with the non-nursing parent or seeking increased comfort from their nursing parent (through breastfeeding or otherwise) at handover of care, should have other causes adequately explored. There are any number of reasons why a child may reject or resist spending time with one parent post-separation, including historical or ongoing domestic abuse, neglect, physical or emotional abuse.



In our professional experience, seeking to control or undermine the breastfeeding relationship may be an example of coercive control. Certainly, any attempt to pursue sabotaging the breastfeeding relationship is a direct example of failure to prioritise the best interests of the child, and to undermine their primary caregiver's bodily autonomy. It can be triggering for people who did not develop a secure attachment themselves, to witness responsive care and breastfeeding. In the UK, where breastfeeding rates are historically low, professionals may conflate their own cultural biases and opinion with facts. Worldwide, and for much of human history, the average age of weaning has been between 2 and 7 years, with natural outliers beyond this.[6] As with any other developmental stage, like walking or talking, parents can be reassured that weaning will happen in due course without external pressure. Far from being harmful, continued breastfeeding can be part of a responsive, healthy, emotionally secure upbringing.

## References

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Abbreviations:	ABM Association of Breastfeeding Mothers	LCGB Lactation Consultants of Great Britain
	ATP Association of Tongue Tie Practitioners	NCT National Childbirth Trust
	LLLI La Leche League International	