

Title: why women don't exclusively breastfeed to 6 months, and how to help

Audience:

Women, clinicians, policy makers

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Lay summary

What you need to know (important background):

- **In Australia, only 25% of babies are exclusively breastfed to around 6 months. The goal is to raise this to 50% of babies by 2025 (Australian National Breastfeeding Strategy). This is a public health responsibility, it doesn't all rest on individual mothers.**
- We know a bit about why mothers stop breastfeeding altogether, but we don't know as much about why they stop exclusively breastfeeding. If we did, we could better support mothers to reach their breastfeeding goals.
- Breastfeeding isn't a one-time decision, it's an ongoing commitment that's influenced by the experience of breastfeeding itself and the support the mother receives, at all levels of the community.
- Within the context of increasing exclusive breastfeeding, we also need to ensure that mothers' choices are respected, mothers' individual circumstances understood, and balance found between the needs of the mother and the needs of the baby.
- Exclusive breastfeeding means receiving only breastmilk (and medicines if necessary) – no water, no formula and no solids. Australian infant feeding guidelines recommend exclusive breastfeeding to around 6 months, although any breastfeeding is beneficial.
(https://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n56b_infant_feeding_summary_130808.pdf)
- Solid foods should be introduced around 6 months (not before 4 months), when the baby shows cues that he or she is developmentally ready (has good neck and head control, is interested in other foods)

<https://raisingchildren.net.au/babies/breastfeeding-bottle-feeding-solids/solids-drinks/introducing-solids>).

What this research is about:

We wanted to understand how mothers fed their babies to 6 months of age, and whether the reasons for different feeding practices varied.

What we did:

We used data from the Mothers and their Children's Health (MatCH) study, which is part of the Australian Longitudinal Study on Women's Health (ALSWH). For 2888 mothers with 5340 children, we looked at the different ways mothers fed their babies to 6 months of age. For 1879 mothers with 3018 children who stopped exclusively breastfeeding before 6 months, we looked at why.

What we found:

The debate on infant feeding can be polarised between breastmilk and formula. We found that they're actually two ends of a continuum, with four mixed feeding practices in between. We found six patterns:

- Exclusively breastfed to 6 months (34.4%)
- Breastfed to 6 months but had solids (24.5%)
- Breastfed to 6 months but had formula (6.8%)
- Breastfed to 6 months but had both formula and solids (9.7%)
- Breastfed less than 6 months (20.8%)
- Never breastfed (3.9%)

(75.4% received 6m or more of breastmilk; 41.2% received formula; 34.2% introduced solids)

The reasons for each of these feeding practices were different, which means that support for mothers needs to be tailored to their individual breastfeeding experience and their personal feeding goals. In particular, mothers who report breastfeeding difficulties tended to stop breastfeeding, and to not breastfeed subsequent children. Mothers who report problems with milk supply tended to stop breastfeeding, or to supplement with formula. Mothers who reported practical considerations, like returning to work, tended to supplement with formula.

- For mothers who never breastfed, this was mainly due to a previously unsuccessful breastfeeding experience and reporting they didn't have enough breastmilk. These mothers also had a high percentage of medical problems.
- For mothers who stopped breastfeeding before 6 months, this was mainly due to reporting they didn't have enough breastmilk, and difficulties such as latching issues.
- For mothers who breastfed for 6 months but introduced formula, this was mainly due to reporting they didn't have enough breastmilk, practical considerations like flexibility, and breastfeeding difficulties like latching issues.
- For mothers who breastfed for 6 months but introduced solid/semi-solid food, this was mainly due to cues that the baby was read to start eating complementary foods.

- For mothers who breastfed for 6 months but introduced both solids and formula, this was mainly due to a perception they didn't have enough breastmilk, and cues that the baby was ready for solids.

Because reasons for different practices are different, support for mothers needs to include universal strategies, like general information, as well as specialised support tailored to the mother's individual situation. These strategies could include:

- Good information on the natural fluctuations in breastmilk production, and how to identify cues that the baby is developmentally ready for complementary foods
- Public health strategies to reduce some of the barriers to breastfeeding (such as breastfeeding spaces in the workplace and campaigns encouraging greater acceptance of breastfeeding in public)
- Specialised individual support that can target any specific difficulties being experienced by the mother, such as latching issues.

Take away message:

Breastfeeding has benefits for mothers and for babies, but not every mother is able to start, or to continue, and not every mother wants to. Support needs to be tailored to each mother's situation and to her personal feeding goals, recognising that infant feeding is not a dichotomy between breastmilk and formula. We need to balance the needs of mums and babies, respect women's choices, and provide individualised support.