Breastfeeding in public: “You can do it?”

Lisa H Amir

Abstract

On a regular basis there is an outcry about a mother who has been told to cover up or move away from a public area while she is breastfeeding. Mothers should feel free to breastfeed whenever they need to. However, the increasing market for “nursing covers” to hide the breast while feeding is evidence of changing perceptions. Discomfort with the idea of breastfeeding in public has been cited as a reason for some women choosing not to initiate breastfeeding or planning a shorter duration of breastfeeding. Other women are choosing to express and bottle-feed their expressed milk when they are in public. In many cultures today there is a conflict between the concept of breast milk being pure (like tears), and contaminated or “dirty” (like genital secretions or vomit). In these settings the female breast may be considered primarily a sexual organ, and therefore a private part of the body, which needs to be invisible in the public arena. In order to increase breastfeeding initiation and duration and to reduce health inequities breastfeeding needs to be more visible. Let’s strive together to make breastfeeding in public unremarkable.

Keywords: Breastfeeding in public, Public perception, Determinants of breastfeeding

Commentary

Babies need to feed frequently; human milk is low in fat and similar in content to other mammals who feed their young at short intervals. Therefore, mothers with children breastfeed as they go about their daily activities. Sounds simple. However, on a regular basis there is an outcry about a mother who has been told to cover up or move away from a public area while she is breastfeeding. This week, a mother in an up-market London hotel was told to cover herself with a large serviette when feeding her 12 week old baby, as shown in Figure 1 [1]. In August 2014 in the USA, a woman was asked to move to the bathroom because she was breastfeeding her six-week-old baby during a shopping trip [2]. In one well-known incident an Australian television host commented that he thought it was “fair enough” that an attendant had asked a mother to be more discreet while breastfeeding at a public pool [3].

Mothers should feel free to breastfeed whenever they need to. However, the increasing market for “nursing covers” [4] to hide the breast while feeding is evidence of changing perceptions. When I was a breastfeeding mother in the 1980s in Australia, there was no talk about “breastfeeding discreetly”, and I was shocked when I attended my first breastfeeding conference in the USA in 1991 and saw a fellow conference attendee cover her baby’s face while breastfeeding at the lunch table. Since then, many products have been developed and marketed to enable women to feel breastfeeding can be acceptable while in the public sphere. The marketing strategy for one company is to advertise that their product “Eradicates any embarrassment issues for the mother and members of the public” [5].

Covering the breasts during feeding has implications for maternal and infant health and well-being. In my clinical practice, I’ve seen a woman who developed mastitis after feeding awkwardly because she was concealing her breast in a public setting. I feel saddened whenever I see this: where is the eye contact and reciprocal communication between mother and child?

In Australia, and many other countries, the right to breastfeed in public has been established by law. Law makers have acknowledged that the right to food is a fundamental human right [6]. However, the general public may not be aware of this, and prudishness about seeing a baby at the breast can lead to waiters, security guards, shop attendants and others responding inappropriately when the act of breastfeeding occurs in “their space” [7].
Families may feel more comfortable in public spaces such as parks and gardens than in places like shopping centres. While food courts in shopping malls can be convenient for families when they are out of the home, they are often busy, noisy places and new mothers can find the lack of a quiet corner intimidating. Mothers report that they felt more comfortable breastfeeding in a park than a shopping mall [8]. Particularly, women felt supported breastfeeding in a group situation in a park; they feel less comfortable breastfeeding alone in a park [9].

Discomfort with the idea of breastfeeding in public has been cited as a reason for some women choosing not to initiate breastfeeding [10] or planning a shorter duration of breastfeeding [11]. Other women are choosing to bottle-feed their expressed milk when they are outside the home [12]. Although health authorities around the world promote breastfeeding, in practice the image of the infant bottle is ubiquitous and still often seen as the normal way to feed a baby. The increasing practice of expressing milk for healthy term infants might help women extend their duration of breast milk feeding [13], but it doesn’t help normalise breastfeeding at the breast.

In many cultures today there is a conflict between the concept of breast milk being pure (like tears), and contaminated or “dirty” (like genital secretions or vomit) [9]. Women may feel ashamed of leaking breasts if milk is considered a bodily fluid like urine or menstrual blood that needs to be kept hidden from sight and controlled [9]. Many cultures consider the female breast primarily as a sexual organ, and therefore a private part of the body, which needs to be invisible in the public arena (yet they have no similar objection to breasts and cleavages being displayed for other purposes) [14].

Anxiety about breastfeeding in front of other people particularly affects breastfeeding duration in women with low self-confidence or who feel society disapproves of breastfeeding in public [12]. Research has demonstrated this fear of breastfeeding in public in young women, low income women, and immigrant women in western countries [15-17].

The public health message that breastfeeding is important for maternal and child health is not enough. Groleau and colleagues point to “the urgent need for reintroducing the nutritional role of the breast into various social and public spaces including the medias. Reintroducing the normality of breastfeeding in visible public places through images and pictures of women of all ages, body types and styles would be a positive step toward making breastfeeding an infant-feeding habitus – thus...
morally acceptable – in western countries as opposed to a sexually provocative practice” [17] p. 258.

In order to increase breastfeeding initiation and duration and reduce health inequities breastfeeding needs to be more visible. Can we have a middle way between the closed-off breastfeeding or “lactation” room and the bustling open food court? We need to work with communities to determine the most appropriate means of doing this. Do billboards or posters on buses work? The New Zealand Ministry of Health released the “Lucy poster” of the actor Lucy Lawless and her child as part of World Breastfeeding Week in August 2002. The poster – titled “Breastfeeding – my best role ever” – made breastfeeding visible and emphasised that breastfeeding is work that women do, yet was controversial at the time [18]. Cardboard cut-outs of women breastfeeding have been used in the UK and the USA [9]. Many communities have conducted breastfeeding in the park events, breastfeeding en masse events, or breastfeeding sit-ins. In Montreal, Canada, a group put together a YouTube video declaring “Nursing is normal” [19]. Research is needed to evaluate these and other strategies in order to normalise the act of breastfeeding in public.

Let’s strive together to make breastfeeding in public unremarkable. As the Australian Breastfeeding Association poster says “You can do it on a train, you can do it on a plane . . .” (Figure 2, with apologies to Dr Seuss).

Consent
Written informed consent was obtained from the individual for the publication of the images published on Twitter.

Competing interests
The author declares that she has no competing interests.

Author details
LHA is a Principal Research Fellow at the Judith Lumley Centre (formerly known as Mother & Child Health Research), La Trobe University in Melbourne. She practices breastfeeding medicine at the Royal Women’s Hospital, Melbourne and in private practice.

Received: 8 December 2014 Accepted: 11 December 2014
Published online: 20 December 2014

References
1. Claridge’s hotel criticised after telling breastfeeding woman to cover up [http://www.theguardian.com/lifeandstyle/2014/dec/02/claridges-hotel-breastfeeding-woman-cover-up]
2. Moms stage ‘nurse-in’ to protest Anthropologie breastfeeding incident [http://losangeles.cbslocal.com/2014/08/20/breastfeeding-moms-stage-nurse-in-at-anthropologie-in-beverly-hills/]
3. TV’s Kochie faces mother of all protests over breastfeeding row [http://www.smh.com.au/entertainment/tv-and-radio/tvs-kochie-faces-mother-of-all-protests-over-breastfeeding-row-20130119-2d033.html#ixzz3kttJey1H]
4. Top nursing covers [http://pregnant.thebump.com/baby-products/bottles-breast-pumps/articles/top-nursing-covers.aspx]
5. Fedango – it’s time to start facilitating discreet public breastfeeding: Baby Care World Ltd, 2013. http://www.fedango.com/
6. Kent G: Child feeding and human rights. Int Breastfeed J 2006, 1:27.
7. Muleady-Ward C, Hackett M: Perception and attitudes: breastfeeding in public in New York City. J Hum Lact 2014, 30(2):195–200.
8. McIntyre E, Hiller JE, Turnbull D: Attitudes towards infant feeding among adults in a low socioeconomic community: what social support is there for breastfeeding? Breastfeed Rev 2001, 9(1):13–24.
9. Dowling S, Naidoo J, Ponsin D: Breastfeeding in public: Women’s bodies, women’s milk. In Beyond Health, Beyond Choice: Breastfeeding Constraints and Realities. Edited by Hall Smith P, Hausman BL, Labbok M. New Brunswick, NJ, USA: Rutgers University Press; 2011:249–258.
10. Li R, Fein SB, Chen J, Grummer-Strawn LM: Why mothers stop breastfeeding: mothers’ self-reported reasons for stopping during the first year. Pediatrics 2008, 122(Suppl 2):S69–76.
11. Stuebe AM, Bonuck K: What predicts intent to breastfeed exclusively? Breastfeeding knowledge, attitudes, and beliefs in a diverse urban population. Breastfeed Med 2011, 6(6):413–420.
12. Scott JA, Kwok YY, Synott K, Bogue J, Armani S, Norin E, Gil A, Edwards CA, Other Members of the INFABIO Project Team: A comparison of maternal attitudes to breastfeeding in public and the association with breastfeeding duration in four European countries: Results of a cohort study. Birth 2014, [Epub ahead of print].
13. Johns HM, Forster DA, Amir LH, McLachlan HL: Prevalence and outcomes of breast milk expressing in women with healthy term infants: a systematic review. BMC Pregnancy Childbirth 2013, 13:212.
14. Dettwyler KA: Beauty and breast. The cultural context of feeding in the United States. In Breastfeeding: Biocultural Perspectives, Edited by Stuart-Macadam P, Dettwyler KA. New York: Altrade de Gruyter; 1995:167–215.
15. Groleau D, Soulire M, Kirmayer LJ: Breastfeeding and the cultural configuration of social space among Vietnamese immigrant women. Health Place 2006, 12(6):516–526.
16. Boyer K: Affect, corporeality and the limits of belonging: breastfeeding in public in the contemporary UK. Health Place 2012, 18(3):552–560.
17. Groleau D, Sigouin C, D’Souza NA: Power to negotiate spatial barriers to breastfeeding in a western context: When motherhood meets poverty. Health Place 2013, 24:250–259.
18. Shaw R: Performing breastfeeding: embodiment, ethics and the maternal subject. Feminist Review 2004, 78(1):99–116.
19. Nursing is normal [https://www.youtube.com/watch?v=Ex2dSufcFmo]
