

Mothers' experience of, and attitudes to, using infant formula in the early months

Key findings

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Introduction and background to the study

In British society, breastfeeding is offered strong cultural affirmation. The message that ‘breast is best’ shapes NHS breastfeeding policies and informs the practice of professionals. Yet despite the policy goal of six months exclusive breastfeeding, the majority of women use formula, either alongside breastfeeding or instead of it, well before this time.

There is relatively little research that investigates the experience of women who feed their babies formula milk. Of course, women who use formula have been the subjects of research, but the purpose of much

of this has been to identify reasons why women do not breastfeed at all or stop breastfeeding when their baby is very young, with the aim of elaborating interventions that might increase breastfeeding rates. The purpose of the study reported here, in contrast, was not to find ‘causes’ of formula use in order to change women’s behaviour, but to generate some preliminary findings about how women experience feeding their babies in the current cultural and social context. The authors emphasise that the findings detailed below constitute only a starting point for further investigation.

Methodology

There were two components to the research. One was an in-depth qualitative interview study, conducted by researchers from the University of Kent, with 33 women who used formula milk to feed their babies wholly or in part during months 0-3, who were recruited for interview for this reason, and whose babies were aged one year or less at time of interview. All quotations that appear below were taken verbatim from these interviews. As with any qualitative study using a sample of this size, findings should be taken as providing insights about women’s

experience, but not as representative of the experience of all women.

The other component of the research was quantitative. Telephone interviews were conducted by NOP World with a quota sample of 503 women about feeding babies during months 0-6, whose babies were six months of age or less at time of interview. The interviewing took place in July 2004. All of the statistical information that appears below is based on the results provided by NOP World.

Key findings

Attitudes to formula use

Women are ambivalent in their attitudes to feeding their babies. There is widespread awareness of the message ‘breast is best’, and this awareness strongly shapes women’s discussion of how to feed babies and their practice when doing so. At the same time, formula use appears to be accepted by the majority of women. (See Table 1)

Ambivalent attitudes mean that, despite the acceptance of breastfeeding as the ideal, many women still feed their

babies formula milk in the first few weeks. This does not mean, however, that breastfeeding and formula use are seen as having equal value. Women do not discuss or experience using formula as an equally good alternative to breastfeeding. Rather, formula use is experienced as a pragmatic decision motivated by personal circumstances.

Women are also self-conscious about the fact that their decision to opt for formula feeding is regarded as second best, and they invariably feel the need to justify their decision. ▶

How much do you agree or disagree with the following statements? (Responses on a scale of 1-5, where 1 is disagree strongly and 5 is agree strongly)

	Agree	Disagree
If a woman can breastfeed successfully then she should do so	63 %	16 %
It would be nice to breastfeed exclusively but in reality you have to use formula sometimes	58 %	20 %
Breastfeeding is natural, all mothers can do it	39 %	40 %

Base *n*=503 Source: NOP World

Table 1

Pathways to formula use

While breastfeeding constitutes the ideal, a variety of issues – difficulty experienced with breastfeeding, the desire to retain control over aspects of everyday life, and tension between the identity of being ‘a mother’ and ‘a woman’ – also influence behaviour and feeding outcome. Consequently, there are a number of different ways in which women come to use formula.

Women who most unambiguously ‘choose’ to use formula are those who decide to do so **before their baby is born**. Just under one quarter of women state that when they first started thinking about it, they thought it would be best to feed their baby formula. They give the following reasons for their view:

- 24% Easier / more convenient
- 17% Don't like idea of breastfeeding
- 15% Partner / other people can share in feeding
- 9% Had problems feeding other ways previously
- 7% Easier when have more than one child to look after
- 5% Busy / working
- 5% How fed first baby
- 5% Would not pass on enough nutrients to baby otherwise

Base $n=111$

Source: *NOP World*

Women's accounts of choosing to use formula milk before their baby was born reflect different experiences:

- Some women dislike the idea of breastfeeding;
- Some women want to be at work or out ‘in public’;
- Some women want to avoid the struggle, pain and frustration they experienced trying to breastfeed a previous child;
- Some women have other children whose needs they take into account.

“If formula milk wasn't there you'd have mothers hanging themselves. It would just make motherhood so much harder. But what about mothers that just have to go back to work? What if you're self-employed, what if you've got a small company? No, the day that they stop making formula milk is the day I stop having babies.”

“I knew before I was going to have her that I was bottle-feeding, to be honest just the whole thought of breastfeeding just turns my stomach and I can't bear it...I don't know why, I mean I'm no prude...it just doesn't feel right with me at all.”

“I decided from the second I got pregnant I'm not even going there, I want to bottle-feed. It all goes back to my first child. I fed for three weeks with her and I got to the point where I just thought I can't bear doing this any more, not because it hurt physically or anything but because she used to feed for at least an hour, maybe be an hour and a half. I felt like a cow to be honest. I felt so depressed and miserable and I thought I can't do this any more.”

Most women decide when pregnant that they will breastfeed. Data from NOP World show that 314 of 503 women stated they intended to wholly / mostly breastfeed (62% of sample). Following birth, disparities between intention and outcome become apparent. For 106 of the 314 surveyed by NOP World, breastfeeding did not go to plan. A large proportion had switched from breastfeeding early on to formula use by the time they were interviewed. (See *Table 2*)

Experiences reflected in accounts from women who planned to breastfeed but opted to use formula **soon after birth** include:

- Some women plan to breastfeed but unexpectedly find breastfeeding very painful and difficult;
- Some women end up using formula in the first few days because of premature birth or difficulties in childbirth.

	Exclusive breastfeeding	Feeding in other way*
How fed in first two weeks	86 %	14 %
How feeding now (at time of interview)	29 %	71 %

*includes exclusive / mostly formula feeding, equal formula and breastfeeding

Base $n=314$ (women who intended exclusively/mostly to breastfeed)

Source: *NOP World*

Table 2

“Throughout my pregnancy I was absolutely adamant that I was going to breastfeed, all the way through it, but then my placenta didn’t come away naturally so I had to have an operation. I was there with this baby and I couldn’t feel my legs so the last thing I wanted to do was breastfeed. I was tired, I just said ‘Give me a bottle.’”

Women who **plan to breastfeed and introduce formula milk after the early weeks** do so because:

- Some want to restore ‘normality’. The aspiration to normality can include going back to work, or restoring routine sleeping patterns, or participating in activities with other family members;
- Some women have to feed their baby very frequently, and feel never able to ‘fill them up’.

“I planned to breastfeed as long as I could but it’s just sort of worked out that it wasn’t filling him up enough...I hadn’t really planned on sort of putting him on a bottle that soon, it’s just the way it sort of worked out.”

“I wanted to re-establish the regular pattern and during the nights as well. I wanted to just have, you know just get back to normal really, get my body back. I wanted to get my life back, you know I’m not leaking everywhere, I can wear normal clothes, I can sleep normally, it’s just like a sense of normality again.”

Feelings about formula use

There is a fairly widespread sense that women are pressurised to breastfeed, and feel guilty if they do not do so. (See Table 3)

Women who feed their baby formula milk at some point during the first six months report the following feelings when they first did so:

Prompted response

- 32% Sense of failure about not breastfeeding
- 88% Relieved that baby was being fed
- 76% Pleased to find a solution that made things easier
- 48% Uncertain were doing the right thing
- 33% Guilt about using formula
- 23% Worried about what health visitor/midwife might say
- 20% Worried about the effects on baby’s health

Base n=405 Source: NOP World

A considerable minority thus report experiencing negative feelings of guilt, failure and uncertainty about feeding their baby with formula milk.

Feelings of failure are most marked in some women who had intended to breastfeed exclusively or mostly, but did not succeed in doing so. About **one in 10 mothers** (54 women) said that their feeding had not gone to plan and agreed that they felt a sense of failure at not breastfeeding. This group of women was also more likely than others to describe their feelings about feeding their baby formula in negative terms in other ways too, indicating they also felt uncertain that they were doing the right thing, were more worried about what the health visitor / midwife would say, had a sense of guilt, and were worried about the effects of formula milk for their babies’ health.

From women’s detailed accounts of their experience, three groups of women who use formula milk can be identified.

There are women who experience **a strong sense of failure together with other negative feelings**. These women very much want to breastfeed their babies, but find it hard or impossible to do so from the start:

“I felt like a failure, I felt embarrassed, I felt miserable. I thought everyone was looking at me, and like I constantly had to justify myself. I just went on and on about it [use of formula milk]. I was swamped by it. Looking back I think I was depressed. I feel that I lost the first couple of months of the baby’s life really. I didn’t enjoy it, and I was very unhappy. I think it was taken away from me.”

How much do you agree or disagree with the following statements? (Responses on a scale of 1-5, where 1 is disagree strongly and 5 is agree strongly)

	Agree	Disagree
Women are put under pressure to breastfeed	50 %	29 %
Women who don’t breastfeed are made to feel guilty about it	44 %	31 %

Base n=503

Source: NOP World

Table 3

◀ A second group, also women who planned to breastfeed, emphasise **feeling uncertain and guilty** - feelings mostly connected to perceptions of the health effects of formula use.

“You get the posters saying, you know, breast milk gives this and that, gives the antibodies and with their sight and their bowel movements as well and all of that, and so any time he was constipated or something it was like ‘oh my God it’s my milk’. And I think, especially when you’re a first-time mother that’s what you think.”

A third group of women say they **feel confident**. They tend to introduce formula later on, and explain their decision through reference to what is best for them and sometimes their family, as well as what is best for their baby. This group also includes some who chose to use formula before their baby was born.

“I know that mothers feel guilty, but I didn’t. I come from a country where it’s normal. But I know lots of women and my friends from the antenatal group, they were crying because they couldn’t breastfeed their babies.”

“I felt fairly confident about it really yeah, never had any worries at all really. My other two, they went onto formula milk about, about three months old as well, both of them as well.”

Formula use can also lead to women establishing a **posture of defiance**, articulated through the claim that ‘mother knows best’.

“The midwives understandably, said ‘You going to breastfeed?’ and I said ‘No I’m sorry I’m not.’ And as a second-time mum I felt very confident to be able to say ‘It doesn’t matter what you say to me I’ve got a very healthy child who hasn’t in any way been affected, as far as I can see, by not being breastfed, I am not doing it.’”

Information

80 per cent of women surveyed by NOP World say they receive information about breastfeeding and 47 per cent about formula feeding. Those who do receive information about formula feeding obtain it from a variety of sources.

Source of information about formula feeding

Source of information	Percentage
Midwife	45
Hospital staff at time of birth	26
Health visitor	20
Baby magazine articles	12
Bounty / Bounty pack	12
Antenatal classes	7
Friends with babies	6
Leaflets	4
GP	3
Mother	2
Cow & Gate	2
Other health professionals	2
Internet / website	2
Classes / clubs	2
Books	2

Base *n*=235

Source: NOP World

57 per cent of women surveyed, who decide during pregnancy that it would be best to feed wholly or mostly with formula, state nothing / no-one had influenced their decision. In contrast, 29 per cent of women who thought breastfeeding would be best state nothing / no-one had influenced their decision. Women who plan to use formula thus indicate that their feeding decisions tend to be made in a relatively **isolated** way. Unlike women who breastfeed their babies and who cite health professionals and other sources of advice as important in shaping their feeding practices, they claim they made their feeding decision ‘myself’.

More than half the women surveyed (53%) did not receive information about formula feeding. Of that group, 22 per cent state they felt that they needed information. This figure rises to 42 per cent amongst the ‘sense of failure’ group (those who intended to breastfeed, whose feeding did not go to plan, and who feel a sense of failure and other negative feelings at being unable to do so).

Women’s accounts of their experiences show they often have to work hard to find information about formula feeding, sometimes when in a state of anxiety because they had not planned to formula feed.

“The only leaflets I remember getting was the breast is best one and encouraging you to breastfeed. And they would promote the breastfeeding workshop as well but formula was never discussed ever really, I don’t ever remember having a conversation with health professionals about it.”

◀ “It was all a bit bewildering really. You don’t know what you’re doing. I mean with him we just filled a bottle up like with milk and just gave him as much, but you don’t know how much at all and so you’re just doing it and just felt completely in the dark.”

Women’s accounts also show they are very concerned that formula milk is second best, and will harm their babies’ health. The most commonly perceived need is for information about brands and how formula milks differ from breast milk.

Demand for ‘information’ is also related to a need for reassurance that by feeding babies this way women are not ‘bad mothers’. The absence of information about formula milk is experienced as an aspect of the marginalisation of women who use formula milk.

Some women describe feeling bombarded with information that tells them ‘breast is best’. They experience this as part of a more general ‘information overload’ where they feel over-advised, often in contradictory ways, about how to rear their children.

Interactions with health professionals

Women whose feeding intentions do not go to plan (about a quarter of those surveyed by NOP World) mostly intend to breastfeed.

Accounts about health professionals from women who want to breastfeed and fail to do so are mixed. Some describe being given excellent help but others being treated badly, or left to struggle on alone.

“The nice ones said ‘You know come on let’s try, let’s try’, because they obviously wanted to help me to breastfeed which is absolutely right. And they came round and they helped you.”

“I just wanted them to look or something, and they come up and grab, ‘there you go’, just grab your boob, shove it in their mouth and you’re like ‘excuse me’ that’s tantamount to assault.”

Health professionals have the responsibility of communicating to pregnant women and new mothers factual information about how best to feed their babies. This genuine need to communicate about health issues and offer sound advice sometimes co-exists with a moralising ethos regarding formula milk, and sometimes it is the latter that prevails.

Some women who feed their baby formula milk feel that they are treated not as an individual who needs practical advice and help, but as a problem to be managed. Some women say that fulfilling targets for numbers of women breastfeeding seems to be professionals’ main concern, rather than the women’s needs and experience. Others say that it seemed the time and effort they had spent thinking about and deciding what was the best way to feed their baby counted for nothing.

“She was absolutely fantastic, brilliant. She was really good, she was more concerned with the concerns that you had and if you weren’t concerned about bottle-feeding then neither was she.”

“I never ever at any point felt that any of the midwives were like ‘oh that’s fine, that’s your decision, great, how are you with it’. I mean I did have a midwife once ask me and when I said I just don’t like the idea of the breast she goes ‘well that’s not what they’re there for, sex, you know, it’s for breastfeeding a baby’.”

“I was sitting outside feeding the baby, with the other two playing and my husband there, like a nice family scene. And she said, ‘I don’t like what I’m seeing’. And we were, ‘what? What do you mean?’ It was all about me not breastfeeding.”

An unfortunate outcome of the tendency to moralise health advice is that it damages the development of a culture of empathy and trust between health professionals and women. This is indicated in accounts of women lying about their feeding practices, and of interactions with professionals where there is a sense of ‘us and them’. Women can come to distrust professionals, and become sceptical about the value of professional knowledge and advice.

“When I went to the clinic to get him weighed I used to hide the bottle in my bag and if there was no-one there then I’d give him a quick sip before and then if someone came, if I could hear them coming up the stairs I’d put this bottle away. I think now why didn’t I just say ‘I’m bottle-feeding and I’m proud’, you know, but no.”

“Because you’re a mum, so you’ve got the right and you’ve learnt to fight for yourself at that point. The first time you have a baby you’re at their mercy, you think they know best and you think you must be the worst person ever to even be contemplating doing anything other than breastfeeding.” ▶

Interactions with family members, and other mothers

Informal relationships are also affected by the cultural imperative that connects breastfeeding with being a good mother.

Women's self-identity as mothers has become connected with how babies are fed. This means some women do not feel indifferent towards what other women do, and consciously or unconsciously may judge the actions of other women and call them into question.

"I went to this class and one of the women there was bottle-feeding, for whatever reason, and she used to have to say 'oh sorry' and disrupt the group and say 'can I go and get my water now' and they'd heat this water up and you would see all the other mums look at her, like 'why aren't you breastfeeding then?'"

"I remember going to a party and I went to get a bottle out of the fridge and a woman said 'oh, you're bottle-feeding your child. Why aren't you breastfeeding?' I had to explain why I was, you know, it's odd that I had to explain to this woman who I didn't even know why I was bottle-feeding my child."

The experience of women who feed their babies formula milk is least shaped by cultural expectations in their interactions with family members and male partners. Pragmatism regarding feeding babies, coupled with care and concern for the woman herself, dominates these relationships.

"He [husband] just said 'Don't put any pressure on yourself do what's best for you'. He just said you know 'You've tried it, you didn't like it, just do whatever makes you happy.' He said 'it's hard enough having a baby' without putting extra pressures on yourself. And he's made the bottles from day one, that's been his job and it works and that's it."

Conclusions

A process of cultural transmission seems to have turned provision of health information about the benefits of breastfeeding into hostility about formula use. This has a detrimental effect on relationships that are very important for new mothers, namely with health professionals and with other mothers.

The main recommendation that can be made on the basis of this research is that communication with women regarding the health benefits of breastmilk needs to be detached from negativity about formula use. Use of formula milk needs to be depoliticised and treated objectively as a routine aspect of baby care, rather than as a moral issue.

Further details regarding methodology, or any other aspect of this research, can be obtained from Dr Ellie Lee:

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