

## Is the Stigma Regarding Formula Feeding Justified?

**Introduction:** The way babies are fed has become a matter of social and public interest, which is completely unfair to any new mother who is trying to do the best for herself and her child. For mothers who are who are incapable of breastfeeding or those that choose not to, infant formula was designed as a healthy supplement which provides babies with the nutrients they need to grow and thrive (Ministry of Health, 2018). Through researching this topic, I have become increasingly aware of the stigma attached, which is evident in the lack of support or guidance available on the preparation and correct usage of formula.

*The term stigma is a moral or physical blemish used to label, demean and shame either a person, characteristic or a situation (Harris, P., Nagy, S., & Vardaxis, N, 2010).*

### Supporting Evidence:

- Despite the pain from mastitis, blocked milk duct, sore or hard breasts and nipples; women are essentially told to continue breastfeeding, which can lead to mental and physically exhaustion (Ministry of Health, 2018).
- Some women do not produce enough milk to satisfy their babies nutritional needs. Formula brings certainty on the amount of nutrients given, and keeps the baby fuller for longer.
- Caffeine, medications, alcohol and HIV or Hepatitis C can be transferred to the baby through breast milk. (Breastfeeding: A Guide to Action, 2002).
- Breast milk digests faster which means that time, and frequency of feeding and commitment from mothers is more significant (Breastfeeding: A Guide to Action, 2002).
- Unsuitable and inappropriate public facilities for breastfeeding which causes many women to experience social isolation. (Breastfeeding: A Guide to Action, 2002).
- Formula feeding does not require privacy and can be less time consuming.
- Formula feeding gives the dad and other members of the family a chance to bond with the baby as well.
- The World Health Organisation have implemented strict rules against advertisement or promotion of breast milk replacements in healthcare settings (WHO, 2018).
- The District Health Boards also make women sign a consent form if they want to feed their babies formula, whether or not it is a choice or necessity (District Health Board, 2011).

**Recommendations:** Anonymous surveys or additional randomised controlled studies could be implicated to know exactly how many mother's formula feed. Since there could be motivation to lie due to the stigma attached which will lead to insignificant data gathered. There also needs to be more social institutions that support formula feeding mothers, and formula-feeding should be framed in a more balanced and realistic way through public health campaigns and information for mothers. Health professionals have the responsibility to ensure that they have sufficient knowledge about infant formula so they can provide up to date information, particularly on how to use it correctly.

**Conclusion:** The stigma surrounding formula feeding is not justified, the way in which a mother chooses to feed is not a measure of motherhood. Autonomy is supposed to give all humans the right to make their own decisions about their own life without having to feel ashamed just because society disapproves. Evidence is not a prescription for living; it is a piece of information to make a decision with. It is evident that breast milk is best for the baby. However, formula was intended for mothers who are unable to breastfeed so then how can the lack of support, information, and education surrounding formula be justified? By restricting certain information and ensuring a consent form is signed, only adds to the pressure and distress that formula feeding mothers experience regularly (District Health Board, 2011).

### Reference

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- Ministry of Health. (2018). *Breast feeding*. Retrieved from Ministry of Health: <http://www.health.govt.nz/your-health/breastfeeding-and-support/how-to-breastfeed>
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## Rationale

My rationale for choosing to display a poster is because I believe that a poster is an informative and attractive way of supplying the most important information in a summarised method. I pursued this practice issue as I have witnessed first hand the guilt as a mother that is experienced when one has to formula feed. Whether to breastfeed or formula feed is entirely a mother's decision in which she should not feel ashamed about regardless of her choice. There is enormous pressure that is associated with breastfeeding, not only from health professionals but friends and family. People are a product of society but this regularly results in unfair expectations on others who threaten the 'normal' way of society. The 'breast is best' motto places a huge burden on mothers who are unable to physically breastfeed, or those who do not want to, leaving them feeling embarrassed and inadequate.

PECOT category	Information relating to question	Explanation
Population	Formula feeding mothers.  Maternity mental health	Can the stigma surrounding formula feeding be decreased?  Postnatal depression is extremely common among mothers but stigma and the pressure to breastfeed only intensifies this.
Exposure (Intervention)	Maternity hospitals and all healthcare facilities	Massive influence from government in healthcare institutions to advocate breastfeeding, which results in a stigma surrounding formula feeding.
Comparison/Control	Difference between breast milk and formula.	If possible breast milk is best for the baby, but some mothers are not able to, nor want to.
Outcome	Not enough support for artificial feeding mothers. Breastfeeding is heavily influenced by health care professionals and society.	This literature review indented to discuss the best evidence from research regarding stigma around formula feeding and how to decrease the stigma, achieve better support and outcomes for mothers.
Time	N/A	N/A

## Reference

Whitehead, D. (2013). Identifying research ideas, questions, statement & hypotheses. In Z. Schineider, D. Whitehead, G. LoBionda-Wood, & J. Haber, *Nursing and midwifery research methods and appraisal for evidence-based practice (4th ed.)* (pp. 57-76). Sydney, NSW, Australia: Elsevier.