“Clinicians must not bottle out of advising on formula feeds”

Breast is best” is something all health professionals would agree with, and there is no question that breastfeeding should be encouraged and women supported to do it. But what about mothers who choose not to breastfeed, whether for personal or medical reasons – what support is available to them?

Women with a baby well-established on a formula feed have decided not to breastfeed. Yet their access to advice and support is limited as many health professionals are discouraged from obtaining up-to-date information on formula feeds. How can you offer mothers appropriate advice and information if you don’t know what that is, and where is the evidence-based care?

I did my midwifery training back in the dark ages when mothers were in hospital for at least three to five days – long enough for new mums to be shown how to make up feeds and sterilise bottles. As a student midwife, I was expected to know about the full range of formula feeds, how they differed and to advise mothers accordingly. Nowadays, because hospital stays are shorter, there is no time to spend with the mother to go through bottle-feeding and apparently staff are not allowed to do so.

Yet there is clear guidance from the World Health Organization (1981) on infant feeding. While breastfeeding must be promoted, when this is not possible, mothers must be given appropriate information.

Gastric problems, such as constipation, are not uncommon in formula-fed babies (Infante et al, 2011). To address this before it becomes chronic – when laxatives may be required – it seems prudent to know about different types of formula feeds so that mothers can be advised.

In 2010, Unicef produced a leaflet for health professionals and parents, which gives advice on what to do if a bottle-fed infant develops constipation. And the NHS Choices website suggests parents who think one brand of formula disagrees with their baby should try another – and advises them to contact their GP or health visitor for advice. Yet, if health visitors are discouraged from attending study days and meetings attended by representatives from formula feed companies, how will they provide accurate, up-to-date information?

In 1981, the WHO agreed to information on formula feeds being provided as long as it was “restricted to scientific and factual matters”. There is a need to look at how such information can be made available to health professionals, which will then enable them to advise and support those mothers who do breast bottle feed. Otherwise, we are at risk of throwing the baby out with the bathwater.

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References

Do you think UK drug laws are effective? Should all drugs be decriminalised? Or should the laws be tightened up to reduce the risks?

Whatever your view, it is almost certain that some of your patients have taken illicit substances. For some, this is a recreational activity; for some, it is an addiction. And for others, it may be to help them cope with symptoms such as intractable pain.

Our discussion on page 16 argues that, whatever their views are on substance misuse, nurses should not let these affect the care they give to patients who take illicit drugs.

Although the article focuses on patients being treated for addictions, shouldn’t this apply in all aspects of care? Patients need to trust health professionals if they are to be honest about their history. If they feel they will be judged they may withhold vital information.