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

Dr Ellie Lee and Professor Frank Furedi

School of Social Policy, Sociology and Social Research, University of Kent

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1.

Introduction and background to the study

In British society, breastfeeding is offered strong cultural affirmation. Images of women breastfeeding their babies are prominently displayed in maternity wards and other healthcare settings. Magazines for pregnant women and new mothers promote breastfeeding to their readers, drawing attention in particular to its health benefits for babies (Furedi 2001). Advice books and manuals about baby care make it clear that breastfeeding is best.

Messages emphasising the benefits of breastfeeding are also communicated to women through health policies and written advice from health professionals. Advice from the Department of Health (DoH), for example, states that 'exclusive breastfeeding is recommended for the first 26 weeks [six months] of an infant's life' (Department of Health 2005), and that 'Breastmilk is the perfect food' (Department of Health 2005b). Breastfeeding Awareness Week, the DoH's annual campaign begun in 1993, 'encourages mothers and mothers–to-be to give breastfeeding a go' (Department of Health 2005c). NHS breastfeeding policies and the policies of relevant Royal Colleges inform the approach taken by health professionals in their interactions with pregnant women, and these emphasise the same message. The Royal College of Midwives (RCM) has a Position Statement that the College 'believes that exclusive breastfeeding for the first six months of life is the most appropriate method of infant feeding' (Royal College of Midwives 2004).

The message that there is no method for feeding babies comparable to breastfeeding is emphasised particularly strongly through the UNICEF UK Baby Friendly Initiative (BFI), a programme that started in 1992 worldwide and in 1994 in the UK, and which has become influential in shaping breastfeeding policies and the practice of professionals. Its approach is supported by many organisations involved in caring for and advising pregnant women and new mothers, including the RCM, the National Childbirth Trust (NCT), and many Primary Care Trusts.

Maternity services in NHS hospitals can be accredited as 'Baby Friendly' if they adopt the BFI's Ten Steps to Successful Breastfeeding. Steps include the prohibition of any food or drink for newborn babies other than breast milk, unless 'medically indicated'. Particular emphasis is thus placed on there being no promotion of any infant food other than breast milk. One of the Ten Steps concerns the need to ensure that antenatal information to women should cover 'the importance of exclusive breastfeeding for 6 months, the benefits of breastfeeding and basic breastfeeding management', and mandates that 'no group demonstration on the use of infant formula' be provided as part of antenatal care. Where mothers themselves choose to give their babies 'supplementary feed' (formula milk) the Baby Friendly Hospital must take on the responsibility of ensuring that they only do so 'after being fully informed of the benefits of exclusive breastfeeding and the risks of supplementary feed' (UNICEF 2005).

The idea that breastfeeding is superior is thus powerfully disseminated to the lay population (Murphy 1999). Yet the number of women who feed their babies formula milk remains very large when set against the policy goal of six months exclusive breastfeeding. The majority of women wholly or partly use formula for baby feeding well before their babies reach six months of age. In 2000, for example, just over 70 per cent of women started off breastfeeding when their baby was born, but by four months just over one quarter of women were still exclusively breastfeeding. One in five women had stopped breastfeeding within two weeks of birth and one in three within six weeks.

Put another way, 30 per cent of new mothers fed their babies formula milk from birth, by 6-10 weeks 58 per cent used formula exclusively, and of those who breastfed to start with, 39 per cent had changed to exclusive use of formula milk by this stage and 25 per cent were using it in addition to breastfeeding (Hamlyn et. al. 2000).

In policy discourse, such use of formula milk for feeding babies is framed as an outcome of what is characterised as 'informed choice'. Some accounts, such as that from BFI, make it clear that 'informed choice' centrally rests upon the idea that mothers are at liberty to choose to feed their babies formula milk, but that choice will only be 'informed' if it is made in the clear knowledge of the risks this will entail for their babies' health, since formula should only be used where 'medically indicated'.

This approach strongly emphasises the alleged dangers of formula use, as well as benefits of breastfeeding, and it is to be found elsewhere. A leaflet entitled 'Informed Choice', produced for health professionals by MIDIRS and the NHS Centre for Reviews and Dissemination, thus states that:

> Whereas in the past, women traditionally breastfed their babies, the introduction of formula milk and its increasing commercialisation now offers women a choice. Although there is overwhelming evidence that breast milk is the optimal food for babies...over the past fifty years or so, feeding babies formula milk has become accepted by many as a safe alternative. A large and growing body of research evidence now exists which shows this is not the case... Although the health benefits of breast milk are widely recognised, the hazards of bottle-feeding are less so.

The leaflet then details a range of potential health problems in bottle-fed babies, pointing out how they are found more often in babies not exclusively breastfed to 3-4 months. It goes on to discuss 'additional concerns about formula feeding' (MIDIRS 2003).

The concept of 'informed choice' thus associates breastfeeding with safety, and formula feeding with risk. Another message communicated in literature about 'informed choice' concerns what women who use formula milk can expect from health services. The MIDIRS leaflet 'Informed Choice' produced for expectant mothers states that 'whatever you decide, there are midwives, health visitors and local postnatal support groups to help you' (MIDIRS 2003b). The Royal College of Midwives (RCM) emphasises the need for 'respect' for a woman's choice to use formula, and the need for women to be provided with information about how to make up bottles of milk. The College thus recommends that:

> Women who have chosen to artificially feed their babies should have their decision respected, be informed of the social and financial implications of their decision, advised of the risks associated with bottle-feeding and be shown how to make up the feeds safely and correctly (Royal College of Midwives 2004).

The NHS produces a leaflet for women in exactly the same format as that promoting breastfeeding, available for distribution to women, which takes up the last of these points. It states, like the latter, that 'Breastmilk is the best form of nutrition for infants', but begins with the statement, 'The information in this leaflet will help you to bottle-feed your baby safely' (NHS 2004).

'Informed choice', defined in these ways, communicates a powerful message about feeding babies, which frames formula use as inferior or 'second best'. A sense of grudging tolerance of women who make the 'informed choice' to use formula is conveyed in what is said about 'safety'. It conveys the sentiment, 'if they must feed this way, they might as well do so safely'. Even the assertion that women who feed their babies formula milk should be 'respected' seems to transmit a sense of grudging tolerance. The very fact that 'respecting women's decision' has to be stated as a specific directive to health professionals indicates that offering respect where women use formula milk is something of a self-conscious act, requiring special effort on the part of health professionals, rather than something done genuinely and as a matter of routine.

This latter issue in particular has been commented upon elsewhere. Writing in the *British Journal of Midwifery*, Jan Adamson notes that 'The concept of informed choice is now considered one of midwives' most effective tools in promoting breastfeeding', but that facilitating 'informed choice' in practice can be difficult, since 'it is often difficult for us midwives to remain balanced and non-judgemental when the health arguments in favour of breastfeeding are so convincing' (2004: 587). She notes that women can experience using formula milk 'as some kind of failure', but that 'informed choice' according to RCM includes respecting women doing so, and it is 'not our role as midwives to browbeat new mothers into following choices that reflect our own' (2004: 590).

Others have raised concerns in stronger terms about women's experience of feeling 'browbeaten' and not respected. Periodically, newspaper articles have recounted highly negative personal experiences, whereby the option of using formula milk for feeding appeared condemned by others and the mother and baby concerned experienced significant problems (Sitaram 1997; Hopkinson 2004).

Some research has also questioned the merits of breastfeeding promotion in its current form because of its detrimental consequences for the portrayal of, and experience of, women who use formula milk (McConville and Gold 1996; Reid 2001; Macari 2003; Dowle 2004; Power 2004; Rowe 2004). Criticisms have been raised of the Baby Friendly Initiative in particular. It has been emphasised that the initiative may lead to a situation where women who use formula find themselves marginalised (Bean 2001; Shakespeare, Blake and Garcia, 2004). It has also been argued that this initiative can make it difficult for women to access information and advice about the practicalities of bottle-feeding (Turner 1996; Bean 2001).

One conclusion that emerges from this research is that it has become difficult to separate the provision of factual information and evidence about feeding babies from a crusade against formula use. The tendency for the boundary to blur between evidence and campaigning is raised by other research. Furedi, through his discussion of the portrayal of breastfeeding in magazines for pregnant women and new mothers, indicates that many publications have, whether consciously or not, turned discussion of feeding babies into unrestrained advocacy of breastfeeding. The objective of the articles in such magazines is thus to promote 'the cause', and in doing so the promotion of breastfeeding often turns into negativity about formula use. '[P]ositive advocacy of breastfeeding has been complemented by scare stories about formula milk', he notes (2001: 150).

Schmeid and Lupton note how the 'majority of writings about breastfeeding...are profoundly in favour of the practice [and they] continually emphasise that 'breast is best' for infants, the environment and global economy' (2001: 234). Advocacy of breastfeeding has thus become linked to the promotion of a particular point of view about other issues, of which hostility to use of formula milk forms a part. Arguments about health issues associated with feeding babies have become connected to claims regarding the perceived superiority in general of what is 'natural' as opposed to 'artificial', which then depicts the use of formula milk as highly undesirable (Carter 1996; Furedi 2001). A strand of feminist writing about feeding babies that is particularly hostile to formula use emphasises 'the possibility for breastfeeding to be seen as an expression of women's power' (Schmeid and Lupton 2001: 235). In the terms of such arguments, breastfeeding is strongly connected with a particular point of view about women's empowerment, with formula use situated as degrading to women.

The promotion of breastfeeding therefore goes far beyond the provision of information about health in an objective sense. It is about wider issues than the practicality of feeding babies. Health constitutes only one dimension of the advocacy of breastfeeding. Since it is 'natural', not 'artificial', it meets with environmentalist concerns. Breastfeeding is also given value because it is congruent with the 'natural' image of motherhood. It is claimed that it empowers women to breastfeed, since it is something men cannot do. Most of all, breastfeeding serves as a vehicle for the promotion of the importance of maternal bonding with babies. 'Health' often serves as a means of achieving a certain orientation to motherhood, referred to in North American literature as 'attachment parenting' (Granju and Kennedy 1999) or 'intensive' or 'immersion' mothering' (Hays 1996; Hausman 2003). What is advocated overall is a distinct lifestyle that is

frequently justified on health grounds.

The aim of the study reported on here was to investigate the experience of women in the light of the cultural processes described above. Its particular focus is mothers who feed their babies with formula milk. How do mothers who feed their babies formula milk engage with the cultural expectation to breastfeed? Why do they use formula milk? What information do they receive about doing so? Who provides it and in what form? How do they feel about feeding their babies this way? Given that formula use appears to be discouraged, to what extent do such women feel respected as mothers?

The key objectives for research identified at the outset were as follows:

- To understand how mothers who use formula milk exclusively or partly during the first six months following childbirth (and the first three in particular) come to this feeding option, and to find out about different pathways to formula use.
- To find out how mothers gain information about this way of feeding infants.
- To explore how mothers experience and respond to the content of and delivery of information.
- To study the experience of mothers who use formula milk to feed their babies, in regard to their interactions with health professionals, peer group, partners, and other influences.
- To assess the implications of the experience of mothers who use formula milk for health policy and practice.

The focus of this research, on the experience of women who use formula milk, is relatively unusual. This is not to suggest that women who use formula milk have not been the subjects of prior research. Far from it: they have been widely studied. As has been noted elsewhere, however, such research has been primarily conducted in fields of health education, international nutrition, clinical nursing, or public health (Van Esterick 2002). The purpose of such research has been largely policy-oriented, and therefore has focused on identifying ways to minimise barriers that are perceived to prevent breastfeeding. Such research has aimed to identify reasons why women do not breastfeed at all or stop breastfeeding when their baby is very young, with the aim of elaborating policies and interventions that might contribute to increasing breastfeeding rates.

Insofar as women's experience of formula use has been the subject of study, it has been primarily to identify ways of changing their behaviour, in order to increase breastfeeding rates. Such studies assume that low rates of breastfeeding are a problem and they attempt to develop policies that are likely to encourage the practice. As Carter argues, this means that infant feeding has much less frequently 'been looked at from the point of view of women', without the objective of changing behaviour already in mind (1996:11). Schmeid and Lupton claim that, as a result, debate of a more sociological or cultural nature about women's contemporary experience of feeding their babies is lacking. In particular, argue these writers, there is a dearth of accounts that 'examine the ambivalence about or resistance to the imperative to breastfeed' in the contemporary cultural context (2002: 235). There is a relative lack of sociological research that aims not to find 'causes' of breastfeeding or formula use, but rather examines how women experience feeding their babies (Carter 1996).

Literature directly relevant as background for this study – that which investigates the issue of feeding babies in order to gain insights about the nature of women's experience in the present socio-cultural context – is therefore relatively limited. Some studies do, however, provide relevant sociological insights. Given the frequency at which women who intend to breastfeed before the birth of their child initiate breastfeeding at birth, breastfeed babies early, and then go on use formula milk well before the recommended minimum time

of six months, studies of breastfeeding inevitably include comment about this experience of formula use as part of infant feeding. Where appropriate, the findings of these studies are discussed below.

The methodology used for this study is detailed in the Appendices. In summary, it comprised two components. There was a qualitative interview study 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 under one year of age at time of interview (See Appendix section 9.3 for interviewee details). All of the quotations that appear below were taken verbatim from these interviews (all names and other identifying details have been changed). The authors emphasise that, where discussion draws on the data obtained from this qualitative component of the study, as with any study of this kind findings should be taken as providing insights about women's experience, but not as representative of the experience of all women.

The other component was a quantitative study, conducted by NOP World, comprising a 20-minute interview with a quota sample of 503 women about feeding babies during months 0-6. Respondents' babies were six months of age or less at the time of the interview (See Appendix section 9.12 for sample details and section 9.4 for details of questions asked). All of the statistical information that appears below is based on the results provided by NOP World.

The data generated the basis for the following discussion, which covers these areas:

Awareness of public health messages;
Pathways to formula use;
Feelings about formula use;
Information;
Interactions with health professionals;
Interactions with friends, family and other mothers.

The research was funded by INFORM, an initiative of the Infant and Dietetic Foods Association (www.idfa.org.uk).

2.

Awareness of public health messages

We begin the reporting of our findings with comment on how women discuss their perceptions of options for feeding babies.

2.1. 'Breast is best'

In common with other studies, we found that the culturally dominant message 'breast is best' has significant recognition and influence (Shakespeare, Blake and Garcia, 2004; Earle 2000). Those who participated in the detailed interview study all indicated awareness of the claim that breast milk is superior to formula milk, and none discussed their feeding experiences without reference to this representation of infant feeding.

An awareness of the message that breastfeeding is superior was sometimes described very clearly. As Andrea said:

> It's just things that you're aware of anyway even before you're pregnant, I mean you know that generally breastfeeding is better than bottle-feeding ideally. I suppose it's from the books you read, the television, health visitors, antenatal classes, I mean I probably even before I was pregnant...you know I probably...was aware.

In many cases, women also indicated that they accepted the validity of claims made in favour of breastfeeding. Lauren discussed how she was influenced by 'knowing that breastfeeding was best', and continued: 'I think I believe that'. References to the health benefits of breastfeeding were frequently made. Gillian explained that 'I trained to be a nursery nurse, we learnt all about that at college so we knew, you know, we'd learnt all the pros and cons of breastfeeding and bottle-feeding so I knew that it was the best option for the baby, you know?' Gisele stated, ' I believe it's better for them [babies]', and Andrea said, 'I thought that was just the best thing for your baby and getting all the correct nutrients and immunity as well...I mean ideally I think breastfeeding is the best thing for your baby if you can.'

The fact that 'your breast milk has the antibodies' made it the best food for babies, according to Adele; and Samantha, who had trained in childcare, noted this health benefit of breastmilk, together with other aspects that make it the 'perfect food':

> I think it's an amazing thing that you know your milk doesn't come in for the first couple of days and actually that's all the baby needs, they don't actually need that milk until that point... also you know all the antibodies and everything that pass over within those first few weeks.

The husband of one interviewee, who was present for part of the interview, emphasised the same health benefit:

> [W]e always felt that the breastfeeding is the right thing, it's the best way to go forward for the baby...the basic thing about what we actually learned from the web about, about the breast milk is that they, it's best for building the immune system because you get the antibodies from the mum.

Although they had ended up feeding their babies with formula milk in the first three months, some indicated that dominant messages about feeding babies had shaped their own feeding intentions. Ginny explained: 'I was hoping that she would take the breast and that I would do that for as long as possible because everyone said breast is best and that sort of stuff so I did hope to breastfeed her for as long as possible'. Lauren said:

> [T]hose magazines or articles or whatever, they're not saying the formula is bad but that breastfeeding is guaranteeing things in the long term...and probably that's influenced me, I focused on at least six months breastfeeding, at least six months to guarantee the best outcome recommended in the magazines.

'I mean, well, what I heard was breastfeeding is best for the baby so I wanted to give it a try', said Maria; and Tracey explained, in similar terms, that 'I just thought that's best, I've been told that's best therefore that's what I will do...that's what I'd been told, and with my first baby I want to do the right thing'. Marilyn stated: 'They educate you that all your antibodies go to the baby...I mean they don't say that bottle-feeding is bad for the baby but it is really reinforced that breastfeeding is best for baby'.

Marilyn also emphasised that she thought this strongly affected pregnant women and their intentions, explaining that 'because you're a pregnant mother that cares for nothing more than this little thing, you believe what they tell you'. Josie described her experience as follows, also strongly connecting breastfeeding with her own expectations of motherhood:

> [Y]ou see posters everywhere saying 'breast is best' and that, you know, to give your child all these antibodies to fight disease and all that, and I thought to myself, 'cause I'd waited such a long time to have a baby, I wanted a baby for such a long time, I thought to myself 'no, I, you know, I really have to do this the way it's meant to be done'.

These women connected doing motherhood 'the right way' with breastfeeding, a connection that was also apparent in others' narratives. Some explained how they perceived breastfeeding as the 'natural' thing for mothers to do, and others that its relationship to bonding with their baby had influenced them:

> **Anne:** Even before we were pregnant I thought that I would breastfeed my baby. It's a kind of communication, it is really nice.
>
> **Josie:** I'd planned to breastfeed for at least six months and I found myself, you know when you go to shopping centres and you see people breastfeeding and also at like the Mother and Toddler groups and everything, you know, people that used to breastfeed and I remember sort of sitting back and thinking that's so lovely.
>
> **Jane:** It was just that it seemed like, like a natural thing to do rather do that than have to bottle-feed because of the, you know, washing up bottles and having to sterilise them, you know, breastfeeding seemed much better.

It was also notable that for some women, the outcome of not breastfeeding their baby this time around did not mean that they rejected breastfeeding in the future, even where they had experienced significant difficulties with their first child. Gillian had found trying to breastfeed 'really, really painful' and had struggled with a range of ways of trying to make it work, before giving her baby formula milk. She nonetheless stated: 'I think I will definitely try and breastfeed again, probably be more hopeful that it will work more from the start'. Marilyn thought similarly about a future child, explaining, 'I'd really like to breastfeed because I'd like to give my daughter you know the best, well boy, girl whatever it is'. Wanting to 'do the best' for her baby also meant that Rebecca would try to breastfeed again, even though she did not find it an enjoyable prospect: 'So if I could choose what was best for me I would bottle-feed but because still I'm being told that what's best for baby is breastfeeding I would still do the same...I would try it'.

The influence of arguments for the benefits of breastfeeding was apparent in other ways too, for example in comments made about the need for more to be done to make it easier for women to breastfeed. Sandra and Sunita discussed a lack of facilities in public places where women can breastfeed their babies, and the latter drew attention to how breastfeeding in public places was not socially accepted in Britain. She said:

> I don't think as a society in this country we're very breastfeeding friendly. I mean if you go to other countries like Europe, and Scandinavia especially, breastfeeding is just completely normal there but here if you see a woman with her boob out breastfeeding it's like 'Oh.' Yeah it's not socially acceptable here yet.

General attitudes towards feeding babies therefore did not appear distinctive amongst these women compared to those attitudes that might be expressed by women who had not used formula milk early in their child's life. Some women, in particular some of those who had decided during their pregnancy that they would feed their baby formula milk, did make a positive case for the advantages of bottle-feeding. Their narratives are discussed further below. But in these cases too, women rarely discussed their experience in a way that indicated disregard for the advantages of breastfeeding. This suggests that the cultural script that situates breastfeeding as best for babies had been internalised by the women interviewed for this study. In this context, how is formula use discussed and considered?

2.2 Women's ambivalence

From the quantitative survey of 503 women it was apparent that, while there was strong support for the idea that women should try to breastfeed, at the same time many also considered not breastfeeding to be also acceptable (see Table 1).

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 %
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 1: Attitudes towards breastfeeding

These responses suggest that the belief that it is best to breastfeed babies is widely embraced, but this coexists with acceptance of formula use, and a perception that breastfeeding can be a difficult experience.

We interpret these data to mean that many women are ambivalent about feeding methods. This ambivalence appears connected to a tension between the ideal and the actual experience: they view breastfeeding as ideal, but accept formula use in practice.

Ambivalence, however, does not imply that women view breast- and bottle-feeding as equally valid options. Breastfeeding is considered the ideal, and bottle-feeding a pragmatically chosen alternative. The dominant valorisation of breastfeeding as the best way to feed babies shapes the way women interpret their experience, even when modified in practice by specific circumstances.

The description of women's perceptions of infant feeding as 'ambivalent' is echoed in a number of studies, and is frequently attributed to the contradiction about 'what breasts are for, and what they represent in society' (Earle 2000). It is the tension between breasts as a symbol of sexuality on the one hand, and a source of nutrition on the other, that has been considered to be central to women's acceptance of formula milk as an alternative to breastfeeding (Carter 1996). This tension, it is argued, is reflected in women's sense of difficulties about breastfeeding 'in public', which accounts in substantial part for formula use (Earle 2000).

Some women who participated in the detailed interview study made observations about their 'embarrassment' about the public display of breasts:

> **Stella:** I think for some people it's embarrassing, yeah, you know? You know you're talking to someone and they just wop their boobs out it just, I know they're feeding a baby, but, you know, it's not what you want, is it, sitting in the middle of town? Do you know what I mean?

> **Joanie:** [W]hen he was born my mum came in straightaway, my mum came in when I was feeding him so I didn't have a choice to get embarrassed...even my dad in the end, I fed in front of my dad and I thought that was something I'd never do but definitely his mum, I never, ever did.

Ambivalence about the idea that 'breast is best' was also expressed in other ways. Some attempted to defend formula use, whilst knowing that doing so contradicts received wisdom. They did so through using their own experience to contest, to some degree at least, the association between breastfeeding and health.

Andrea thus indicated that she used formula milk whilst worrying about its health effects: 'The only thing that I was probably a bit more concerned about was the immunity and, you know, viruses, and that she's not going to get any immunity passed on from me'. She then defended her own actions through referring to personal experience: 'But then I know a lot of women who breastfed and their children have had lots of colds'.

Others also negotiated the difficulty presented by bottle-feeding in the context of awareness that 'breast is best' through references to outcomes for children they knew. 'You know, thinking about it now...knowing that she was bottle-fed and breastfed it's fine, even though she wasn't breastfed that long', said Jane, of her own child. '[I]t's a bit of a muchness really, between bottle-feeding and breastfeeding', she continued, explaining that, 'I'd nannied beforehand...some of my bosses breastfed for two months and then they went on to give them a bottle...And I know that their children were perfectly fine, they didn't have eczema and they were they were being bottle-fed'.

Some women commented in a very defensive tone about the experience of women like them who feed their babies formula milk. In these accounts, references to the superiority of breastfeeding were set against quite strongly expressed comment about how mothers' needs, feelings and experiences were often disregarded, and about how women who use formula to feed their babies are misunderstood.

'They promote breastfeeding but do people actually do it? Why do they have to promote it so much? 'Cause people are not doing it,' was how Pearl expressed it. Kelly said, 'I mean we know that "breast is best" but then not everybody wants to...and what about the people who are in hospital and they are having problems and can't?' 'I used to think they [new mothers] should be breastfeeding', explained Andrea, when asked about her views on feeding babies. She continued: 'I think it's a completely personal choice now, what you want to do, and I don't think anyone has any right to force their opinions on you'. Susan commented:

> What they don't realise is that what's best for the children is actually what's best for the mother. Because you have to have a mother who is in a good state to look after their kids. This has got completely lost; the whole focus is on the baby, the antibodies, the colostrums. Feeding a baby from a bottle is not child abuse. You still care for your baby. You still feed on demand. You are not depriving them in any way. Happy babies have happy mothers.

In these accounts, women did not challenge the premise that 'breast is best' head on, but did indicate that they thought that use of formula milk should be accepted.

2.3 Summary

There is widespread awareness of the message 'breast is best'. Women's discussion of how to feed babies and their practice when doing so are strongly shaped by this awareness.

Formula use appears, at the same time, to be accepted by the majority of women, suggesting many are ambivalent in their attitudes to feeding their babies. This does not mean that breastfeeding and formula use are given equal value. Women do not discuss or experience using formula as simply a valid alternative to breastfeeding. Rather, they feel the need to make the case for its use.

Defensiveness and a sense that justification for feeding babies with formula milk must be provided are prominent features of the accounts of women who use formula milk. Their ambivalence is expressed in the way they discuss their experience, with many commenting along the lines of: 'I know that breastfeeding is best for babies...but in my case...'.

3.

Pathways to formula use

The data collected for this study indicate, in common with findings of other research, that there is no dominant pathway to or rationale for formula use (Hamlyn et al. 2000). There is rarely one clear-cut reason for a feeding outcome, and perceptions and practices also change considerably over time. The 'choice' to use formula is thus one that includes a wide range of experiences, which differ according to time, context, and events. Formula use is often not planned or anticipated.

3.1 Quantitative results

The 503 mothers interviewed by NOP World were asked about their decision about how to feed their baby. In response to the question 'When you first started thinking about it, what did you think would be the best way to feed your baby?', just under one quarter of respondents stated they thought it would be 'exclusive formula' or 'mostly formula part breast'. Their stated reasons for thinking this are set out in Table 2.

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 (those who thought that wholly / mostly formula feeding would be the best way to feed their baby)
Table 2: Views on why formula feeding would be best

Respondents were also asked, 'What decision did you make about how to feed your baby?' and a higher proportion, just over one third, stated 'exclusive formula' or 'mostly formula part breast'. The survey also found that for these women outcome usually matches intention.

The representation of formula use as a 'choice' appears to apply most clearly to women who decide in advance of birth that they will bottle-feed rather than breastfeed. Another group of women who use formula early in their child's life have not planned to do so. The NOP World survey, like other research, found that the experience of these women was of having a general intention to breastfeed, but then of feeding their babies formula milk in the first few months (8 per cent of those who intended to wholly / mostly breastfeed did, in fact, use formula to a greater extent than planned in the first two weeks).

314 of 503 interviewees stated that they intended to breastfeed, and the length of time they intended to do so for was as follows:

'How long did you intend to feed your baby that way [wholly / mostly breastfeed]? '

4%	Up to 4 weeks
6%	1-2 months
10%	2-3 months
8%	3-4 months
6%	4-5 months
20%	5-6 months
42%	6+ months
4%	Don't know

Base: *n*=314

Table 3: Length of time of intention to breastfeed

Actual outcomes, at two weeks and then at interview (when half of babies were 0-3 months and half 4-6 months), were different, however. What these women actually did is set out in Table 4, indicating a clear disparity in the experience of these women between intention and outcome.

	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, equal formula and breast

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

Table 4: Proportions (of those intending to breastfeed) breastfeeding in first two weeks, and at interview

The NOP World survey also identified that during the first three months after birth, feeding did not go to plan for just over one quarter of women, and 80 per cent of these women had planned to breastfeed. Where women had intended to breastfeed, and gave reasons for this difference between intention and outcome, they mentioned the following:

19%	Wanted to breastfeed but couldn't / didn't work out
23%	Planned to breastfeed for longer
9%	Baby would not breastfeed / didn't like breastmilk
9%	Couldn't produce enough breastmilk
8%	Had to use formula
5%	Baby was ill / medical problem
7%	Hungry baby / couldn't feed baby enough
7%	Had to supplement / top up with formula
6%	I was ill / had medical problems
5%	Too painful / sore
6%	Baby premature
2%	Didn't work out as planned (unspecified)
2%	Had other children to look after
2%	Too time consuming

Base: *n*=106 (all who intended to breastfeed and for whom feeding did not go to plan)

Table 5: Why breastfeeding has not gone to plan

3.2 Qualitative results

The discussion that follows is based on comments made by the 33 interviewees who participated in detailed interviews. It aims to explore further women's experience of these varied pathways to and rationales for the use of formula. It is structured through reference to the two groups of women identified above: those who planned to use formula milk from the start, and those who planned to breastfeed but ended up using formula.

3.21 Formula use by intention

Twelve of the women had decided in advance of giving birth that they would use formula from the start as the sole or primary way of feeding their babies. In two cases, an aspect of the pregnancy itself was central. Rose, who breastfed her first two children, knew in advance that her third baby would be born with a cleft lip and palate, and explained, 'I knew I was going to bottle-feed....I tried to breastfeed but I've done it twice before with both my other two, exclusively breastfed, and I knew she wasn't going to do it'. Sally had also breastfed her older child, but as soon as she discovered she was pregnant the second time with twins, decided to opt for formula use. Concerns about being able to care for her young daughter were central to her reasoning: 'I knew straightaway I wasn't going to breastfeed the babies...the reason for that was my daughter was just three years old when the babies were born and...it would be pretty hard with her you know...I just knew it would be just impossible, it would be very hard for me to breastfeed'.

In line with the findings of the NOP World survey, others who planned to formula feed emphasised 'dislike' of breastfeeding, and the 'convenience' of formula milk. Feelings of 'dislike' of breastfeeding were strongly presented as personal responses. As Sandra put it:

> I've got friends that breastfeed and they breastfeed in front of me and that's fine...it's just something I personally didn't feel comfortable in doing, I just didn't like the idea of, you know, having to breastfeed in front of other people that I didn't know.

'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', explained Kelly, emphasising similarly that it was her personal feelings that accounted for her choice.

This explanation, of disliking breastfeeding because of discomfort with public display of breasts, was also commented upon by Joanie: 'I was not going to breastfeed, I didn't think I'd find it comfortable...I didn't like the images I had in my head of me sitting there in the middle of a busy shop with baby'. (In the end, however, experience contradicted this perception, since this interviewee breastfed to four weeks, an outcome she described as 'quite nice'). Stella also made the same point, about feeling 'comfortable / uncomfortable', situating this as an aspect of the 'convenience' of feeding with formula milk:

> That was an issue as well it's like well, you know, convenience...if you're sitting on a bus to go into town and the baby needs feeding you can get your bottle out and do it, but I wouldn't feel comfortable about getting my boob out to feed it. But that's me. People do though... and it shouldn't be frowned upon because it's part of society...I know my ex-partner, he hated sitting at my sister-in-law's when she was feeding. He didn't know where to look, didn't know where to put himself, and that's wrong 'cause that was in her own house you know?

Arguably these accounts are reflective of more than individual preference. They could be viewed as a reflection of the cultural contradiction referred to above, between breasts as sexual, and as source of nutrition. A characteristic of this group of women overall (although not entirely) was that they were relatively young at first childbirth. All of those women who were teenagers at first childbirth chose in advance of birth to feed their babies using formula milk, and others who did so were in their early twenties when they first gave birth.

Jennie drew attention to this directly when she said, 'I suppose it's because I'm young and I haven't really, didn't even think about breastfeeding'. She continued:

> I've seen people breastfeeding before and it just didn't appeal, just didn't like the idea of it at all. It was a decision I did, I looked into it and thought you know what's the pros and cons of both and I just thought I'd rather give him a bottle, a bottle because it just made it easier for me.

In some of these young women's accounts, 'ease' was related to others 'helping out' with baby care. Kelly, who had her baby in her early twenties, explained: 'I mean it's a dislike but, you know, the inconvenience... I really think bottle-feeding is much, much easier...everyone can help out a little bit.' Steph, who at 35 had four children, her first at 18 and her youngest who was seven months, explained she had 'always done bottle-feeding...it's the easiest way to go...some women would say it's easier just to get your tit out and do it...but bottle-feeding the bottle is there, anybody can do it'.

It may be that for young women, involvement of family members in caring for their babies for practical and other reasons, retaining social contact and activity, and a sensibility of 'dislike' in regard to feeding in public, are particularly pronounced. These perceptions can be seen as fluid, relating to life stage and social position.

There were also older women, however, who wanted other people - husbands or partners in particular - to help out with feeding their baby. Sandra, who decided during her pregnancy that her baby would be fed formula, emphasised this point:

> I just said to my husband...you know, 'baby will be bottle-fed you can help' and that was another thing as well, you know, he was able to, when he was off work, get up in the night and do a feed and, and I suppose that, not swayed, 'cause I knew I was going to do it but it promoted it a bit more for me to bottle-feed, to get that...yeah to get that extra help.

Partner involvement has been discussed elsewhere as an aspect of the reasoning of women who choose to feed their babies formula milk. Commenting on her research, Earle notes: 'For those women in the study who had chosen to formula feed, paternal involvement seemed especially important' (2000: 236). She identified two categories of arguments for partner involvement, one where participants were keen to encourage fathers to participate in the 'daily grind' (for example, take the weight during the night), and the other about encouraging sharing and involvement, which as Earle notes is now so strongly promoted, including in policy terms. Murphy et al. (1998) also emphasise this point.

Those who emphasised 'ease' and 'convenience' had also thought of themselves as engaged with other people, going out in public places, rather than exclusively at home 'in private' with their child. Their perception of the future, in which they played an active and public role, was marked in most accounts that mentioned 'convenience', regardless of the age of the interviewee. As Marilyn put it:

> If formula milk wasn't there you'd have mothers hanging themselves, though...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 think, it's just too easy just to do it.

Stella pointed out that the issue for her friends, who, like her, had fed their babies with formula from an

early age, was 'basically convenience...They're all working mums, they're all at work which makes it easier when you go back to work...They know when they're having the baby, they're on maternity leave, they're going back to work. It's a lot easier to hand over a bottle'.

Others also emphasised the 'easiness' of formula use, in that it facilitated establishing routine (a theme that, as we discuss below, also occurred in the narratives of many who introduced formula at a later point). Steph explained: 'It's just easier...like you can make up the bottles for the whole day, either last thing at night, first thing in a morning you're done'. Note that in this case, however, the assertion that 'it's easier' was again heavily qualified, as a personal, not general, point of view. 'I just feel that breastfeeding is not me, definitely not me', stated Steph.

Those who emphasised 'ease' and 'convenience' were women who very much wanted to be in control of their lives as mothers, and wanted to be able to engage with other people and with aspects of life other than motherhood soon after having their baby. Their narratives contrast strongly with those of women who also decided during their pregnancies that they would feed their babies formula milk, but who came to this decision in the light of quite different considerations and experiences.

These women discussed feeding a second or third child, and their use of formula was strongly influenced by their prior experience of breastfeeding. Susan's account of feeding her three children was one of the most graphic. Of her third child, she explained, 'I said straightaway there was no way I was even going to try [to breastfeed]', a decision she explained through reference to what happened with her two older children:

> I had such bad engorgement with the second...He [first child] came two weeks early, and he was small, and also after I gave birth the midwife told me I have very flat nipples, practically inverted. So I spent four days in hospital, attempting to breastfeed, getting absolutely desperate, until I self-discharged, said I can't stand this any more, I've got to go home. So then I tried everything, breast pumps and so on, but nothing would work. I'd seen my GP, I was desperate. I just couldn't get him to latch on; it was just taking it out of me. I felt like everyone else was dealing with the baby apart from me, because I never got to hold him. I was just pump, pump. I was exhausted, because it takes so long. I was getting no rest at all, and going nowhere near him. I was just the milk-machine in the corner, and then when he came near me, to try and get him on the breast, he just screamed. I felt terrible, just so distressed about it. It was just going nowhere.

For this woman, the choice to use formula milk from birth was strongly influenced by her previous struggles with breastfeeding and intensely negative experiences of attempting to do so with previous children. Like the women whose accounts we have discussed already, Susan also wanted to be in control of feeding her baby, but the context was quite different. Her wish for control was bound up with wanting to avoid the misery and desperation she associated with breastfeeding.

Andrea described the choice she made about feeding her second child in a similar way. 'I made the decision with him to bottle-feed because I thought I'm not going through all that again', she stated, explaining through reference to what had happened with her first child:

> I tried to breastfeed her but I, she had trouble...I was in hospital for about seven days with her...she lost weight...and became very jaundiced...in the end I was...expressing, trying to feed her with syringes and even then they were just topping her up with formula, feeding her with syringes of formula and in the end I just thought this is ridiculous...so I decided to bottle-feed...I was very upset at the time, I had a very difficult birth with her anyway so I was quite tearful anyway after the labour and I ended up having an epidural and I had stitches and everything so it was very uncomfortable afterwards anyway, very tearful...then trying to breastfeed as well and finding out that I couldn't I was very upset that I couldn't even though I knew that it was a possibility...I just couldn't get her to latch on.

'I decided from the second I got pregnant I'm not even going there, I want to bottle-feed', was how Tracey described her feelings about the prospect of feeding her second child. 'It all goes back to my first child', she said. '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, may be an hour and a half...I felt like a cow to be honest, I thought I don't have a chance to do anything else other than sit here on my bottom and feed her'. She then explained how:

> I actually got quite depressed about it...I was feeling very low, I'd had a bad birth, a very bad pregnancy, the end of the pregnancy was horrendous and I just thought I want to be me again, I can't, I felt so depressed and miserable and I thought I can't do this any more, I want my body back for myself.

This narrative again suggests that the woman associated formula use with being in control: primarily of her body, but also of her time.

Lauren's experience was also shaped by what happened with her first child. It was pain and the frequency of breastfeeding her first baby that made her say 'I didn't think it twice, it was the way of doing things', when it came to feeding her second child. Of her first child, she explained:

> I was convinced that I wanted to breastfeed...Basically I was so frustrated that the milk wasn't going on and then it was painful and the nipples were cracked...The midwives telling me no you can, you can, you can and giving me the different techniques and options...then I had an infection myself...after she was feeding for half an hour she was still crying so I was thinking all the time she's still hungry, hungry, hungry so I was topping up all the time.

Experience of difficulties feeding first babies has been identified elsewhere as a possible reason why women use formula milk with second babies (Hamlyn et al 2000), and these accounts strongly support this suggestion. It is also the case that women who plan to breastfeed but find they cannot do so, appear to experience feeling marginalised especially strongly. They perceive a lack of recognition of their difficulties, and absence of affirmation of the fact that, in ending up using formula milk, they are still 'good mothers'. As we detail below, it is women who experience difficulties breastfeeding who describe their feelings about using formula milk in highly negative terms, and who also feel the lack of information available about formula use to be a negative statement about women like them, in regard to their abilities and actions as mothers.

It is also notable that these women sought to emphasise how there were positive aspects to formula use, and how this shaped what they did the next time. They very much wanted to find ways to affirm bottle-feeding their second baby as a positive experience. Clare did so through discussing how easy it is to feed babies this way. 'I didn't even hesitate about it this time, I still, I wanted to bottle-feed this time', she said. 'I do find it, well it's just easy isn't it, it's always you know you only have to go out into the kitchen and make it up'.

Some of this group of women also raised involvement of others, especially male partners, in feeding, highlighting this as a positive aspect of formula use. Of her husband, Clare stated: '[H]e's probably the most fantastic dad I've ever known...he's proud of the fact that he had that first feed...he's proud of the fact that he was given the choice to be able to you know bottle-feed you know'. Andrea described how both her husband and older child become involved with feeding: 'It's something that we can all do...he can sort of share the feeding...and it was good for her [first child] she's...more involved in it as well with the bottle'. This woman emphasised that there were both practical and emotional benefits to her husband's involvement with feeding:

> I think if you're breastfeeding the husbands can...they're left out and doesn't bond. And he's like bonded with [second child]...it isn't just all mummy...I mean he's a daddy's boy really so you know so he's very close to him, he's bonded with him. And also it means that you can go you know, you know you can go out, I could go out if I wanted to go out for a couple of hours or something I could leave him knowing that.

For Tracey, being able to share feeding her baby had proved very positive in both a practical and an emotional sense:

> My husband, he's fab anyway but he very early on...we were literally doing half and half in the night, he'd do half, I'd do half...So both of us are getting loads of sleep...it's wonderful. And also for a dad they get that chance to bond and sit and cuddle them and you know he sits there and he says 'Oh this is lovely, it's lovely.'

These women took great delight in the experience of seeing dads feed their babies, and revelled in the fact that their partners clearly loved doing so. It could also be argued, however, that women who feed their babies formula milk have to find ways to legitimise their actions. It may be that this takes place through emphasising how bottle-feeding can allow the realisation of a model of what is deemed to be 'good parenting': namely that of shared parenting. In other words, the issue of partner involvement in feeding is emphasised, at least in part, as a form of justification for why breast is not always 'best'.

Women who planned during their pregnancy to feed their babies formula milk thus did so for different reasons. Exercising control was a common aspiration, but this was the product of differing experiences and perceptions. Some, who emphasised how 'easy' and 'convenient' formula use is, wanted to be in control of their wider life, in regard to being able to do things other than feed their baby, including working and going out. For others the need for control was the product of experiencing being very much out of control when attempting to breastfeed a first child. Those with the experience of having struggled to breastfeed also made efforts to find ways of couching formula use as a positive aspect of parental experience, referring particularly to how it facilitated 'shared parenting', and their doing so may best be understood as a reflection of their defensiveness about formula use.

3.22 Where outcome differs from intention

About two thirds of the 33 women interviewed had planned to breastfeed their baby – a similar proportion to that identified by the NOP World survey. Why did they end up using formula in their baby's first few months?

Formula use in **the first two week**s was in some cases related to the experience of painful and difficult birth. Marilyn said:

> Throughout my pregnancy I was absolutely adamant that I was going to breastfeed, all the way through it...but then after I had [the baby] 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... it got into the middle of the night on the second night after me still not successfully being able to latch on myself, she was crying, I was tired...I just said 'Give me a bottle.'

Fiona ended up mixed feeding for five weeks, before feeding her baby only formula:

> I had a caesarean so obviously I couldn't move straight after the birth...I couldn't sit up I couldn't do anything. So they, they got a bottle and fed him with a bottle...They were, they wanted me to breastfeed, I said I couldn't...they were...you know, 'come on', you know, 'get your breast out' and you know, 'try and do it' and 'I'll help you' and, you know, 'get him to latch on and it's quite easy'...I did try, you know, I tried and I got him to, he had some, he had some and I ended up expressing it.

Two women who used formula milk in the first two weeks emphasised that health staff had advocated feeding this way, following problems at childbirth. They felt unhappy about this outcome at the time. Both also managed to breastfeed later, however, for some time at least. Adele explained: 'I had gestational diabetes, they were worried about him having low blood sugar...he was drinking but I was very knackered after a very long labour and so they gave him formula milk'. 'I hadn't chosen it', she said. 'I was exhausted and he just wanted to drink all the time and I just kept falling asleep because I was zonking out and in the end you know they kept saying to me you know you can give him a bottle, you can give him a bottle, and I tried to fight that as much as possible but in the end exhaustion and everything else got to me'. She continued:

> Then I had a bit of difficulty with the breastfeeding anyway [so fed with breast and formula milk]. I wanted to breastfeed him more and then got into sort of he was about 8 weeks or so where because he was getting too used to formula feed and he wasn't drinking properly from me I, in the end I ended up sort of dropping the formula feeds and just feeding him on breast.

Others described an experience of struggling to breastfeed. They experienced great difficulties, and resorted as result to using formula from an early point. Their narratives were similar in some ways to those already discussed, from women who ended up formula feeding subsequent babies as a result of struggling to breastfeed their first child.

These women often used the term 'assumption' in regard to their initial plans about feeding, making it clear they had not considered using formula. For example, Louise stated that she held 'Just an assumption that I wanted to try that...I mean I think I speak for a lot of my friends as well that did the breastfeeding that it was just assumed...I just assumed that you know I would give it a go'. She, like others, also recounted how she had also assumed that breastfeeding would be successful, and simply had not envisaged difficulties. Gillian recounted: 'I wasn't planning to use formula milk at all until I went back to work...but I just found breastfeeding really, really painful and difficult at first and I really struggled'. She ended up giving her baby formula milk a few days after birth: '[I]t was Sunday afternoon and I just knew I couldn't do it anymore, I was just in that much pain and I sent my partner out to try and find some formula milk somewhere'.

Jane also had no intention of using formula, but fed her baby with it from four days: 'The first four days, I tried to breastfeed...she was like so fussy and crying all the time'. She continued:

> First we thought there's something wrong 'cause the first night she was just crying the whole night. The reason was she was so hungry...they discharged her the same day, all night that night she just kept on crying, crying and then the, when the midwife came here she got her weight checked and she said it's, she lost like 10 per cent of her birth weight in four days. So she said you need to give her top-up milk now...[after that] I tried to but she just didn't settle properly.

Josie did try to breastfeed her second baby for a few days, following very difficult experience with her first child. She described her experience of both times as follows:

> [Of second child] Whenever she [first child] saw me feeding she saw this pain on my face I couldn't hide from her...I saw the look on her face, you know, thinking 'look at my mummy, she's crying and crying' and I thought to myself 'Oh my God...[of first child] I wanted, well I wanted to breastfeed, I thought it was very important to breastfeed and I didn't think that I would have any problems and I didn't think that the child has a choice and from the time she was born no matter what I tried she just did not want to know. I was adamant that I was going to breastfeed...I persevered for almost two weeks trying every feed first with the breast...it was just a complete nightmare from the time that she sort of, you know, you've got your, your boob out she was hysterical.

The stories of these women, who 'struggled' for various reasons, included the suggestion that they may have breastfed successfully had they been given more or different help. Andrea stated, of her first child, that she was 'slightly annoyed that I didn't get the support in hospital and you know I just felt that if everything had been handled differently then you know I probably would've been able to breastfeed', but concluded that 'then looking back I still feel that it probably was the right, I think logically it was the right decision to do because I think you know she needed to get some fluids'. It was the case that some did manage to breastfeed partially or for a short time following the intervention of a midwife or health visitor. Josie, for example, recounted being shown a 'different technique' with her second child and she did then breastfeed for a short time.

The argument has been advanced elsewhere that different professional support may lead to a different outcome for women such as these (Hamlyn et al 2000). The interviews conducted by NOP World also suggest this may be the case, since they found that of those women for whom feeding did not go to plan in the early weeks (one third of interviewees, of which 80 per cent had planned to breastfeed) 12 per cent thought 'advice on and being shown how to breastfeed' might have made a difference, and 12 per cent and 4 per cent respectively thought 'help from hospital staff' and 'help from health visitor' would have made a difference. 18 per cent, however, stated that 'nothing' would have helped them stick to their original plan, and 11 per cent said 'don't know'.

The mothers who used formula from an early point also discussed fathers' involvement with feeding their baby in very positive terms, as a rewarding aspect of their unintended experience. Fiona, for example, described it in this way:

> He was brilliant, because I had the formula he could, he would, you know, get up in, at night and get the bottle and we would share it, even during the day and everything whereas if I was breastfeeding I'd be constantly...it would be too much ...I think that it helps with the relationship as well, with the baby, like you're sharing it whereas if it's just, you know, I think they might get, I don't know but I, I would think that husband would get a bit, you know, feel a bit left out when you're just breastfeeding all the time.

What about those who introduced formula **after the first two weeks**? The experience of struggling to breastfeed was also a common theme, although their descriptions of struggling were less intense.

Women in this category included those who had expressed milk to start with. For some, expressing rather than breastfeeding was the result of their baby being born prematurely, and for others it was because they could not find a way to get their baby to breastfeed, but they commonly found expressing breastmilk to be rather arduous and inefficient. These women found it difficult to start breastfeeding later on. Julia explained, 'I did plan to breastfeed but he didn't really want any, he wouldn't take it from my breast so I had to express it...I could only express three bottles at the most...for about two weeks and then it started to dry up...then I combi fed'. Pearl's baby was delivered two months early by caesarean section. She began by expressing and was also using some formula, and then tried to breastfeed, but explained: 'I struggled with breastfeeding... it was just me that struggled really but I mean they're encouraging like "keep trying" and they give you different techniques to use to try...but it just wasn't working for me'.

'I expressed for about two or three weeks,' explained Anya, whose baby was also premature. 'Then just the stress of him being premature, being in hospital the milk just dried up so I had every intention of breastfeeding but the milk dried up and then I had to just go to formula milk'. Samantha described what happened following the premature birth of her baby:

> They had to start using formula from the moment she was born because obviously I had to wait for my milk to come in...and then I started expressing and so they used that and then just used formula as a top up...we breastfed for about, just breast for about five weeks and then I started to introduce formula.

This woman expressed for the longest of those who did so, and there were no accounts where expressing milk was followed by exclusive breastfeeding.

Others introduced formula after two or three weeks, or slightly later on, for a different reason - the baby seeming hungry and not getting enough milk:

> **Ursula [formula at 3 weeks]:** I didn't have enough milk, breast milk...so I started giving him formula...I didn't want to give it to him in the beginning...for my older boy I breastfed him for six months.

> **Daisy [formula at 4 weeks]:** Second time round we're realising that he was hungrier and I wasn't producing enough milk to satisfy his needs.

> **Gisele [formula only from 8 weeks]:** 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 think breastfeeding is good for them as long as you can carry on doing it but obviously in my case it wasn't filling him up enough and he was still hungry...it got to the stage where I was feeding him for an hour at a time and then an hour later he was wanting more. So I thought well I can't carry on like this, he's got to have something more, so that's when I decided to put him onto the bottle.

These findings resonate with those of Murphy et al. (1998), who found that a key reason for a disparity between intention to breastfeed and outcome was the perception that it was no longer 'best' for the baby to be breastfed. Indeed, breastfeeding came to be associated with not feeding the baby in the optimal way. 'All those who have stopped breastfeeding cited their inability to satisfy their baby's hunger', they argue of their interviewees. 'Contrary to their earlier belief that breastfeeding would be "best", their babies appeared unsettled and hungry...satisfying the babies' current needs has assumed greater relevance than promoting the babies' long term health'(1998: 260).

'Lack of milk', as Murphy et al. (1998) explain, often merges in women's accounts with the experience of having to feed their babies at very frequent intervals, an experience sometimes associated with pain and discomfort. Of the women they interviewed who intended to breastfeed exclusively, they note that this experience formed part of a shift away from women's prior assumptions and intentions, to their actions being shaped by 'concrete experiences of pain, discomfort, sleep loss and exhaustion'. They note that by this stage also, 'The women were less likely to see the needs of the mother and the baby as being in competition' (1998: 262).

The interviews conducted for our study have generated a similar finding, in that breastfeeding was sometimes situated as no longer 'best', partly because the baby was 'not getting enough milk', and also because it seemed bad for the mother. The distinctive feature of accounts of this kind is that women experienced less tension between concern about their own problems breastfeeding, and worrying about the effects for their baby if they stopped doing so. As a result, they seemed less worried about feeding their baby formula milk, and their stories are less markedly fraught than those of other women.

Ginny, who combi-fed from eight weeks, thus emphasised that it was best to use formula because of the need to alleviate tiredness resulting from feeding very regularly, and it would mean her husband and other family members could share the task of feeding:

> I found breastfeeding very exhausting, she was a very demanding baby, I used to feed her like every one and a half, two hours and yeah I was just tired, really tired...It means my husband and my mum and everybody else could help now...I was tired, especially like the night feeds as well, you know...once she was on the bottle then at least he could actually go and heat her bottle up for her and either feed her or I'll feed her or whatever...And like if we went out for

the day or if I was round my mum's or whatever it didn't mean that I had to be stuck to her to feed her all the time someone else in the family could have fed her for me which was good.

Others, who adopted formula for similar reasons, also indicated that as well as the baby not getting what it needed, breastfeeding had become detrimental to their own well-being and that of their family. In particular this was the case for women who had other children to look after:

Louise [formula at 8 weeks]: [The baby] slept through reasonably quickly but then he started to wake again and that coincided with me feeding more and I thought well I'm sort of eating myself up here because I'm feeding him more, he's waking more, I'm tired, the whole, you know the whole household is tired and then I'm getting up in the morning and you know I've still got to manage two children. Whereas if you, like he is now, sleeping through, everybody is fresh as a daisy, he's more settled.

Gisele [formula at 8 weeks]: It's convenient [breastfeeding]...but when it gets to every hour and it's not convenient then it's time to say no that's it I can't carry on like this. You can't go anywhere or do anything because you're forever watching the clock and saying oh no you're going to want feeding again in a minute and I haven't done anything and been anywhere and you're trying to get so much done and especially when you've already got other children as well. When it's only one child it's not quite so bad but when you've got three and it's, it's that much harder.

A dominant theme was that by this point, formula use was not considered 'bad' for the baby, and there were other compelling reasons for not breastfeeding.

The sense that the cons had come to outweigh the pros of breastfeeding featured in others' accounts:

Joanie [formula at 6 weeks]: I breastfed exclusively and then...he wasn't sleeping that great we thought he, we'd expected him to sleep a bit longer between feeds so I tried him on some formula milk...I left another couple of weeks and then by the time...'cause we were going out and it just felt more comfortable giving him a bottle when we're out in public...we kept trying him on more formula and he just took to it.

Anne [formula at 12 weeks]: I wanted to come back to work so, well he started at a nursery so we thought that maybe it was a good idea, because actually he would spend five hours or so at the nursery so we thought it was a good idea. And also he was very hungry and maybe some friends, people like that, thought maybe it was a good idea if he had a bottle in the night, during the night because he woke up many times, actually he'd wake up seven times... we thought that he was ready.

Rebecca [formula at 6 weeks]: Some people seem to really enjoy breastfeeding and other people don't. Now I was one of the people that didn't but kind of thought 'well perhaps I'm doing the right thing'...I just found it unpleasant, and I didn't get all those special feelings you're supposed to get with your baby and, and so it was just a functional thing...and every baby, near enough, every baby goes onto a bottle eventually so what's the difference it's, it's just when you do it?

Louise [formula 8 weeks]: I breastfed with him and then he was falling into sort of a regular feeding pattern but as he was getting older it started to be that I was feeding him more and more...I wanted to re-establish the regular pattern and during the nights as well...And it coincided with us going away on holiday as well and I wanted to just have, you know just get back to normal really, get my body back...I felt I'd done my part really. I just wanted to sort of like get back to normal really...I suppose it's sort of getting a bit selfish...I want to get my life

> you know my body 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...I suppose it's you know you have to forget about your needs...I suppose there just comes a time when I thought you know I want to get me back, you know wear my clothes again, sleep normally, things like that.

What emerges from these accounts is that the representation of feeding babies formula milk as a 'choice' fails to capture women's real experience. Women obviously do make decisions about feeding babies with breast milk or formula milk and choose to use formula at a certain point. However, women do not simply make a choice and act on it. They face a variety of unexpected pressures and unanticipated problems.

There is no straightforward distinction between 'breastfeeders' and 'bottle-feeders'. Rather, mothers make pragmatic decisions in response to their experiences. Sometimes this experience forces women to rethink their original strategy for feeding their baby and sometimes these plans are affirmed by their experience. What distinguishes the feeding options adopted by mothers is not a choice made in the abstract but their experience and the way they interpret it.

3.3 Summary

A range of different pathways to formula use can be identified. Women who most clearly 'choose' to use formula are those who decide to do so before their baby is born. A wish to be in control of what happens is common to this group of women, but for different reasons. Some want to be in control of feeding because they want to be at work or out 'in public'. Others want to avoid the struggle, pain and frustration they experienced trying to breastfeed a previous child.

Many women who feed their babies formula plan to breastfeed, and so do not use formula milk as a result of intention. The experience of some of these women is that breastfeeding is very painful and difficult. They feed with formula from a very early point, in the first couple of weeks. Others who intended to breastfeed also use formula in the first few days because of premature birth or difficulties in childbirth. More than others, these women feel marginalised as 'bad mothers' because they have failed to breastfeed.

Women who introduce formula milk later (although still earlier than they had intended) do so for a range of reasons. These include wanting to restore 'normality', which can include going back to work, routine patterns of sleeping, or activities with other family members. Having to feed the baby very frequently, and never being able to 'fill them up', leads women to give babies formula milk after a few weeks.

Women who feed their babies formula milk in general make the case for their decision in a defensive way. They place strong emphasis on personal choice and experience – they are 'just doing what is right for me'. This is particularly the case for those who planned to breastfeed and assumed they would be able to, but then struggled to do so. These women justify how they feed their babies through reference to culturally affirmed norms, for example that of 'shared parenting'. Those who experience the least anxiety 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.

4.

Feelings about formula use

In research about women's experience of feeding babies, one important focus for discussion has been women's feelings when they use formula milk. It has been argued that women feel guilt and a sense of failure, which reflects the cultural dominance of the message 'breast is best', since this associates breastfeeding with being a 'good mother' and represents those who opt for formula as 'bad mothers' (Murphy 1999, 2000; Carter 1996, Earle 2000, Blum 1999; Schmeid, Sheehan and Barclay 2001).

4.1 Expectations of feelings associated with formula use

The research conducted for this study indicates that, in general, there is some perceived association between formula use and the experience of negative feelings. Many respondents who took part in the NOP World survey, for example, held a relatively strong expectation that guilt feelings would accompany formula use. 44 per cent stated that they agreed with the statement 'Women who don't breastfeed are made to feel guilty about it'. Responses to some questions asked of women who participated in in-depth interviews also confirmed this point. The perception that negative, not positive, feelings are associated with formula use shaped most of their accounts. In response to the question, 'How did you feel when you first fed your baby formula milk?', all assumed that they were being asked whether they felt guilty or bad in some way. This suggests the presence of a cultural script that connects breastfeeding with happy feelings, and formula use with the opposite.

4.2 Quantitative findings

In regard to the actual experiences reported by women who fed their babies formula milk, those who participated in the NOP World interviews reported they experienced a combination of negative and positive feelings about what they were doing. (405 of the total of 503 interviewees had fed their baby formula milk by the time of the interview, and these women did so at a range of points during months 0-6 and for the variety of reasons discussed previously).

(Figures for group of 54 respondents who used formula having intended to breastfeed, and stated they felt a sense of failure at not breastfeeding, in brackets)

(Prompted responses)	
Sense of failure about not breastfeeding	32% (100%)
Relieved that baby was being fed	88% (93%)
Pleased to find a solution that made things easier	76% (87%)
Uncertain were doing the right thing	48% (57%)
Guilt about using formula	33% (70%)
Worried about what health visitor / midwife might say	23% (50%)
Worried about the effects on baby's health	20% (44%)

Base: *n*=405

Table 6: Feelings when women first fed their baby formula milk

As the statistics above indicate, a very high percentage reported that feelings of relief were part of their experience, since their baby was being fed. Many were also pleased to find things had become easier for them as a result of bottle-feeding. A considerable minority reported the experience of negative feelings, including guilt and failure, but also uncertainty about feeding their baby this way.

Feelings of this latter kind were most marked for women who had intended to wholly or mostly breastfeed, but did not succeed in doing so. Of the almost two thirds of women who stated they had intended to wholly or mostly breastfeed, it was the case that, for one third (about 100 of the 503 women interviewed overall), feeding did not go to plan in the first few months. Just over one half of these women reported their experience to be associated with feelings of failure because they had not breastfed, a group numbering 54 women. This group of women was also significantly more likely than others to describe their feelings about feeding their baby formula in negative terms in other ways too.

These data suggest that many women's emotional experiences are influenced by the culturally dominant association between breastfeeding and positive, fulfilling and successful mothering. However there are important variations in women's experience, with a particular group of women experiencing negative feelings most strongly.

4.3 Qualitative findings

We now discuss what women who participated in the in-depth interviews described and recounted about their feelings, to shed more light on these experiences.

4.31 Guilt, failure, worry

Some women discussed their experience in very negative terms. These women had planned to breastfeed their babies, and assumed they would succeed in doing so. The problem was clearly described by Andrea, who explained: 'I think the people that I know that have tried to breastfeed and then gone on to bottle[feed] have just felt this guilt that they haven't been able to do it or a sense of failure because they haven't succeeded'.

A 'sense of failure' was recounted in vivid ways by some women, and they often also used the words 'shame' and 'embarrassment' to illuminate further what they meant when they said they had failed because they ended up feeding their babies formula. Josie, who first fed her baby formula on day 14, said that she felt the opposite to how a new mum should feel: 'I didn't want people to come round because of me having to feed and the way I was feeling and I just didn't want people to even come round to see the baby because of the negativity I was feeling about myself'.

Others described their experience in similar terms, making it clear that they had also undergone a profoundly isolating experience in the early days of their baby's life, in which their confidence about their own abilities had rapidly diminished. Susan fed her first child with formula on day 10, and she said: 'I felt a failure. I felt that immediately'. Like Josie, she also described how shame and embarrassment overwhelmed her, to the point where she isolated herself from other people: 'I felt I couldn't go out with him, with such a young baby. Because I though, the expectation is, you should not be bottle-feeding such a young baby'.

'Once he got older that diminished, because all mothers would be doing it,' Susan continued. 'But at the beginning I had such a sense of shame. So I didn't go out, and of course, that made me more miserable, because I was by myself, just obsessing about it...I felt really embarrassed. So I never went out...in my head, the whole world was breastfeeding.' She went on:

> It wasn't the bottle-feeding. It was how I felt. 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 and tell people. I just went on and on about it. 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.

The use of the term 'depressed' in this account strikingly illustrates how totally overwhelmed Susan felt by her feelings of failure. 'Depression' related to problems with breastfeeding has also been discussed by Shakespeare et al. (2004), who note that they came across this problem by accident, when conducting a study of Post Natal Depression. These researchers drew the conclusion on the basis of further investigation that women can experience very strong feelings of guilt and failure when they intend to breastfeed but, like Susan, end up not being able doing so successfully. They also suggest that the UNICEF UK Baby Friendly Initiative may have 'unwittingly' contributed to this problem (2004: 259).

The term 'depression' was also used by Rebecca, who described how she felt utterly overwhelmed when she found she could not breastfeed her first baby, an experience she described as like 'being in a hole' and 'completely swamped'. She gave her first child formula on day six, and stated:

> You know, just that you're such a failure because all you've got to do for this baby is feed it and if you just can't do that, or you're having problems with that you must be rubbish, you know, so you're beating yourself up about it and I really believe that…if anything's going to give you depression it's that, because you can't get any help.

She blamed her feelings of desolation on the response she got from staff at the hospital, and also from the National Childbirth Trust (NCT). Both told her that she should not on any account give her baby a bottle. Of the former, she recounted, 'After about 5 or 6 days I think I was like really shaky and had a temperature and everything…so I rang up the hospital at that point and they said "just keep feeding him", I was like "oh great"'. She continued: 'but you can't fight your own corner at that point. I mean if there's anything to give you postnatal depression it's that kind of attitude…because it just isn't helping you'. It was in fact her mother who ended up helping her most: 'When my mum said "come to our house" it was like someone pulling you out of a big hole, "I'll do everything else, you just concentrate on the baby"…I'd be very interested to see people who had postnatal depression and how many of them breastfed and how many bottle-fed, definitely. Because you just, the weight is all yours, the responsibility is all yours and that, you know, can really, it's a big load'.

From these accounts, it seems that the connection between breastfeeding and being a 'good' or 'successful' mother influences some women very strongly indeed. For Rebecca, the connection between formula use and maternal failure comprised part of a subsequent broader whole, regarding dominant perceptions of what it means to be a good mother. These perceptions connect motherhood with what is 'natural', thus including childbirth as well as breastfeeding:

> It's rite of passage, it's like traumatic birth, 'how many hours was your labour?' and its like this badge of motherhood, like the longer it was, well you must be a really good person, you're going to be a fantastic mother to this child you know? And the drugs thing, you know 'how many drugs did you have?', 'oh well I did it with no drugs at all so I must be the best person', you know? And I just think 'no, just have, have what you need to have'. So the whole thing surrounding it, it's not, you know, it's the whole baby thing, it's not just breastfeeding or anything.

'Guilt' as well as 'failure' featured in the accounts from women who had assumed they would breastfeed. This feeling was primarily connected to concerns that, in feeding with formula, the interviewee would harm her baby's health. Gillian gave her baby formula milk at two days:

> I felt absolutely awful. I don't, you can't explain it, I just felt really guilty, I felt as if I'd failed as a mum, just felt really bad giving it to him for some reason, I just don't know, it just really upset me giving it to him.

'I just can't explain why', she continued. 'It just felt really awful, and I did, I felt really sort of guilty about it so it felt like...it felt like I was, you know, I was going to harm him or something by giving it to him...[he] ended up being a really sicky baby as well so I kept blaming myself for it...[the feelings lasted] for a good four or five months definitely'.

Other women also described their experience of formula use with reference to feelings of guilt, although their feelings were less intense. Concerns about the health effects of formula were prominent. Julia stated that her feelings about feeding her second child, who was fed formula milk at three weeks then mixed fed, were 'negative with the formula milk in the beginning because I didn't have the experience with my first one, this one....Because they say formula milk babies are not quite healthy sometimes and the health is not good and everything like that'.

'I felt like a really bad mother because I thought, you know, he's not getting all the...because you, he's, you're thinking okay he's not getting the bits or the, the good things out of the milk that's he's supposed to', explained Fiona, whose baby had formula milk from birth, and then was mixed fed. She connected her feelings to her antenatal experience:

> [Y]ou 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.

Rose, who fed her third baby formula milk from birth because the baby had a large cleft in her palate and could not breastfeed, was worried about eczema: 'The thing that worried me most was that my first son had eczema, quite badly, not like you see some children but enough to keep him awake at night...he was breastfed but I used to give him a bottle every night...that was my biggest concern, that oh no she's going to have this cleft, and then I just had it in my head she was going to get eczema'.

Worries about 'long-term health problems' caused anxiety for Maria. She fed her baby formula at two weeks, then mixed fed:

> I think my main concern has been whether it would make some major difference in terms of his long-term health. Because from what I heard that babies get from mother's milk but at least for the first few, six months and then, and after that he's starting having small, small problems like getting colds and flu so loads of people say that that's normal. Yes sometimes I would think whether that will affect his long-term health.

Like other mothers, she connected her feelings with what she had been told antenatally: 'It's basically the information you get. That's the big thing, the best for the baby...It's just a concern that you have'.

Adele mixed fed her baby from birth. She said she felt 'guilty', and explained:

> ...because my husband has got asthma I wanted to feed him from me as much as possible because they said it was better for him, that's why. So when I had to feed him from the bottle I felt guilty doing it. I think it's just with everything you read you feel like you're not doing your job properly if you're having to you know turn to the bottle....There were nights where you know I'd be here feeding him, my husband would be sleeping because obviously he had to go to work the next day and I'd just cry because I was trying so hard to breastfeed him. And it's like feeling the guilt of giving him, having in the end to resort to bottles because he wouldn't drink from me.

Feelings of 'guilt' are thus very clearly part of women's experience of formula use. It is an act that makes them feel like bad mothers – 'like you're not doing your job properly', as Adele put it. The feeling of being an inadequate mother is the product of feeding babies milk that, in the minds of these interviewees, is responsible for causing identifiable health problems, such as asthma.

'Guilt' was also experienced in other ways. It was not only the idea that, by using formula, the mother has risked her baby's health, but also that in doing so she had put her own needs and interests over those of the baby. She had not been prepared to endure discomfort to a great enough degree, and has therefore not tried hard enough to be a 'good mother':

> **Marilyn [baby fed with formula from day two]:** I mean when you have a baby anyway the first few weeks you feel guilty about everything don't you, the baby blues and yeah I did feel really, really guilty that I didn't try harder to breastfeed and I still do now.
>
> **Anya [baby fed with formula from three weeks]:** Expressing was horrible...and then it was a case of 'do I keep my milk flowing or do I have a good night's sleep?' and in the end your health kind of comes first...that's probably where the guilt comes from, the fact that I'd chosen to have a couple of good nights of sleep so did that then mean that my milk had dried up 'cause I was being selfish.
>
> **Andrea [of first child, fed with formula from day five]:** I was just relieved because the fact that when she just started to take some formula...But at the time...I felt guilty that I'd not actually tried harder...I felt upset and guilty and for a few weeks afterwards, quite a while afterwards, especially the group of friends that I had most of them were breastfeeding...I suppose I felt like a bit of a failure really because I hadn't managed to do it.
>
> **Joanie [baby mixed fed from four weeks]:** Well, you're not doing your best if you give formula milk...it did feel like that.

All of these women had internalised the message that 'breast is best'. Their stories starkly reflect issues raised at the start of this report, concerning the way that formula milk has come to be connected with risk, and how breastfeeding has become synonymous with being a 'good mother'.

4.32 Women who intend to use formula milk

It might be expected that the experience of those who planned to breastfeed would differ from the experience of those who had not. The emphasis on feelings of guilt and failure was less marked in the narratives of those women who planned to use formula milk before their baby was born. 'I know that mothers feel guilty, I didn't,' said Lauren. She connected her lack of feelings of guilt to the fact that 'I come from a country where it's normal', and contrasted her experience with that of other women she knew: 'I know lots of women and my friends from the antenatal group, they were crying because they couldn't breastfeed their babies'.

As this quote indicates, however, there was a perception on the part of those who felt personally comfortable with using formula milk that they were unusual, and it was more common to feel distressed. Those who planned to use formula were not, in any case, entirely immune from experiencing negative feelings. Kelly thus stated, 'I was always like "oh suit yourself" because I'm that way...but at the same time you did feel a little bit like "am I not good enough?"'. She resented feeling that way, having developed the clear impression that she was somehow disparaged for bottle-feeding her baby. 'That's not really how you need to feel when you, you know, you've made a sort of grown up decision, you know what you're doing', she said. 'Really,

really, I just honestly get the impression because you're not breastfeeding it's not quite as good'.

Jennie's account also suggests a defensive reaction, in the face of feeling that while she had made an informed and thoughtful choice, others did not:

> I did feel a bit guilty and that's why I researched it on the internet and I spoke to other friends and I spoke to my mum and my sister and sister-in-law and lots of people and it didn't, you know it didn't matter really whether he was breastfed or bottle-fed....one time I did feel really guilty is when I was in hospital the two women that were actually with me were both breastfeeding and I was with a bottle and you know people do sort of give you a bit of a look sometimes. But then I thought no you know this is what I want to do so why should I feel guilty?

It has been noted by Murphy (1999) that women who decided during their pregnancy they would feed their babies formula milk 'recognised this intention was likely to attract the charge that they were bad mothers'. As a result, it has been argued, such women act in a way that women who plan to breastfeed do not have to. They generate defensive responses, for example making up justifications and accounts of deciding to use formula milk 'to rebut the potential allegation that formula feeding is wrong, bad, selfish or irresponsible, and by implication, that they are bad mothers' (Murphy 1999: 193). A feature of the accounts discussed above is that women take time to explain how they thought long and hard about using formula milk, and also adopt a posture that includes a degree of self-conscious defiance of what others think.

It is also striking that these women insist that opting to feed with formula is 'their' decision, made by them and them alone. This experience is perhaps also reflected by the findings of the interviews conducted by NOP World, which found that of the just under one quarter of women who stated they had decided during pregnancy that it would be best to feed wholly or mostly with formula, 57 per cent stated nothing / no-one had influenced their decision.

In other words, they experienced making the decision to feed their babies with formula as a process undergone in relative isolation from others. This experience contrasts with responses from women who stated that they had thought while pregnant that it would be best to wholly or mostly breastfeed – only 29 per cent of this group responded the same way. For this group, additionally, it was also the case that 'midwife', 'mother' and 'baby magazine articles' featured as important influences in decision-making (24, 16 and 16 per cent respectively). For women who indicated a preference for formula use, in contrast, only 'mother' attracted more than a 10 per cent response rate (12 per cent).

Deciding to feed a baby with formula milk thus emerges as a relatively lonely enterprise, performed in separation from sources of advice and guidance available to women who decide to breastfeed.

4.33 Later introduction of formula milk and second-time mums

Some women indicated that they did not personally experience negative feelings associated with feeding their babies formula milk. But they, like all respondents, recognised that it might be expected that they would, and that although 'guilt' and 'failure' were not aspects of their own experience other women did feel that way.

The women in this category started using formula later on, and some were women who had already had a baby. Anne, for example, did not use formula until 12 weeks: 'I didn't want to stop breastfeeding so it was a kind of complement. We were very confident that if it didn't work we could stop having formula milk. So I didn't feel guilty no, no, no'. Samantha, who fed her second baby formula from five weeks, said she felt 'fine': 'I'd done the same with my first daughter, she'd sort of been a bit of both so...I breastfed her until

about, about the same, about nine weeks probably'. She did state that 'I was a bit more disappointed about giving [second child] formula just because she was so early [premature] and I felt I wanted to breastfeed her for longer so I probably felt a bit more of a failure than I did with [first child] really'; but she felt this way, 'only briefly, it didn't last very long, at the end of the day it was you know what was best for everybody'.

Gisele, who fed her third baby formula for the first week, and then again from eight weeks, also used her prior experience as her reference point: 'I feel 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'. Stella, who fed her third baby with formula from birth, said she felt 'confident'. She continued:

> I see children here all the time with it [in the nursery where she works] so, you know, they all grow up healthy and the other two have had nothing wrong with them...So I was totally confident with it. With formula milk if it wasn't up to a certain standard it wouldn't be allowed to be on the shelf.

Louise, who fed her second baby formula at 8 weeks, had no concerns about doing so: 'None, none whatsoever'. She explained: 'because [first child] had always done well on it when I changed you know from breast to bottle with her...I think if anybody had said anything to me I think I would've objected quite strongly if anybody said to me "You know you must try and carry on," or "It would be better," because I think you have your own feelings of guilt anyway without anybody giving you more'.

'Confidence' featured prominently in most of these narratives. For example, Daisy said, of her decision to give her second baby formula milk at four weeks: 'I think because second time round I was really confident... I remember way back before children, reading article about, saying "breast is best", I was like "oh okay then", so in my mind I always wanted to breastfeed but with him it was just really, I knew that I wasn't producing enough for him, there was no point him starving'. In this case, the narrative was about the experience of being a mother itself providing a sound basis on which to make an independent decision about what was best. It was possible for Daisy to trust her own judgement that 'I wasn't producing enough for him', and feel confident doing so.

This group's self-confidence can be viewed partly as an outcome of simply having gained experience of being a parent. But it was also used to convey a sense of being able to make decisions, not only in the absence of, but in contradiction to, 'received wisdom'. Thus Daisy discussed 'being confident' in part as a rejection of 'breast is best'. Louise discussed her own certainty that she had done the right thing feeding her baby with formula in relation to what she would have done had others questioned her actions. She would have 'objected quite strongly', since 'you have your own feelings of guilt anyway'.

This rather defiant approach was quite common to women who had already had one child, and was especially marked where they had tried, and failed, to breastfeed first time around:

> **Andrea [of second child, formula from birth]:** That was a decision I made and I think that's my decision...I'm not going to feel pressurised into you know breastfeeding and I just didn't want to go through the whole thing again. And I'm happy that, I haven't got any regrets at all you know that I didn't try and breastfeed him.

> **Tracey [of second child, following breastfeeding difficulties with her first]:** 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'.

4.4 Summary

Unlike women who breastfeed their babies, who cite health professionals and other sources of advice as important in shaping their feeding practices, women who use formula milk are more likely to claim they made their feeding decision 'myself'. This suggests they make their decisions in a relatively isolated way.

Accounts of feelings about feeding babies formula milk indicate that a particular group of women – about 1 in 10 mothers - experiences marginalisation particularly strongly; an experience reflected in their feeling a sense of failure, and also guilt and uncertainty. These women very much wanted to breastfeed their babies. Other women also experience some of these feelings.

Where women 'feel fine', 'confident', 'happy', and have 'no regrets' about formula use, they tend to have introduced formula later on or be second-time mums. However, their experience is also influenced by the cultural imperative that situates formula feeding as 'second best'. Their confidence about what they are doing is sometimes based on a self-conscious rejection of this message. They establish an alternative reference point and source of authority for feeding decisions to that which is dominant, articulated in the claim that 'mother knows best'. Sometimes they adopt a posture of defiance and often argue for an alternative to 'breast is best', seeing this as a message that inevitably marginalises them because of how they feed their babies.

5.
Information and advice

A major area of discussion with women who participated in this study was about 'information' they received antenatally about feeding babies.

5.1 Quantitative findings

The NOP World survey found most women had received information about feeding. But there was a difference between information received about breastfeeding and formula use. 80 per cent had received information about the former, and 47 per cent about latter. Of those who stated they had decided before their baby was born that they intended to use formula, the proportion that received information about feeding this way was 55 per cent (and 73 per cent of this group had also received information about breastfeeding).

Of the 47 per cent who did receive information about formula feeding, they received it from the following sources:

Source	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

Table 7: Sources of information on formula feeding for those who received it

Interviewees were also asked questions about what information they felt women in general, and they personally, needed. With regard to the former, women were asked whether they agreed or disagreed that

'There's not enough information provided about different kinds of feeding', and 29 per cent agreed and 43 per cent disagreed with this statement. In regard to the latter, the following responses were obtained.

Number who felt they needed information about	
	Formula Feeding
Total sample (268)	22 %
First child (120)	33 %
Subsequent child (148)	14 %
Intended to wholly / mostly use formula (82)	18 %
Intended to wholly / mostly breastfeed (182)	24 %
'Sense of failure' group (*n*=31)	42 %
	Breastfeeding
Total sample (102)	25 %
First child (40)	28 %
Subsequent child (62)	24 %
Intended to wholly / mostly use formula (49)	22 %
Intended to wholly / mostly breastfeed (48)	27 %
'Sense of failure' group (*n*=4)	25 %

(Base: *n*= those who did not receive information about feeding method in question)

Table 8: Information needed about feeding

As Table 8 indicates, a significant minority of women feels that the information they received is for some reason inadequate. Particularly striking is the finding that quite large proportions of women feel they need information about a way of feeding that is not that which they intend to do.

5.2 Qualitative findings

The in-depth interviews suggested more about experiences of information provision, and information needs. Given the small size of the group of women interviewed in detail, we are not suggesting that the findings discussed below are representative. In particular, no claim is being made that the discussion that follows constitutes a review of current practice of professionals in regard to information provision. However, the experiences discussed here typify something of the experience had by women who bottle-feed their babies.

5.21 Information from health professionals

A small number of women had been given information and instruction antenatally by health professionals on using formula. Ginny recounted, of her antenatal classes: 'They told us about the bottle-feeding, how to make up bottles and whatever'. But she drew attention to the difference between this information, and that about breastfeeding:

> .... they sort of like only did a small session on that [using formula milk] and they didn't do that for long, but they basically drummed in more to breastfeed...they did drum on more about breastfeeding, they did encourage that more but like they said some women can't so they sort of showed us the other side of it with formula feeding.

Two women, who had attended antenatal classes at the same hospital as each other, commented that bottle-feeding had been discussed. Louise stated: 'I do remember them covering the bottles, I remember them doing breastfeeding and then I definitely remember them doing bottles as well. The choices were given'. The following account was from Anne:

> ...we had five classes and one of them was about feeding...she gave you information about how to breastfeed, on how to feed the baby, you have two options to breastfeed or feed formula milk....and they gave a kind of exercise, talking about advantages and disadvantages....in two groups and in one group you had had to talk about the advantages of breastfeeding and disadvantages of breastfeeding and the other group had to do the same thing with bottle-feeding.

These women noted that while bottle-feeding was discussed, there was a clear difference between the tone of that discussion and the discussion about breastfeeding. Louise explained: 'But again I think if I had been a mother who had wanted to bottle-feed straightaway, you know, I wouldn't have been surprised if somebody had turned round and said you know, are you sure, perhaps sort of tried to guide you towards the breastfeeding. I think there is some pressure from the medical profession, you know the health profession, to at least give it a try'.

One particular issue raised as part of policy on informed consent, as noted previously, is about information on how to make up bottles. While, as we have emphasised, the interview study reported here is not representative, it was notable that very few of women in the in-depth interviews mentioned this as part of their experience of antenatal care. Pearl said: 'They showed you how to make bottles and bottle-feed and that...but it wasn't sort of promoted the same as...breastfeeding'. Pearl worked in childcare herself and was referring here to her experience as part of training, rather than during her own pregnancy.

Knowledge of how to make up bottles as result of formal instruction was greatest amongst those who worked in childcare, and indeed comments on instruction about how to make up bottles were mainly restricted to those with this background. Samantha noted that she felt confident about using formula milk because she had trained as a childcare worker. 'I vividly remember the lesson we had at college on making bottles and how our lecturer went on and on about how important it was and that when you're putting the water in you had to get down at the level of the water. She made such a huge, she made such a big of issue of it'.

The common aspect of accounts about information from health professionals antenatally was a description that focused very much on breastfeeding, to the exclusion of information about formula use. Susan, for example, recounted of her parentcraft classes, 'they wouldn't talk about it [formula use]. There was a French woman in my class who asked about it, whether it was worth having some bottles and a can of milk just in case. And they said no, don't, because you will crack. The baby will be there screaming, and you will crack, and go for that bottle. So don't have it in the house...They think if they give you information, you will crack'. Lauren said: 'at the antenatal class I don't think they talk about formula at all. And all the workshops and things is about breastfeeding'. Andrea described her antenatal classes as 'very...pro-breastfeeding', continuing, '...it was all like you know benefits of breastfeeding and we didn't really discuss formula or bottle-feeding at all. Well you know skipped over very quickly. I think even the NHS one I think it was all breastfeeding, you know bottle-feeding wasn't really discussed, it was an option but they didn't discuss the practicalities of it'.

Like Susan, others had the impression that health professionals are reluctant to, or have been discouraged from, providing information about formula milk antenatally:

> **Samantha:** 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 never, formula was never discussed ever really, I don't ever remember having a conversation with

health professionals about it.

> **Marilyn:** Nobody gives you advice, they're not allowed to give you advice on bottle-feeding and I would imagine that babies are getting the wrong ratios of milk to water and not sterilising properly because nobody teaches you, they're not allowed to...there's a big black cloud over formula milk up to six months isn't there, you know breast is best and everything like that, and the midwives are not allowed to tell you about bottle-feeding, you have to find out for yourself, they can only give you advice on breastfeeding.

Women thus indicated that health professionals had, for the most part, not provided them with information about formula milk. The lack of provision of information by health professionals antenatally was the subject of a lot of commentary, in particular by those who had planned to breastfeed. Not all such interviewees perceived they had wanted information during their pregnancy. Indeed, as Maria explained it:

> I think during that nine months we didn't really think about bottle-feeding the baby to be honest, so we didn't...it's the natural way to breastfeed...I wouldn't be too interested during the pregnancy if I was given this leaflet thing or this, unless I was determined that I was going to bottle-feed the baby you know so I was more concerned with this breastfeeding stuff you know.

Most who commented on this issue indicated that they thought, in retrospect, it would have been better to have been given information. Ursula stated that it would have helped her a lot in the end if, antenatally, '[S]omeone had given me the information...At least you know where to go if you've got all the information in advance'. She continued: 'At least they could have given me reassurance, in that way I'm satisfied that formula milk is good for them in the early, in the early stages of their life'.

Anya said, of her experience and that of other mums she knew: 'A bit more information wouldn't have hurt'. In this case, her argument seemed to be as much connected to a need for reassurance as to a more practical need. 'I mean it doesn't help the fact that it says on the tin about "this is not a replacement for breastmilk", 'cause you think even the blooming people that make this thing, even they think you shouldn't be doing it'. She also stated that, 'I know one of the girls from post-natal group they were asked for their next antenatal group what would they like to hear, you know, for, for future mums and things "how could we improve the antenatal course" and one of the things they said was more information on bottle-feeding, it's very breastfeeding orientated'.

The impression given by these women was, therefore, that health professionals were reluctant to discuss formula use. Discussion of how information about formula had been provided emphasised 'unofficial' sources, including formula milk manufacturers, friends and family, websites, magazines, and interviewees' own experience with others' children.

5.22 Obtaining information

Information about formula feeding was, in fact, not so much 'provided' as sought out by women. 'I went on most of the baby websites and like just read with everything, with nappies and foods and I researched on the web, all the different milks and things on there,' recounted Jennie, who said that the brand she used was recommended by her best friend. Samantha said: 'There's never really much information out there. I mean you get, like in the Bounty packs and things and there's always packets of like the follow-on formulas and all sorts of things you get in the Bounty packs, but otherwise there's not really much, other than sort of magazines and things you see'.

The perception that there is not much information around about using formula milk, and the experience

of being 'left to your own devices' to find it, was apparent in others' accounts. As Daisy put it, 'you don't really get information from professionals about bottle-feeding, the do's and don'ts, you just have to be self-sufficient and reading the cards and the information that comes with the milk'. She felt it was important to find this information out, 'because with me it's things like, like I didn't realise, I remember my mum used to do it for my younger sister, like put Farley's rusk into her bottle to feed her and help her to sleep at night and it was like "do not do that" sort of thinking about it now, 'cause obviously there are logical reasons why you don't'. 'I didn't feel like I was getting much information really', stated Josie. 'Most of the help I got wasn't actually from health professionals it was from, you know, friends and family'.

Susan used the phrase 'the hard way' to describe how she obtained information. 'I bought a book, the Great Ormond Street one, and looked it up in there', she said. 'It had some stuff, but it is almost like there is a health warning with it. You know, don't do this, but if you do have to, do it this way. But it was things like, if you make a bottle you can use it for about four hours, and then chuck it. That wasn't written down anywhere, it was the health visitor who told me that...they do know things to tell you. But not that much, only basic things. But you only get to know by word of mouth'. Marilyn had a similar experience. 'It's quite difficult to find information about formula', she said. 'You know if the midwife gives you a leaflet it will be this bit about breastfeeding, one line about bottle-feeding'. To Marilyn, even the manufacturers did not seem to be a source of information: 'I had to find out myself from web sites and I can't remember, but the SMA web site, I don't even think they're allowed to sort of advertise'.

Overall, the sense communicated in discussions about obtaining information about formula use was that its provision is patchy and uncoordinated. The accounts above also indicate that many of these women had the impression that formula use was viewed very negatively by health professionals.

5.23 Information needs

Women also discussed what they felt they needed information about. Accounts of practical issues, such as knowing how to make up bottles, were mixed. Some indicated that they had been concerned about this aspect of using formula milk:

> **Sandra:** [T]he only way I knew to make bottles was from my mum really and what it said on the tin because there was no information to say, I mean I'm not stupid...but there wasn't any information available, you know? So, I mean I do...I make sure everything's clean...I think for some new mothers who haven't got the help and support of family, some guidance into bottle-feeding would be helpful. You know, in terms of the overall picture, you know, your sterilising and cleanliness, what to do...I think there's something, even if it's just a leaflet the same as the breastfeeding.

Others suggested that finding out about the practicalities of bottle-feeding from, for example, packaging or friends was sufficient. Andrea emphasised that she had obtained information about formula milk use herself. 'I just sort of read about, you know about it, just about formula in you know publications in magazines and stuff', she said. 'But I mean it was all very straightforward to make up their bottles and everything it's just instructions on the tins and everything so that's fairly straightforward'. Ginny explained that, in regard to needing advice about how to use formula milk, 'anything else I needed I got from my family anyway'. Julia explained that she had found out what to do through experience, and was happy with this:

> I already knew how to bottle-feed anyway because I've looked after children for a long time. I used to baby-sit, well I used to baby-sit since I was about 13 and then when I had school holidays I'd just basically whoever's house it was looking after their kids so I knew how to make the bottles and I knew about the different formulas and how they reacted to different formulas.

Discussion of perceived information raised other matters, of which mixed feeding was one. Quite a few women had mixed fed their babies, but they felt that there was very little information about it. As Julia put it, 'in one Bounty Pack that I got after I had him they, there was a book in there and the first bit was breastfeeding and then the second bit was formula then there was a little bit at the back about combi feeding, which was good because that was the only bit that I did find on combi feeding because I wasn't sure if you could, how long you could combi feed for or anything like that. But there was just a couple of pages on the back about combi feeding'. For Rebecca, lack of information about mixed feeding was a source of some outrage:

> I part-breastfed him until he was seven months old...had I persevered with the breastfeeding I would have just given up completely so therefore he would have not have been breastfed after he was about three weeks old. What would that have achieved, from a professional point of view? They [health visitor] said 'if you give them a bottle they won't go back to the breast' and that was, that was the only information advice that I had.

The specific information need that was emphasised more than any other was the need for information about brands, and about the content of formula milk. Women communicated that they experienced feeling confused and unsure about which brand to use. As Samantha explained: 'I come from a background of childcare, perhaps I knew enough...but if I hadn't been then no I probably wouldn't have had a clue where to start and what the best milk was to try and, because there's so many milks out there'. In any case, she still felt that she lacked guidance on what would be best. Her baby was premature, and she recounted that, 'I'm sure they must all be pretty similar but, and it's like I put [the baby] on the hungrier baby formula quite soon after we started...you go the consultant asks you what they're being fed on and I said I was using the hungrier baby and he said "Oh I wish they wouldn't call it that you know it's rubbish, complete rubbish it's you know." It's difficult isn't it as a consumer because you just have to go along with what's on the packaging.'

Ending up guessing which milk to use and getting this wrong was also commented upon by Jane: 'Actually the first milk we gave her was, it's, it's not the proper milk, 'cause we just, we had, we had no idea what kind of milk to buy so we just bought the yellow one, Cow & Gate and the midwife said, "okay just give it to her"'. However, 'the health visitor came after 13 days, she saw the milk, and said, "why are you giving that to her, that milk is for the babies with the problem, indigestion problems". So immediately we changed it yeah, I ask her the question "can we continue this, can we make her finish this first?" I was advised she don't finish that 'cause that's really for the babies with the problems and she has no problem'.

Lack of confidence about having to rely on their own judgement, without any official guide in relation to which brand to use, was commented upon by others, with the conclusion being drawn that what was needed was some sort of neutral official guide that explained what each milk was for. Clare put it this way:

> There was nothing to say like you know give you a list of all the different types, and that's says, you know, what's best you know in each...it was just right well I'll choose Aptamil and I'll stick with it. [Information needed...] because then you can decide you know if, alright you don't want to breastfeed, you know you don't want to breastfeed but what's best out of these lot, you know just a little summary really.

Stella also seemed to suggest that that some sort of officially-provided guide was needed:

> You go into the doctor's surgery and there's leaflets there in your face, there's nothing to tell you, to guide you towards which formula milk to choose...there's nothing to say...'cause that was one dilemma I had was which one do you choose?...but you can go in and you can find out everything about breast milk, I mean, you know, you see it in the magazines all the time... television programmes...if they're talking on childcare, breastfeeding's always promoted in it but there's nothing there to say 'oh, okay, which formula milk do you choose?'.

In regard to which brand to use, concern often seemed to be centrally about health, and reflected a more general worry about using formula altogether, because of its perceived riskiness. Women also wanted to know how and in what ways formula milks compare to breast milk. 'Which is closest to breast milk...it would be useful to know which perhaps is closest to breast milk', explained Samantha. Rose emphasised the difficulties she encountered when trying to find out about this matter:

> I'd tried to do a bit of research before as to which was the most like breast milk but I didn't really get very far because they all claim to be. I spent hours poring over all this...I asked the Boots babycare specialist...she was lovely yeah she was better than any health visitor...It was very difficult to find any information really...it would be nice to have, be able to get a leaflet, maybe at your antenatal class or in your, you get a Bounty pack before your baby's born with all the different formula milks and, you know, and what they do. And my big question, it was a very simple question as far as I, which is the most like breast milk and if there isn't one that's more like than any other then tell me that, you know, and, you know, are they all exactly the same just different companies you know?

Many women were concerned about whether they were using a product that was safe, and commonly expressed confusion about what to do for the best. Lauren recounted: 'I remember my first experience at shopping for milk. It is so difficult because hundreds of options, step 1, step 2, with this, with no this, for babies smaller than, and I spent hours in front of the shelves...because I didn't know what to buy'. Her baby was five months old at interview, but she explained she was still worrying about 'harm' that formula milk might do. 'I'm still buying formula, not feeling totally confident about it...because you don't know the differences between one milk or the other or soya milk...you don't know if that harms your baby or it doesn't or it's better or not'.

Lack of information about using formula milk led to confusion, bewilderment and to a demand for guidance about issues that went beyond brand choice. Marilyn described her experience this way:

> Nobody tells you anything and you've got this baby who's sucking and sucking and sucking on this teat with one tiny hole, falling asleep...The bottles I bought, I bought some Peter Rabbit bottles because I thought they looked lovely. But I should've bought Avent bottles from the start because you can, they're easy to get, you can buy all the different teat sizes... The day I came home [my husband] was driving round trying to find Avent bottles everywhere and couldn't...and in a situation like mine I was really stuck. I mean I found out afterwards I could have taken a stock home with me from the hospital. But nobody told me that, obviously people knew that and asked and that would've been really helpful.

The experience of feeling 'really stuck' and of not knowing what to do was particularly the case for those who had 'assumed' they would be breastfeeding. 'It was all a bit bewildering really', said Rebecca. 'You don't know what you're doing'. She continued: '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'. Some expressed quite clearly that, having ended up in a situation where they wanted to use formula milk, they felt totally at sea. Their experience was of relying on trial and error, and not knowing where to go for guidance:

> **Lorraine:** The fourth day was very stressful for us [baby had not yet fed]...the fourth day was when I brought, I got the formula milk for her then the whole night, I stood, stayed awake, just making sure that I give her a feed, and if we could have got a bit more of counselling that time...just to give you a bit of guidance on what you were doing and that it would be okay.

Susan's account of what happened with her first child indicated how the whole process of bottle-feeding her baby, in the context of feeling upset and anxious about not being able to breastfeed, was fraught with difficulty. 'We didn't know anything about bottle-feeding. We didn't know which formula to use, what to do

with the bottle, nothing. After the first week, we had a cupboard full of redundant formula, steriliser, teats'. She explained that:

> My husband went out to buy formula, but he didn't know what to buy. We didn't have any information, so he bought one of each kind. We though we'd try each and see which one he likes best, but of course, that's not the way you do it. You pick one and stick with it so they get used to it...To begin with I was still pumping, and thinking we would just supplement, because I wasn't getting enough milk out. So we thought we'd use this one SMA White, for hungry babies. But it was completely wrong, not right at all for a tiny baby. It was only when the community midwife came round and told me not to give it to him that I knew. We were using the wrong teats too. No we didn't know what to do with the steriliser, which one to use. So we bought all kinds.

She reiterated further the problem of not having information, when she stated: 'Even on the steriliser you can't find out much. It's all written for people supplementing, not bottle-feeding, like a sop to the breastfeeding lobby, to say the people who buy them, well really they are breastfeeding'.

These accounts indicate that women had often been very much taken by surprise, were unprepared for feeding their baby in a way they has not anticipated, and did not have information at this point to guide them. Women's experience of feeding with formula milk emerges as a rather lonely and isolating experience, associated with having one's needs left unrecognised and of feeling in need of reassurance. This experience was apparent in other aspects of the discussion of 'information'.

5.24 Information provision and marginalisation

Kelly had decided during her pregnancy that she would be feeding her baby formula milk, and she explicitly drew attention to the way that information provision in antenatal classes made her feel uncomfortable and marginalised – 'naughty', as she put it. She recounted:

> I mean especially in that room at the antenatal class where you're the only one who raised your hand up 'I'm going to bottle-feed', you did feel a little bit like 'maybe I should have just said...' and then I thought, then I thought well why should I just pretend that I'm going to do something? Why should that be that that's a big, you know, 'cause it was sort of really funny 'cause she sort of went 'oh we're all breastfeeding, oh, and you're not?' and I was like 'no I'm going to bottle-feed' and I was really sort of trying to be adamant and she was like 'oh well I'll talk about you at the end'. And you just thought instantly you're like the little child who'd been the naughty one, you know, 'we'll talk about you later' sort of thing.

Kelly compared her experience of being provided with information about formula use to the antenatal advice and information provided to women who plan to breastfeed:

> You know, with breastfeeding all the midwives always have a tip on them 'oh well if this is happening you could do this' so you sort of tend to think that it would be nice if when you were like bottle-feeding there was a tip on how to keep like the teats under the water 'cause they keep popping, you know, if someone had of just turned around and said 'you know you can do...' whatever. It would have just been so nice to feel like what your decision was just as important as 'oh well if that's sore you can do that' and there was never ever that feeling that, you know...I just never got anything like that at all.

It was not only women who had planned to use formula who commented on this experience of marginalisation. Those who were planning to breastfeed did also. For Fiona, the lack of information about

formula made her feel so isolated that she lied to people she knew about how she was feeding her baby:

> If there'd been something that you can read or a little leaflet of something, you know, they don't have to splash it everywhere but, you know, little leaflet saying, you know, formula is okay. I would have, I would have been perfectly happy, I would have been okay, I wouldn't have needed to lie or, or do anything, or, you know, all of these things that I did do. Something, you know, something small like that, I probably would have been quite happy. In the end I mean I didn't care but at the beginning then I would have liked something like that.

This account suggests that arguments for provision of information about formula milk are sometimes bound up with women experiencing isolation, and the lack of recognition of difficulties with breastfeeding. Josie, who argued that women should be provided with information about formula use before their babies are born, drew attention to the experience of isolation in her account of attempting, and failing, to breastfeed her first child. 'I would have been really grateful actually if somebody had said to me "look, you know, this does happen quite a bit"', she said. 'Only one person that said it to me was the midwife that came to take my stitches out...she was asking me how the breastfeeding thing was going and I said "oh it's not going very well and I'm just so stressed about it" and she, she said to me "not everyone can breastfeed" she said, and "you know I'm a midwife and I couldn't breastfeed. I tried really hard and even I couldn't do it"'. The significance for Josie of there being recognition of her difficulties was made clear when she explained, 'I felt, ah, somebody like, somebody really important...like a professional person, you know, the, the midwife has sort of said that even she couldn't do it...after she left I sort of felt that this weight has almost been lifted off me, that somebody other than me, because until then I felt like it was only me in the whole world this was happening to'.

Advocacy of the provision of information about formula use, as a result of this kind of experience, went hand in hand with arguments for more practical help with and advice about breastfeeding. Julia thus argued that:

> There needs to be loads and loads of information on breastfeeding, different ways to do it and how good it is for your baby. I do think they need to put across that bottle-feeding is just as good...it's more, it seems to be more breast, breast, breast than formula, I think they do need to let you know that it is okay to do it because some people they are very like I want to breastfeed, I want to breastfeed but if you can't do it you can't do it and some people really let it get to them.

Lorraine also made this case, when she said, '[There should be] help early on and counselling. They should talk about the difficulties you will be going through and the problems, complications which will come up, which you will come across...we were expecting it just to, the breastfeeding thing just to happen, but it didn't, and you need to know the first problem, that's the first problem to learn how to latch on the baby'. Marilyn argued that what is needed is:

> ...just the truth about feeding, you know somebody should write the best friend's guide to breastfeeding, you know the truth that you know: 1) A baby doesn't latch, always latch on automatically; 2) It doesn't matter if you don't get food down them for the first few hours; and 3) Persevere because they're not, they're not going to starve. But if I try and try and try and if it still just won't happen, go to bottle and don't feel bad.

Others also emphasised the contribution made by lack of information about formula use to their subsequent negative experiences. Adele explained that, 'especially with your antenatal classes it was all you know it's always best to breastfeed, best to breastfeed you know it wasn't, although they said yeah you could use, you know if you couldn't do it, you could use the formula milk, it was always drummed into you it's best to breastfeed them and that was the main gist of it, nothing else'. At the time she was sure she would breastfeed, but ended up using formula milk, and commented: 'I think that's what sort of makes you feel

guilty...you know am I doing him wrong by feeding him this now'. Fiona, who felt 'guilty' and 'like a bad mother' when she fed her baby formula milk, described her antenatal experience this way:

> You go into a hospital for your check-up or, you know, and there's like big posters, you know, 'breast is best' and, you know, 'breastfeeding from the beginning' and 'breastfeeding babies are healthier' and 'breastfeeding babies…' and you sort of think oh God, you know, I've really got to give my baby breast milk because it's, if I don't, you know, I could be, you know, giving him, you know, some sort of disease or I don't know, you know what I mean? Yeah 'cause, 'cause he's got to have all the antibodies and that's where it comes from, the breast.

The significant imbalance between the information provided to women about bottle-feeding compared to breastfeeding was emphasised by other women, who indicated that this made it seem as though feeding with formula milk was not legitimate or acceptable. Marilyn, for example, stated: 'They're not allowed to [tell mothers about formula] because obviously they can't be seen to be saying that breast isn't best. Which is ridiculous but there was one girl in the [antenatal] class she was adamant that she wasn't breastfeeding but you know they still sat there and rammed it down your throat'. She concluded: 'Had I been thinking I wasn't going to breastfeed I would've probably been made to feel inadequate or like I wasn't doing the best for my child'.

Clare drew attention to problems for 'first-time' mums who use formula. She argued that it would be 'nice to have had more information', and suggested it could be 'perhaps put in one of these Bounty packs or the Tesco packs or something'. The point of doing this, in her view, was again to reassure: 'To sort of say well look this is breastfeeding, this is bottle-feeding you know this is how you go about breastfeeding, these are some of the reasons why perhaps you shouldn't breastfeed'. 'I think they should give more on the formula feed', stated Jennie, 'because...they do talk about breastfeeding all the time rather than formula. Midwives, health visitors, you know they are all for breast really but you do get, you know you get lots of leaflets on breastfeeding and then may be one on formula feeding so I think they should really you know have more leaflets with formula feeding'.

Discussion of 'information' is, therefore, not just about practical issues, but is often reflective of the experience of isolation and marginalisation experienced by women who feed their babies formula milk. In making the case for more information, they are often indicating that that it should be also be recognised that they are 'good mothers' too.

5.25 Information, choice and honesty

Some reacted to the absence of information about formula milk in much stronger terms, indicating that they felt this demeaned women. These women had described feeling marginalised because they had fed their babies formula, but at a certain point it seemed this had turned into anger. Tracey thus argued, of the lack of information about formula, 'I think that kind of makes out that women are stupid, I think that's quite, that actually angers me to think that that's what they're doing'. She continued:

I do think that makes, makes a mockery of you being an individual and a person and being able to make your own mind up. I think most people you ought to be given the facts about something and then make your decision. And I think most mothers want to do the best thing for their baby, not just have an easy option. And if the information gives you the facts, you know this is the breastfeeding option, this is the bottle-feeding option, we recommend this because of all these reasons, but if for any reasons you can't do that then this is great as well.

'Do they not think that these women have got brains?' asked Samantha. '[W]omen have got a brain', she went on. '[W]omen know there's formula out there you know everyone knows it's there, it's on the shelf in

the supermarket, everybody sees it, we've all seen babies being fed with bottles'. She concluded from this that:

> I think they should just have more information for the women that decide, because there are women that decide right from the beginning they don't want to breastfeed, for whatever reason they just don't want to do it so you know give them the best information they can have to do the right thing for their children so they are preparing their bottles properly you know.

Stella also raised the idea that the lack of information about formula milk infantalised and patronised women, representing them as unable to make up their own minds. 'What I think is you've decided once you're an adult where you're old enough, you know yourself what you want to do but they could advertise smoking or drink and you don't have to drink it or smoke it or do you know what I mean? It's just giving you every bit of information possible isn't it?' She continued:

> They are not thinking about the mothers at all. The reason why you don't get any information about bottle-feeding is because they think it is the easy option…You know, if you give them the easy option, they might take it, so let's not encourage them. But it's not true. Women are not lazy slackers who just take the easy route.

In explaining why women should be informed about using formula milk, some women emphasised that the information they had been given was misleading in regard to women's experience of breastfeeding. Susan's account was a particularly strident example of this kind of narrative:

> [I]nformation about bottle-feeding. That should be there antenatally. And there should be admission of what it is like. No la-la land, where everyone is an earth mother and has their boobs out all the time. That is not what it is like when you have a baby, and especially when you have more than one. Really. Just an explanation of problems that can happen…And it doesn't mean you are a failure as a mother. That it is okay to do this. That people really do that…Even a mum I know who found it so easy to breastfeed – she did it just like that – she just got so fed up…She started using a bottle, just to give herself a bit of a break. Then she put her on hungrier baby milk, to stop her feeding so much.

Susan clearly felt very strongly that there is a lack of recognition during pregnancy of what the experience of breastfeeding is really like. Her comments indicate she felt distanced from what she perceived to be the dominant image of breastfeeding, which she represented as an idealised and romanticised one.

Susan had planned to breastfeed, and had struggled to do so, and others who had similar intentions also made a case for information antenatally, that 'tells the truth' about feeding babies. Gillian thus stated: 'I would have liked to have, definitely have had more information about that [formula], maybe just for the midwives to say to me well, you know, 'you might, you might not find it as easy as some people do, you know, have you thought about what you might want to do if, if you can't, you know? And to have some information on it, you know?' She continued, 'I don't see why, you know, why parents shouldn't know about it, you know? Which, you know, it's not as if they're not saying, you know, don't breastfeed are they? Everybody is also told that breastfeeding is best, but…just give them more information about it [formula]'.

Josie, as we noted previously, had felt so ashamed when gave her first baby formula milk that she didn't want people to come and visit. The conclusion she drew was that there was too much secrecy about feeding babies this way: 'I feel like, I really do feel that if they had, if, if people had talked about it before, that this is, you know, quite normal that this can happen and that, you know, it doesn't have to be breast and only breast'. 'I think, looking back I think that's wrong, I think they should discuss bottle-feeding more', argued Andrea, of her antenatal classes. She also indicated that there was a lack of recognition of difficult experiences. 'I think the whole antenatal classes should discuss the actual birth, things that could go wrong, but also the fact that you may not be able to breastfeed…because a lot of women just, they can't for one reason or

another and they do need to bottle-feed. I think more information needs to be given at the antenatal classes definitely and from the midwives as well'.

5.26 'Breast is best'

Much of what was said about 'information' was about perceptions of information in a broad sense, rather than specifically about information provided by a particular agency. Many women emphasised how 'information' in general communicated to them just one message. When asked if they had received information about feeding their baby, it was emphasised how 'everyone' or 'everything' says 'breast is best', or that information about breastfeeding is 'absolutely everywhere'.

This was not always posed as a negative experience. Joanie moved beyond making this general kind of observation to suggest that such 'information' had clearly affected her actions, and she was glad this had happened. She thus observed that, 'The fact is that breastfeeding's best is absolutely everywhere...if you're in the doctor's waiting room there's a poster up on the wall, if you're in your midwife's it's there'. She continued:

> I just, it felt to me like it was everywhere it was portrayed to be the best and in my antenatal care there, we had a whole session on it and videos and they got this one parent in who'd just had a baby to come in and feed in front of us and, you know...really, they didn't get anyone to come in and bottle-feed in front of us but...breastfeed in front of us, that was done. And it was just in a way it made you feel like you did have to try it.

She then explained, however: 'I'm glad it happened now...'cause I wouldn't have done, I wouldn't have tried it at all but first it was like, because I really didn't want to do it I felt I was being, indirectly but it felt like I was being pressured into doing something that I really wasn't that keen on doing'. Gisele also commented on how the message 'breastfeeding is best' is strongly promoted, but indicated she not think this was necessarily unbalanced or problematic. 'Obviously some people decide to do bottle-feeding instead and that's up to them how they do it', she said. 'I think it's pretty much balanced. They used to say that breastfeeding is the best thing to do as long as you can do it but they don't say like bottle-feeding is bad for them or anything like that'.

However, more women emphasised the difficulties of information provided in this way. 'Obviously all the information is breast is best', said Tracey, 'and you know I accept that, as a general statement I accept that'. But she continued: 'At the time I thought right I must, you must do this, I must do this and the pressure was enormous, you know you must do it, it's definitely best. So I thought okay I must do it, I must do it, I must do it'. It is clear in this account that information emphasising the superiority of breastfeeding was not experienced in an unproblematic or helpful way.

Julia discussed 'breast is best' in a way that indicated she then felt marginalised by the message, as a result of her own experience of having to express milk:

> Everybody, everywhere you go, breast is best, breast is best but if you're like me and you, your baby doesn't want it from your breast and you can't keep expressing until six months that's just not possible, you just can't, you can't stimulate it once it's, the pumps are powerful but they're not...they're nothing like your baby's power...you can't get that from a pump.

For Fiona it was not just that she had been informed that breastfeeding is 'best', but also that 'everybody was saying formula is bad, formula's bad, oh, you know, we can bring out the cross, you know, formula is bad, bad, bad...don't go for formula'. For this interviewee, who found breastfeeding a real struggle, there was no source of information that gave any other message.

The message that 'formula is bad' was also discussed by Andrea, who commented that 'articles in one of the NCT magazines about how bottle-feeding is, you know, bad for the baby and how they can die and they can pick all of these you know infections and whatever and you know just shouldn't bottle-feed'. Susan also emphasised how 'everything' says 'breast is best', and this also seemed to blur into the message 'formula is bad'. 'Even on the formula cans, you know, "This is not a substitute for breastfeeding"', she said. 'Everything comes with a health warning. You almost feel like you are feeding your baby poison. But it's not! It's milk. Just milk'.

Some who discussed 'information' in this kind of way also highlighted magazines and books:

> **Stella:** [W]ell the media pressurises you towards breast milk and I think that's a big pressure on someone that's just had a baby, do you understand what I mean? You can't, if you can't do it and your child isn't getting enough from it they, then you're left feeling bad at a time when you're low anyway, you know?

Anya stated, of information about breastfeeding, 'It is everywhere'. 'Some of the books were very much sort of breast is best, you must do it'. She explained: 'There was one that I got...she was very funny and very witty and she put, you know, a lot of "it doesn't really matter if you do this, that and the other, you're not going to break the baby"...But I think even she sort of advocated that you really must try and breastfeed'. This interviewee described her experience of feeding her baby formula milk in very negative terms indeed, and she put this down to the way the issue was presented in such literature. She said:

> There is just, when you read magazines and, you know, you read books it's like 'breast is best', you must breastfed, breastfeed...the pressure, it was magazines, baby magazines all used to freak me out because there was very little in there about formula and very little in there about sterilising. It's that kind of pressure that just sticks in your head and when you're hormonal, you've just had a baby, it's your first one, you've no idea what you're doing...there's just pressure in every...Baby magazines are horrendous. They made me so paranoid...The fact that I had to buy anything and everything going for a baby and I would never ever buy a baby magazine again, I think they're the most horrendous source of information, so yes...Talk to other mums, don't read baby magazines.

Tracey also drew attention to this kind of information, in her explanation of why she thought 'breast is best' is 'everywhere'. 'Any literature you read, you know I read all the mother and baby magazines and everything does say breast is best', she explained. 'And all the packs you get through as a new mum you get a Bounty pack, everything on all the literature, you know the Pampers, they give you a thing about every, Tesco's Baby Club, every single thing says breast is best'. She then also drew attention the impact she though this had:

> I can understand that, that's absolutely fine but as a first-time mum when you haven't got that confidence to ignore the pressure, the pressure is massive that this is what you must do and if you don't do it you're harming your child you know and not giving them the best.

These narratives about 'information' in general indicate a strong sense of marginalisation, resulting from women's experience of using formula milk in a world where 'breast is best'. It is notable that some women indicated they had experienced other aspects of pregnancy and parenthood in a similar way. It was not just breastfeeding babies that had come to be associated with feeling sometimes pressurised, confused and disoriented.

Clare observed, of her intention to breastfeed her first child, that, 'I think it was you know just that I wanted to do everything right really you know... because they always say, you know you see these adverts breast is best and all that sort of thing'. But she continued:

> It was just really what I've read and everything like that and you know you read about you know don't smoke, don't, I mean I don't smoke anyway but you know all the things, you mustn't do this, you mustn't do that, don't do this, don't do that, don't do this, don't eat that you know, don't drink too much, eat healthily, don't eat certain fish you know don't eat liver, all that sort of stuff you know. But when I went, again if you're booking in you get a form and they've added things like apparently mackerel, sardines...they say don't eat mackerel, don't eat sardines, don't eat this and that, and you think well you know it just gets worse and worse and worse.

The message 'breast is best' was also seen by Anya as part of a wider set of messages that she felt placed undue pressure on parents. She had drawn the conclusion that there should be 'more of a balanced view in magazines', and that the problem was 'the media misinterpreting and running with it...it's like this whole business with tuna, eating tuna when you're pregnant, once you've actually got behind the figures it's such a tiny risk involved'.

Marilyn also suggested the issue was not just about formula use, noting '...the Government are saying that breast is best and there is all the bad press about jarred food'. 'And everything that's on the news about feeding, the children being healthy and that, it's all the same', said Louise. According to Fiona, 'It's all hyped up, too much publicity, too much of everything'. She went on to clarify what she meant when she explained:

> It's like when he started walking and when he started, I just left him to it, but everyone was like oh, you know, 'get him to go' and 'stand him up' and all of that. And like when he's ready to go to the potty he'll go. It's too much hype, too much, everyone wants to give advice. They all tell you completely different things. It's got to that stage where you've just heard too much advice and you just think do you know what, I'm just going to do it my own way, because there is just too much.

5.3 Summary

Fewer women are provided information about formula feeding than about breastfeeding. A significant minority of women says they do get enough information, and a larger group, comprising women who end up finding trying to breastfeed a struggle, feel they need information about formula milk.

Insofar as women do women obtain information about formula feeding, it is as much from 'unofficial' sources, namely formula manufacturers, magazines, and friends, as from health professionals. Women have to work hard to find this information themselves, sometimes when in a state of anxiety because of the circumstances regarding feeding their babies. This is particularly the case when women plan to breastfeed, are unable to do so, and then find themselves 'in the dark', struggling to find out what to do for a very hungry baby just a few days old.

Information needs are sometimes practical. Most commonly, the perceived need is for information about brands and how formula milks differ from breast milk. The central need in this case is for reassurance. Women are very concerned that formula milk is second best, and will harm their babies' health.

Demand for 'information' in a more general sense is also related to a need for the reassurance that by bottle-feeding their babies women are not 'bad mothers'. In other words, an absence of information about formula milk is experienced as aspect of marginalisation, and damaging to women's sense of themselves as 'good mothers'.

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.

6.
Interactions with health professionals

We have so far discussed health professionals' interactions with women in regard to provision of information about feeding antenatally. We now consider other dimensions of this aspect of women's experience. We first discuss breastfeeding, and then formula feeding, focusing mainly on the post-natal period.

6.1 Breastfeeding

6.11 Quantitative findings

As noted previously, the NOP World survey identified that during the first three months after birth feeding did not go to plan for just over one quarter of women, and 80 per cent of these had planned to breastfeed. They were asked what might have helped them stick to their original plan.

Response	Percentage
Advice on / shown how to breastfeed	12
Support from the hospital staff	12
If baby had breastfed / liked breastmilk	9
If could produce enough breastmilk	8
Support from health visitor	4
If baby had not been ill	4
If I had not been ill	4
If baby had not been premature	3
Not having other children to look after	3
If it was less painful	3
If had natural birth / not caesarean	3
Help expressing	2
Feeling less stressed	2
If it had been easier	2
Support from partner	2
Don't know	6
Nothing	18

Base: *n*=133 *(All for whom feeding did not go to plan in first 3 months)*

Table 9: What would have helped women stick to their feeding plan

This indicates that while the highest single response was that the outcome was inevitable, some women felt more help from a professional could have made a difference to the outcome.

What did the detailed interviews indicate about this aspect of women's interactions with health professionals?

6.12 Qualitative findings

The impression given by women was that health professionals were strongly supportive of breastfeeding. Many of those interviewed did want to breastfeed, and tried to do so but found it very difficult indeed. These women's accounts about the help they obtained from midwives and health visitors were mixed. Rebecca's was the most clearly negative. She recounted of her time in hospital:

> They'd come over to you and so I said 'can you give me some advice on, you know, whether I'm doing it properly?', 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.

Rebecca was one of three who reported feeling more manhandled than supported when trying to breastfeed when she did not know what to do.

'I remember one of the midwives that was helping me in the hospital, and she said to me "oh I had nipples like doorknobs". And I was like "thanks for that. I haven't, thank you, and it's hurting me", she wasn't very sympathetic at all', recounted Gillian. She was clearly finding breastfeeding a real struggle, but felt that little account was taken of this. Marilyn described a similar experience, when she said:

> The midwives kept saying to me 'Oh don't worry baby will know what to do,' they don't know what to do. I was getting really like hot and stressed when it wouldn't happen. It's not easy, not easy at all. It's like, you know, initially they don't really know what they're doing, and they need to say, but don't worry because for the first few days all they want to do is sleep anyway, it's no big problem if they don't have a good feed. Because that was, you know, I thought this poor little child is starving, that's why I asked for a bottle.

For others it was not so much that any individual was cruel, unhelpful, or unsympathetic, but that there just was not the practical help and advice available that they needed. Joanie and Susan both drew attention to the problem of having to stay in hospital after their babies were born, but of not progressing through attempts to breastfeed. The former explained, 'And then having to stay in, I felt I was being, not punished. I really struggled feeding him and I felt like that was why I had to stay in whereas I think I would have fed him much better had I been at home, not having people coming in and out...It just felt like there was too much pressure on what I was doing'.

Samantha's account of her time in hospital when she had just given birth also drew attention to her frustration associated with trying to breastfeed. 'I just got to the point where I ended up just sitting there and sobbing', she said, 'because I'd just been left to try and feed [first child] and I couldn't'. She then went on to indicate she felt staff just did not have the time to help her:

> The other mothers in there were really lovely and they were both bottle-feeding and they just said 'For God's sake love give it up you know go and get a bottle, don't do it to yourself,' and all this...I think it was easy for them whereas if the staff had got to persevere with someone. You know with a bottle it might take 15-20 minutes to feed a newborn baby, if you're breastfeeding it could take an hour or more. So I don't think they were necessarily negative but I just think they're so busy that it was just, you know just practical things, so much easier if women were bottle-feeding.

Similar themes were raised in accounts of what happened when women got home. Again, feeling as though difficulties with breastfeeding were trivialised was emphasised, but by this point that had also turned into frustration at health professionals' insistence that the interviewee should persevere and not use formula milk. 'It's much easier for them to tell you how to do it because they're not doing it 24 hours a day, 7 days a week with a baby that's absolutely starving even though he's just been fed', said Joanie, who had to breastfeed at very short intervals. She explained how she ended up rejecting health professionals' views. 'They told me I had to be really strict with him and really like, it's just like "I can't do it"...so I did it but my way with the help and advice of people...that I thought knew'.

Josie explained that the health professionals who came to see were insistent that '"You've got to keep, keep going, keep going", "it will work, it will work"'. She recounted: 'I said "it won't work because we're not even getting anywhere"', and emphasised that she felt they did not take her experience seriously:

> I managed to breastfeed but it was extremely painful. He was extremely hungry and sucked so hard I thought my breast, my breast was just going to come off in his mouth. And he didn't latch on properly and I became extremely sore and, you know, I found that rather than the midwives being sympathetic to that, when I was just crying my eyes out at every feed, they used to sort of say 'well, you know, these are the things, if you want to breastfeed then you have to suffer the pain'. And it's like, 'I don't need to hear this, please just go if you're going to come out with that kind of comment just go' and, you know, I, I did find that they had that kind of attitude.

Such experiences are no doubt also very frustrating and challenging for health professionals as well as mothers, who likely want nothing more than to see women breastfeed successfully. There are inevitable difficulties with situations where women are finding it very difficult to do so, but there were accounts where interactions appeared more successful.

Sandra had decided to feed her baby formula milk from birth, but described how 'when I was in hospital the woman opposite me was adamant she was breastfeeding and the baby wouldn't latch on and the midwives were excellent...they were there sort of every 10, 20 minutes, like trying to get the baby to feed, you know, so what I saw of that side of it and they were excellent'. In the hospital where Anya gave birth, 'They had two specific breastfeeding nurses who would come round and they'd make sure that you could breastfeed, and if you couldn't get them to latch on, I mean they were fantastic nurses, they were absolutely brilliant'. Others recounted very positive personal experiences of being helped in a kindly and sympathetic manner. Tracey, for example, who very much wanted to breastfeed, said 'Some of them were lovely and it was a first-time mum experience, so I was desperate'. In relation to her difficulties, she explained how:

> The nice ones said "You know come on let's try, let's try," because they obviously wanted to help me to breastfeed which absolutely right. And they came round and they helped you and then they'd, one lady sat with me and one lady came round with the expressing machine and sat with me for hours, helping me to have a little top up with a spoon and then helped me breastfeed and then we expressed a bit and she was with me for a long time and that was great.

Others reported how the help they had been given when they got home was equally caring. Adele said of one health visitor, 'She was great, she was absolutely wonderful', and of others who came to visit her that 'They came in, they helped me with you know I was saying to them about problems with breastfeeding, they helped me hold him properly. Showed me different ways'. She continued: 'I did bottles as well but I was trying not to do the bottles you know, so they didn't say much, didn't comment that much about it. Because I know I did say to them that I really prefer, would prefer breast milk because of all the rest of it and so they, they were more encouraging me with how to feed, and look after my sore and cracked nipples'. Joanie ended up giving her baby formula milk at four weeks, having struggled to breastfeed, but explained of the help she got at home that:

> My midwife that came round was the one I'd seen all the way through my pregnancy, she was lovely. She was very much breastfeed, breastfeed, breastfeed. But not a pressure, she would just explain the benefits of it but then she'd also explain benefits of formula milk, but she would just emphasise that breastfeeding is better.

These accounts indicate that kindliness and specific, practical advice are highly valued. They also indicate that there is awareness all the time that support may be rather contingent on an expressed and demonstrated wish to breastfeed. There is a sense that it cannot be assumed that support will be forthcoming in regard to use of formula milk.

Louise, who breastfed until 8 weeks when she first gave her baby formula milk, gave this account of the hospital where she gave birth. 'The hospital were very, very good', she said. 'I remember the nurses coming in and checking and watching and I had to take a note of how many times I was feeding. I think because I'd expressed a desire that I wanted to breastfeed...I don't know how it would've been if I'd said I wanted you know to feed with formula'. There is an awareness that health professionals' responses may be different when babies are bottle-fed. What is the actual experience?

6.2 Formula feeding

Discussion so far has suggested that, antenatally, health professionals were not a major source of information for women about feeding their babies formula milk. Drawing on the in-depth interview study, we now consider women's reports of what happened when they did interact with health professionals around the time of birth and postnatally. Again, we emphasise that this account does not pretend to be an audit or overview of current practice. Rather, its purpose is to indicate something about how women who use formula milk may experience interactions with health professionals.

6.21 Formula use and 'non-judgementalism'

One conclusion drawn from research about women's experiences of feeding babies is that they value practical help, and health professionals who are supportive and 'non-judgemental' (Shakespeare et al 2004). The women interviewed for this study who were most positive about their interactions with health professionals emphasised these same points in relation to both breastfeeding, and bottle-feeding.

Where experience of hospital care was described, Marilyn recounted, 'then when I did ask for a bottle in hospital they were brilliant you know "Which do you want?" They gave me the choice which, and I hadn't even thought about it so I just thought I'll have SMA'. Marilyn had planned to breastfeed and had a very difficult time trying to do so, but described how the midwives who looked after her in hospital responded to her request for a bottle this way:

> They didn't make me feel bad and they were, you know the way that I said 'Oh just get me a bottle,' and she said 'Look you've wanted to breastfeed,' and she let me think about it a bit. And then I reiterated, 'No give me a bottle,' so she did. It was in the middle of the night and I was in tears and she sat on my bed and she was really, really nice...some people didn't get on with their midwives but no my midwife was great. They didn't make me feel like a bad mother.

Julia had also planned to breastfeed, and she explained how 'They did try to help me to get him to latch on and to help me breastfeed because they say that breast is best'. She had had a very difficult birth and emphasised that her tiredness, and that of the baby, meant she decided it would be best to give him a bottle. 'I just said to her [the midwife] "Look he doesn't want any, he doesn't want any of it, he wants, I just want to

give him what he wants, I don't want to distress him by giving him something that he doesn't want, it's just going to make him unhappy." She was fine actually. She didn't, she just asked me what milk I give him and how much he had and it was fine.'

Other women, who had decided before their baby was born that would be feeding with formula milk, also described how the staff at the hospital were 'fine' about this, since they did not pass judgement. Andrea had decided, following great difficulties breastfeeding her first child, that she would bottle-feed her second. 'Well I had to tell them. I think the assumption is you're going to breastfeed until you actually say that you're not. But nobody sort of questioned me or anything, they didn't put any pressure on at all', she said. 'I'd made that decision in my mind mentally and the hospital didn't really push me at all to breastfeed, it was straight away they handed me a bottle', said Sally, who breastfed her first child, but was very clear that she would use formula milk when she had twins second time around. 'There was nothing about it', she said. 'They were just given their bottles...they didn't even suggest to me "shall we just try give them a breast", "let's see what it would be like with two babies breastfeeding", I had none of that. I knew I didn't want to breastfeed.'

All these women were clearly glad that staff did not question or criticise their decision to feed their babies formula milk. What is also apparent, however, is that they all thought they might. Their narratives are informed by the assumption that hospital staff may not prove sympathetic or supportive.

Others discussed their experiences in the same way, describing being well treated with reference to a certain surprise that they were not treated negatively. Sandra thus said, of her first baby, 'I must have said "we're bottle-feeding" and the bottle was sort of given to us immediately...I had heard horror stories about all, you know "why aren't you breastfeeding?" and yeah I've had friends that have said, oh the midwives were awful, "why aren't you breastfeeding?" but I haven't come across any of that'. A 'horror story' also featured in Jennie's account. She said:

> I remember my sister, they wouldn't give her baby a bottle because she'd had quite a bad experience. They wouldn't let the baby have formula. Because she said she wanted to try and breastfeed. But she couldn't breastfeed, I think she had something wrong with her nipples so no milk would come out but they wouldn't give her a bottle so she, my mum had to go out and go home, get all the bottles and make milk up and everything and take them to the hospital.

She then counterposed this to her own experience:

> They were all absolutely fine yeah absolutely fine and none of them was anything like that and I'd just say 'Can I have another bottle for him please?' and they'd say 'Yeah no problem,' and they'd go and get me a new bottle for him.

Jennie also noted how staff who were non-judgemental seemed to operate in a context of expectation that formula use would be frowned upon. Of the midwife who helped her, she said, 'In the hospital and I was feeding him and she said "I shouldn't really say this," she said "but I fed mine by bottle," she said, "I know they say breast is best, but I fed on that same milk that you are." But she said you're not to tell anyone'.

Women also discussed their experience when they had got home, when a midwife or health visitor came to see them, and again it was apparent that not being judged for feeding with formula milk was valued highly, implying an expectation and fear that judgement might well be passed. It was again noted that health professionals sometimes gave the impression that they could not help women who formula-fed. 'Well my midwife, I got on really, really well with her and she probably said things to me that she probably shouldn't, and she actually said, "We're not supposed to give advice on bottle-feeding"', stated Marilyn. Where women were offered advice it was reported in positive terms. The health visitor who came to see Anya was described as 'fantastic', because she had not put this interviewee under 'pressure'. 'She just asked "are you breastfeeding?" "no", "okay" and that was it', said Anya, and she described this as, 'Absolutely fine, no

pressure...She was absolutely fantastic, she's 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'.

Anya's latter point, that what she really liked was that the health professional wanted to relate to the concerns she had herself, was common to positive narratives of care women received. Ursula, who was very worried, having breastfed her first child, that her second would be made ill by formula milk, explained: 'They said you shouldn't be worried at all...if you don't have much in you [breastmilk] it's nothing to worry about, just give them bottle, at least they're not hungry. They said as they grow up they'll be alright, shouldn't be worried that much. To that point I was still worried because of my first one as well you see because my first one was quite healthy'.

Others made the same point, emphasising how they liked it when the health professional offered advice in keeping with their own experiences, perceptions and difficulties. 'The health visitor I had with [first child] was lovely', said Samantha. 'When I sort of wanted to come off the breast and go on the bottle she was, she was fine about it but she was like "Oh try as long as you can."' Sandra stated of the health visitors who came to see her:

> I can't fault them really. I've got two different health visitors 'cause we've actually moved house. I've got one health visitor for my eldest daughter and another health visitor for my youngest. And they've both been very good....just very, very friendly, you know. 'Cause being a new mum, you know, it's all trial and error and she never put you down, always encouraged what you did and, and if she didn't think something was a good idea she'd tell you in a nice way.

The wish for interactions that took into account the woman's experiences and concerns in order to help resolve them was clearly expressed by Susan. She counterposed what happened at the hospital to the way she was treated by professionals whom she saw later on. Having tried for days to breastfeed, she said, 'I saw my GP, and I was looking terrible, and just in tears, and she said, "Look, all the benefits from breastfeeding, you are not going to have any, because it's not good for the baby. The baby needs you more than anything else, you in a decent state. You are in such a state"'. Susan continued:

> The community midwife, she came round quite a lot. She was quite important to me. She tried a few different positions [to help with breastfeeding] to see if it would help, but what she said was that yes, breast is best, but she wasn't hard and fast about it, and she wasn't determined it had to be breastfeeding. She was there on day six, and I was just saying I can't and this is terrible. And she said, well if he hasn't latched on by now, chances are he won't. She said, 'are you sure you want to stop?' I said, 'Yes'. And she said, well that was fine, if I was sure. She said, 'You are going to have him for at least 18 years, and in 4 months time he will be eating food, and that's a whole other thing to deal with.'

Susan further emphasised the importance of interactions which take into account the individual's experience: '[O]ne of the other community midwives who came round, she said, "There are no hard and fast rules. Give yourself a break". She said, "The Government, in its zeal to promote breastfeeding, they have failed mothers who bottle-feed". So that was good, it made me feel better. They are pretty sensible'.

As these accounts suggests, it is not that these mothers necessarily wanted to be told that they were doing everything right. They wanted guidance and advice, and did not dislike being provided with practical or factual information, including about breastfeeding. Anne described her health visitor's response to a discussion about using formula milk: 'She told me that it was up to us...we asked her for different brands yes and she recommended Cow & Gate or SMA but she said "Well it's up to you so you decide." At the beginning she said, "you have to be aware that if you start giving him formula milk your production will fall". I think that she was very realistic'.

What did appear to be issue, however, was the assumption that simply by using or wanting to use formula milk, women's actions would be criticised.

6.22 Women's problems

Women who described their experience in more positive terms indicated awareness that formula use was associated with being judged. It is therefore perhaps unsurprising that negative accounts reflected feeling judged or pressured.

In a small number of accounts, women drew attention to feeling pressure to use formula. Stella, for example, recounted of her first child, 'I was quite young, I was 17, insisted I wanted to breastfeed from as soon as I found out I was pregnant. They encouraged me to put her on a bottle...I think it was because I was young and quite easy to influence.' Others were confused to find that, having been told that 'breast is best', they were advised that their baby needed to be given a bottle. 'They came and weighed her the week she came out of hospital so she was still tiny and she hadn't quite put on enough weight', said Samantha of her second child, who was premature. She continued:

> They were like 'Have you thought about formula?' And I said, 'For God's sake, what do you want?', you know I'm told that breast is the best thing to do, she's feeding happily and just because she hasn't put on weight you're asking me about using formula...I carried on with the breastfeeding and she put on weight the following week, yeah it was fine. And then we eventually introduced a bottle a couple of weeks later, just sort of one bottle a day.

Jane had a difficult birth, and her baby was given a bottle shortly after delivery. 'She was by forceps and the midwife, after a couple of hours, decided she was going to give a bottle', she explained. Jane seemed rather bemused, given the context of 'breast is best':

> She [the midwife] didn't even say 'oh do you want to feed her' and because she'd given her a bottle I just thought 'oh no-one's going to show me how to feed her myself' and it took a long time to, you know, work our how to feed her because I, you know, being a nanny you're never really shown that sort of thing anyway, it, it did take a while because they kept saying 'well give her another bottle', you know, the hospital, you think they'd be more into breastfeeding.

Mostly women described a different kind of experience, however, connected to negative experiences associated using formula milk.

Where women discussed what happened in hospital, it was mostly not so much that an individual had been overtly negative, but that women experienced a general sense of being 'looked down on' because they gave their baby formula milk. Kelly had planned from the start to feed her baby formula, and she described how she felt about trying to get milk in the hospital where she had her baby. 'They had the little bottles of milk that are ready made up that they give to you, it's all very much you have to go and ask them for a bottle', she said:

> Every time they sort of go 'oh so you're not going to breastfeed then?' and you sort of feel a little bit like the naughty schoolgirl going up 'please can I have some milk?' you know, which is awful, so it's not very, you know, pleasant.

Sunita did not give her baby formula milk until later on, but she also commented on the message communicated by the way formula milk was stored at hospital. 'Because the bottles are hidden out of the view of the mums, they're in, you know they're in a big sort of like, like big grey metal grey cabinets so I mean that's very austere isn't it?' she said. 'You get the impression that they really don't like formula milk

at all', was Joanie's comment about the hospital where her baby was delivered. Kelly said that she had 'a feeling' about the way formula was viewed, which she described as, '"oh well if you must have a bottle" you know?'

Others referred specifically to interactions with staff. Lauren said:

> Now at the beginning they weren't happy at all and I had to ask for a bottle almost crying because baby was screaming, and they do provide little bottles of milk, and then I was asking my husband 'Go and bring more bottles' because we knew where they were keeping them [in a cupboard]. Yes, 'Go and bring them', to avoid having to ask them.

'Pressure' was also referred to in some such accounts. Tracey stated that 'The whole breastfeeding thing, they were definitely, the midwives there were pushing, push, push, push. Now if you, if you asked for a bottle it was very much, they all of them were very, very pushy "You breastfeed, you breastfeed, you breastfeed."'

A striking account of pressure to breastfeed was Rose's, who described what happened following the birth of her third child, who had a large cleft in her palate. This interviewee had breastfed two previous children, and had made a decision during her pregnancy that she would use formula milk with her third, because of the child's condition. 'But still the breastfeeding nurse came round', she said, 'and she insisted that I try and I was getting really cheesed off and it was, it was really very much breast is best...Well "thank you very much for letting me know, it makes me feel really good now, that I can't offer my baby the best" do you know what I mean?' She continued:

> And I actually got a bit stroppy...they were still very pushing...and in the end I said 'look she's not going to do it, I've done this before, I know the technique, I fed my second one until he was two years three months, breastfeeding, I think I know it'. I just felt really that she was intruding and I know...she's got a gap in her gum, she had no left nostril, no palate, a gap in her gum and a big hole in her lip. I said 'look the nipple is just coming out this hole? It's not going to stay in, bar sticking a bit of blu-tack there'...she was saying look, 'no you've got to try', I said 'look, don't, don't tell me that I'm not trying'.

She counterposed this pressure to breastfeed, which she clearly felt went entirely against her wishes, to her account of cleft palate specialists, who gave her practical help and advice on the basis of which she made decisions about how to feed her baby. 'They lend you an electric pump and also the double attachment so you're not spending too long you know, when it's on', she said. 'So they have all that there for you. So you can express and have the choice'. She then continued:

> But there was never any hint of, and they actually said 'you can express but just to let you know you will probably dry up...even though you keep expressing...so just do it if you want to do it that's fine but, I mean I never really talked about types of formula or anything with them but, you know, they just knew it would be formula milk and that was it really.

Perhaps most striking of all were accounts of second or third babies, where women discussed how they were steeling themselves for a fight with staff, because they expected to be badly treated given their previous experience. ''Cause you were ready for it the second time you know, you're just ready to fight really, you know?' said Rebecca.

Others described encounters that made them feel disrespected because they were feeding their babies formula milk. 'I mean one of the midwives did actually say to me "oh are you putting baby on the breast?" and I went "no I'm going to bottle-feed", she was, "oh well are you sure? Because you really should"', recounted Kelly. This made her feel that a decision she had thought about was not taken seriously:

> I sort of kind of thought well hang on I've made the decision and, you know, it's 'are you sure?', you're like is this a trick question, am I supposed to give you a different answer now? ...I never ever at any point felt that any of the midwives are 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, you know, the breast she goes 'well that's not what they're there for, sex, you know, it for breastfeeding a baby'. And I was just sat there like, 'that is their purpose is to feed a baby' and I was like 'oh no'.

Steph also felt as though her wishes were not taken seriously, and that she was rated as 'second class' compared to women who breastfed:

> In the hospital after I had him, because he wanted to be fed when he was born and they wouldn't take him up to the ward so I could do his bottle. And they said 'Just breastfeed,' and I'm going 'No I'm not breastfeeding him just to make it easier on you, I want to go up to the ward,' do you know what I mean? But they do, they do try to force it on you a lot more.

Accounts of what happened later on, once women had left hospital, similarly emphasised the experience of formula feeding in the awareness that professionals would consider they were doing something wrong.

Sunita, who decided she would stop breastfeeding her baby following her older child having a bad accident, recounted: 'The GP was horrified, you know at the six week check she was like "Really?", just raised the eyebrows. She said "You're a midwife," I said "Yeah I know I'm a midwife"'. Sunita indicated how she felt her experiences and feelings were disregarded. 'They don't want to encourage anything else, but they won't look at a person's situation you know or social side at all, it's breastfeeding or not', she said. She received a similar response from her health visitor. 'The health visitor sort of went hands in the air, horrified that I was going to formula, "Are you sure you should be doing this?" and I said, "Don't question me because," I said "the house at the moment needs it to be this way"'.

Susan described the response of the community midwife, when she had returned home following the birth of her third child:

> 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. She kept on being snotty. Like she said she'd do a test on day five, and normally because it's distressing we put them on the breast.

What these accounts show is how some women experience the reactions of health professionals both as making them feel 'second best', and making them feel as though their own experience and perceptions of what is best or right do not matter. They felt that there was just one objective that informed health professionals' approach – to get women to breastfeed – even if this meant that individuals' problems and circumstances were disregarded.

As we discussed previously, some women did indicate that health professionals had responded to the individual woman, rather than only being concerned to promote breastfeeding. But a number of interviewees indicated this was not the case. Some expressed the view that needing to reach targets, rather than helping women, seemed to be health professionals' main concern.

'Every time she [the health visitor] come round she was like "oh why don't you try and latch the baby on", "let's try this way", "let's try that way"', said Pearl. 'I was just like "no", I was really, I'm just wasn't, wasn't interested really and we were just going through the whole palaver for nothing'. She drew the conclusion that 'she had got her agenda in her head, what she wants to do. Breastfeeding was the thing, it was the thing, the NHS promotion thing, it's all they bang on about isn't it'. 'There was again a funny thing', explained Lauren. 'They ask you all the time are you breastfeeding and I say I'm mixing but I'm trying my

best to breastfeed him. And they say, "Okay I'm going to write that you are just breastfeeding."'. Rebecca drew attention to her perception that the objective was to promote breastfeeding at all costs when she commented, of her first child, 'interestingly, even when I said to the midwife "look I want to express some" even that was like, "you're giving him poison"'.

This issue was also commented upon in regard to interactions with health professionals at earlier points during pregnancy. 'When my midwife asked me how I was going to feed, towards the end, and I'd gone from not breastfeeding to, to I'm going to try it...her reaction, it was like her head was going to explode she was so pleased, you know?', said Joanie. 'She was, she was really overly pleased about it'. Anya described the impression she had from the hospital:

> They were definitely on a mission to get as many women as possible to breastfeed. One mum, her daughter was in an incubator next to my son, she'd had two other children. She was on her third premature baby. And she said right from the start 'I want to bottle-feed'. I had a conversation with her outside and she'd noticed there was pressure on her, you know, 'are you sure you want to bottle-feed?', 'do you not just want to try putting her to the breast?', and there was that pressure. One of them [midwives] was, was definitely 'this is my mission in life, I'm going to make every mother breastfeed', the other one was a bit more relaxed. I only assume that it's just, you know, this whole breast is best campaign that seems to be going on.

The outcome of this for some women, in the event of them feeding their babies with formula, was that they felt unsupported by and very distanced from health professionals. 'It just doesn't feel like they were listening, it just felt like they couldn't be bothered to listen to what I was saying', stated Joanie, of her experience when she discussed the possibility of giving her baby a bottle after about three weeks. 'Whereas when I spoke to my friends they actually listened'. She added, of her health visitor, 'they were very much "stay with the breastfeeding". I felt like I was putting their nose out of joint by me wanting to do something else and I think they were a bit put out because I'd spoken to them [my friends]'.

Rebecca gave her child formula milk after feeling totally exhausted, when he was feeding for very short periods of time, at very regular intervals. 'In the end we decided to do it, against the advice of the midwives', she said. 'They wouldn't give us any information they wouldn't tell us how much to give him or anything so we just had to decide for ourselves'. Her feelings about the outcome of not getting the help and guidance she felt she needed, and of then not coping well with trying to feed her son, were described this way:

> I feel angry that I missed out on the rewards of having a baby for at least the first four months. I also feel upset that my son missed out on the rewards of having a good mother for that time too and only hope that it doesn't affect him long term.

This developing sense of distance from health professionals was perhaps demonstrated most clearly of all by women who ended up deceiving the professionals who came to see them. Jane, having been told by her health visitor that she should continue breastfeeding despite having said she felt she was not making enough milk for her baby, described what she did next this way:

> I tried to but I was worried about her [her baby]. I don't have milk, so I gave her the formula. But I didn't tell the health visitor that, that's what I'm doing. I told her that I'm using the breast pump. I just didn't tell her, I just didn't tell her.

'I used to hide it', said Rebecca, of what she did with formula milk and bottles when the midwife was coming round when she'd had her first baby. 'I didn't admit to the midwife that I was giving him any expressed milk even, and I know so many of my friends that just lied', she said, adding:

> 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.

Fiona also lied about what she was doing to her health visitor. She mixed fed for five weeks but breastfed less and less during this time, and described what she said about this as follows:

> I was lying a lot. It's like, especially with the health visitor because every week...'still breastfeeding?' and it got to a stage when I was like 'yeah still, still doing a bit but giving him the formula at night-time, during the day I'm breastfeeding', 'oh yeah all right, okay'. Because it was just same question and they just make you feel guilty, and I thought, it just made my life easier. Just to not tell them the truth.

Some women described the distance they felt from health professionals another way, emphasising how they adopted an 'us and them' approach. 'I'd made my mind up. I think she could have rattled on about it for hours and hours but it wouldn't have just meant anything to me', said Pearl, of how she responded to her health visitor telling her she should carry on breastfeeding. 'She can't force you to do something if that's your choice. It was my choice to stop, I had to feed her, I couldn't feed her myself, I've got to do it'. She added: "cause they bang on about it, my friend had exactly the same as well, they just bang on about breastfeeding, breastfeeding, breastfeeding all the time'.

'You can say, "sod off. I'm doing what I want for me and for my other child"', was how Rebecca expressed the antagonism she felt towards health professionals. 'Because you're a mum, so you've got the right and you've learnt to fight for yourself at that point'. She commented that, 'The first time 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'.

Language like 'fighting', 'battling', and 'standing up to them' was quite frequently used. Some women indicated that what they had taken from their experience with their first child was that they would not be 'pushed around' with their second. Becoming more experienced as a mother thus entailed, in part, becoming more confident in relation to rejecting professional advice and intervention. In some cases, a dominant aspect of interviewees' narratives was hostility towards and distrust of professionals, apparently because of their disregard for interviewees' experiences. 'I don't like the way that like midwives go on at you "Oh it's better, blah, blah, blah,"' stated Steph, who fed all of her children formula milk. 'They don't know the individual person and it's the individual person that it's about'. She added:

> Yeah leave me alone I know what I'm doing. And then they were saying 'Oh you've got to do it this way, you've got to do it'. I said, 'Listen don't tell me what to do, I've had two kids, I know what I'm doing'. Half of them haven't got children and they talk just literally out the text book, they don't see it as, you know, the person, they just...That's how I feel about professionals when it comes to children. It's like my health visitor she hasn't got no children so don't come telling me what I'm doing...you might have read it, you might have done case studies, whatever, but you don't know real life, you know.

This comment indicates there can be a great deal of tension between women doing what they consider might be right, and professionals' approach regarding what is best. As Murphy, Parker and Phipps noted of their interviewees' comments about health professionals, 'Some professionals were criticised for trying to impose generalised "rules" about feeding...[leading to] resultant scepticism about professional advice' (1998: 257). Murphy also notes how mothers deal with fact that, by feeding their babies formula milk, they have departed from expert advice, by defining 'the expertise relevant to infant feeding as that to which they, as the children's mothers and everyday carers, had privileged access. They established themselves, rather than health professionals, as the primary bearers of relevant knowledge' (2003: 456).

This process, of redefining who is 'the expert', is also apparent in the comments discussed above. Tracey stated:

> I've seen all my friends go through different experiences with their three-year-olds and I was then equipped to think well, well the research might be that the majority of babies are better on this but my experience and my friends I just can't see that following through. It's my random sample and my random sample doesn't show that.

Sandra also discussed what she had concluded by situating other mums as the experts, not professionals. 'Some friends have breastfed, some have only breastfed for, you know, ten weeks, some have breastfed for a year and others have just bottle-fed like me, straight away from day one', she said. 'It's, you know, you do what's best for you and your baby and that's how we've all been, you know? And that's how I'd want it to be anyway'.

6.3 Summary

Health professionals have the responsibility of communicating to pregnant women and new mothers factual information about how best to feed their babies. Some women discuss their experience of health professionals in a very positive way, emphasising how they felt supported and given sound practical help. However, reports from women who wanted to breastfeed and who struggled doing so were mixed. Some reported being given excellent help, but others described being treated badly, or left to struggle on alone.

The main experience pointed to by the narratives discussed here is that a genuine need to communicate health issues and offer sound advice sometimes co-exists with a moralising ethos regarding formula milk. Sometimes it is the moralising ethos that prevails.

Women often assume they will be judged as having done the 'wrong' thing, and will be considered to be 'bad mothers' by health professionals if they feed their babies formula milk. Some women find that this assumption is born out in practice. Reports of interactions with health professionals in hospitals and in the community sometimes emphasise that midwives and health visitors made the women concerned feel like they were second-class mothers and were doing what was second best.

Where women who fed their baby formula milk did experience feeling judged, they felt treated not as an individual who needed practical advice and help, but as a problem to managed, and as a person whose behaviour needed to be shaped and changed. In some accounts, women emphasised that it seemed that fulfilling targets for numbers of women breastfeeding was the professionals' main concern, rather then their needs and experience. Others felt that the time and effort they had spent deciding what was the best way to feed their baby counted for nothing.

An unfortunate outcome of the tendency to moralise health advice is that it becomes hard for a culture of empathy and trust between health professionals and women to develop. Women can come to distrust professionals, become distanced from their expertise and sceptical about the value of professional knowledge and advice. This outcome 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'.

7.

Interactions with family and other mothers

Women's experiences of feeding their babies formula milk have emerged as strongly shaped by a cultural climate in which breastfeeding is positively affirmed and formula use deemed second best. Women use formula milk for a range of pragmatic reasons, and what they do in practice is shaped by their everyday experience, which often means formula use becomes necessary and acceptable to them. Yet there remains a tension between this everyday experience and an awareness that formula milk is represented and discussed more widely as 'artificial', 'unnatural', and 'risky'.

This suggests that mothers make judgements about how best to feed their babies not just by weighing up the pros and cons of different options, bearing in mind evidence about these options. Rather, women feel that their decisions and actions are likely to be taken by others as a measure of what kind of mother they are. Feeding a baby breast milk or formula milk has, as their responses and accounts indicate, come to be experienced as a yardstick by which others make judgements about whether women are 'good' or 'bad' mothers.

So far, we have investigated this experience primarily through discussion of interactions in formal contexts and settings, for example women's interactions with health professionals or their experience of obtaining information provided by various public agencies. But how do friends and family members fit into the picture? We discuss this aspect of women's experience through reporting first their accounts of interactions with other mothers, followed by those with family members, and finally with partners and husbands.

7.1 Other mothers

Some women emphasised that discussion with other mothers about feeding babies was a positive and important aspect of their experience. Gisele said: 'Basically they've been really helpful and said "Well it's up to you, it's your baby, you do what you think is right for her". No "you should do this or you should do that"'. Maria described the response of women older than her, with whom she worked and who had children some time ago, as helpful and reassuring. She recounted their advice about whether to carry on breastfeeding: '"No need to give yourself too much pressure"...That was the secretaries they are actually like in their forties, fifties. I thought okay I'll see what happens'.

In every area of women's experience discussed in this report, those who planned to breastfeed but failed to do so have described their feelings of marginalisation most strongly. This group described their interactions with other mothers in a similar way, drawing attention to how other women constituted a very important source of support for them as a counterweight to feeling marginalised, at least where these other mothers had shared a similar experience. 'I felt comfortable with people who'd suffered a little bit of what I'd suffered, mainly bottle-feeders who'd done so because they'd tried the breastfeeding and it hadn't worked,' explained Josie.

She indicated how she was greatly relieved to find that others had, like her, experienced feeling judged because of how they fed their baby:

> I found that they all had that kind of sense of, you know, everyone just puts pressure on you all the time, and you feel like you've got to explain to everybody. Until then you kind of, you know, you feel so sort of tense about it and you feel like you're, you're the only one that this has happened to.

Rebecca explained, about joining a mothers' group and coming across women who were experiencing similar problems when trying to breastfeed:

> There was about eight or nine of us mums and it was...the best thing I ever did because suddenly I spoke to somebody else and I was saying 'oh he's feeding all the time' and they'd be going 'is yours doing that too?' and suddenly after being told you're rubbish, it's only your baby, actually I think five out of the nine of us were going through fairly similar things.

Rebecca's account also reflected the point made previously, about how women can come to feel distanced from professional advice. 'Suddenly we all said, "right we'll all just hook up together and ignore everybody else"', she recounted. 'So you went through every experience with them – "what are you doing for this?", "what are you doing for that?" "how have you coped with this?" and suddenly all that advice that you'd craved you suddenly got'. 'We have supported each other's decisions', said Marilyn, of other mums at the group she attended. 'Everybody else respected everyone else's decision and the girl that said I'm bottle-feeding from the start nobody thought anything bad. And everybody, and all of them are now on formula milk except for the one'.

Some women who struggled to breastfeed, however, experienced just the opposite. They described feeling judged by other mothers in regard to how good a mother they were, especially where these other mothers seemed to have breastfed successfully.

Susan, as we have detailed already, experienced very strong feelings of failure when she found she could not breastfeed her first baby, and was already self-conscious about feeding her baby from a bottle in front of other mums. 'I felt embarrassed in front of them', she said, 'and like I was missing out on something. Because when their babies cried, they stuck them on the boob, and I didn't have that'. 'But actually, it was fine, because I could cuddle mine, and do demand feeding, just with a bottle', she continued, 'but the problem is, you don't think of it like that at the time. You know, the baby is cuddled up, with a teat in his mouth, and he's fine, he's happy, and he can smell his mum. But you don't feel that at the time'.

It was in the former, very negative frame of mind, that she first attended a mothers' group that had been recommended by her GP. 'They all got their boobs out, and then I got the bottle out', she recalled of the first time she went along:

> So they asked me about it, and I told them. And then it was like a competition with the mums, about who had suffered most! You know, 'Oh well, you just have to suffer with it. If you want the best for your baby'. So I was like, you don't know anything about me, and of course I want the best for my baby too.

This woman was 'rescued' by one member of the group, who came to her defence. 'She butted in about her niece, who had been bottle-fed, and who was absolutely fine, she'd never had a cold, not a snuffle in her life. She was really cross these people were being like that with me, so self-righteous. You know, "Well I get mine out at least 20 times a day", "Oh, I had really cracked nipples". So triumphant. I felt like shit though. I felt so crap, and I just wanted to leave. But then this woman piped up!'

Susan's account indicates that she experienced feeding babies as an aspect of motherhood that women have become competitive about. Some women have come to view feeding as a measure of motherhood, and consciously or unconsciously judge other mothers accordingly.

Other accounts also reflected a similar experience. 'A lot of my friends at the playgroup and stuff like that they go, "Why are you bottle-feeding?"', said Anya. She replied, '"I need to, because it helps with me, the way I am"', but their response was: '"Oh," they were all raising eyebrows you know'. Sunita, who fed her second child formula milk because her family situation made it very difficult for her to spend the time breastfeeding him, described how, at a music festival she attended, 'another mum, very similar to me I think in sort of age and clothes, you know the sort of mum you'd relate to, she latched her little one onto the breast'. She continued:

> You could see in her eyes that she kind of expected me to have done the same...so I knew because I'd got the bottle out and her face, I could see her little face sort of going 'Mm', like she's taken you know she's got the bottle out. And I thought, I felt a bit embarrassed, slightly embarrassed then I thought, I felt like going up to her and saying 'No I do actually breastfeed as well', and I thought God why do I have to explain myself.

All these accounts indicate that feeding babies has become an act that can generate quite tense and sometime divisive and upsetting interactions between mothers. It seems that how women feed their babies has become very closely bound up with their identity as mothers, meaning that what other mothers do is not a matter of indifference. Rather, other mothers' actions touch them personally, and these actions are then used to make judgements about individuals and what kind of mother they are.

Other women described this with reference to what had happened to other women. Rebecca explained, of one mothers' group she went to:

> 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?', you know.

She went on to explain how she experienced other aspects of motherhood in a similar way, emphasising how, in her view, everything about becoming a mother had been turned into a minefield, making women who did not do 'the right thing' into pariahs:

> I just don't understand the whole thing, I mean the whole childbirth thing as well isn't it, that 'you must suffer as much as possible' generally...it's seems that a group of people got in a little circle and thought 'how can we make childbirth the worst possible experience for most people? I know let's give them no drugs at all and made them feel really wussy if they have them and let's make them breastfeed too'.

It was the National Childbirth Trust (NCT) that featured in Joanie's account of the experience of other mothers she knew. Women whose children were cared for at the nursery where she worked had felt very judged because they had failed to breastfeed. 'A lot of people who I've spoken to who've had dealings with the NCT...I've had a couple of parents crying on me because the NCT have made them feel that downtrodden because they haven't breastfed'. She continued: 'They're made to feel, if they're not doing it right it's their fault and they should carry on trying, you know? Parents that have had mastitis you know, and you can just imagine how painful it is and, and these people just seem to come across as the most uncaring people'. 'I just don't understand what it is that they're about', she concluded.

That a correlation between breastfeeding and being a good mother has been internalised in this way means that some perceive it necessary to breastfeed at all costs, and judge women who do not do so very negatively. This phenomenon is described by Schmeid et al as 'the almost religious fervour that some...women imposed upon their breastfeeding experience. Breastfeeding was crucial to their identity as mothers' (2000: 48).

That women might come to form their identity as mothers in relation to being 'breastfeeders' was expressed

in Susan's account, and she put forward her own explanation for why this might be the case. 'I think the problem is that the breastfeeding thing is pushed so much', she said, and continued:

> And then I think they [women who succeed at breastfeeding] are made to feel like it is such an achievement, they have done so well, and they deserve a medal. They are the winners, but those that didn't stick it out, they are the losers.

Lauren thought there were pressures that encouraged women to form strong opinions about baby feeding practices, and that judgementalism about other mothers was the result. 'I suppose it's the culture', she said. 'Even some women think that the others are doing wrong if they don't breastfeed their babies. It's like, "Are you breastfeeding your baby? Oh that's good." But they don't do the same for the other case [formula use]'. Anya said: 'It does seem to be becoming a matter of "how do you feed your baby?", "oh you don't do it how I do it"'.

Jane experienced feeding as an activity where mothers monitored other mothers, leading them to comment on whether it was being done the 'right way'. 'I know a lot of people who do bottle-feed and I felt comfortable that they, you know, they're bottle-feeding their children', she said. But, 'people who were breastfeeding were sort of looking at me as if to say "oh why are you doing that?" She also recounted:

> I remember going to a party when [her daughter] was about 4 months old and I went to get a bottle out of the fridge and a woman said 'oh', you know, 'you're bottle-feeding your child. Why aren't you breastfeeding?', and, you know, 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.

Pearl said, of friends and family members, that 'obviously they asked me when I was pregnant if you're going to breast or bottle'. But once she'd had her baby, 'I've even had strangers come up to me in supermarkets asking me if I'm breastfeeding or bottle-feeding her. The first time I took her shopping round Morrisons one woman came up to me and she said, "oh she's, she's getting a big baby, are you breastfeeding her or bottle-feeding?" and I'm like "hello?"'

These accounts indicate that feeding babies has become an activity that women do in a highly self-conscious way. As Tracey put it:

> It's not a thing that you can do unthinkingly without being concerned about how others will respond to you.

'It's almost like you've got to sort of play a part', she explained, 'and take on a role of, "I am the formula feeding mum and here's why", knowing that somebody else going to be interested in what you're doing so it's not just a sort of thing you can do without thinking about it...you have to defend your actions'.

Mothers, it seems, can be a very important source of help and advice for each other. But it also seems that the extent to which mothers can successfully form informal, supportive networks is constrained by the way that feeding practices have become about far more than a practical problem that mothers can help each other resolve. Mothers monitor and judge each other because of how babies are fed. This is a process that inevitably creates divisions and barriers, as feeding practice comes to be an aspect of women's identity as mothers, and then is used as a measure of motherhood.

7.2 Family members

Another potential source of support and advice for mothers is members of their family. Some women interviewed for this study described how they experienced relatives as a source of pressure, rather than

support. Where this was the case, it seemed that female relatives were sometimes quite insistent that their daughter or daughter-in-law should do what they themselves had done.

This could mean that women were put under pressure to bottle-feed. 'My partner's mum had never breastfed', said Joanie, 'and she made me feel like I was doing something wrong because she wanted, I think it was her first grandchild, so she wanted to do all the feeding, she very much wanted to be in control'. Others experienced pressure to breastfeed from their family. 'It is really hyped up,' said Fiona. 'You know, my mum and everyone and, you know, "come on get him to suck on it" and "get him to". Everyone's like, you know, "breastfeed, you've got to breastfeed, you've got to breastfeed"'.

More women, however, described family members' reactions to how their feed their babies in a different way. In general, our findings are in line with those of Carter, who found 'those women who were grandmothers themselves placed a particular value on "not interfering" with their daughter's choices in infant feeding. They were more concerned with their daughters' and grandchildren's health and well being' (1996: 94). 'Not interfering', but rather being 'supportive', generally seemed to be approach taken by the relatives of those interviewed for this study.

'My mum was absolutely fine', said Jennie, 'because she'd breastfed a couple of us and then she'd gone to bottle-feeding so, she said "Whatever you feel comfortable do," so that's what I, you know I done what I felt was best'. 'I had been bottle-fed, my brother had been breastfed, but nobody really swayed me either way', said Samantha. 'Everybody was quite good really. Just said yeah you know do what's best for you'.

Adele was clear that her relatives 'didn't put any pressure on', but described how her mother advised her in a pragmatic way when she found breastfeeding difficult. 'She said "you know he will feed from the breast, just encourage him, and he will in time, and that's what I did"'. She then added: 'She said to me if you have to do it from the bottle then you have to give him bottles. You feed your child whatever he will drink, keep him healthy. Keep him going, you know'. Rebecca's mother was also pragmatic. After finding breastfeeding a terrible struggle, Rebecca eventually went to her mother's house to get some help: 'After six days I couldn't function, so we all went up there and that was the best thing that ever happened. She [her mother] was getting really fed up with the midwives, sitting there biting her lip because they're saying all this stuff, and I just couldn't do it. She said it's only the fashion of the time, "just give him a bottle, it's not going to kill him, give him a bottle"'.

A minority experienced pressure from husbands and partners, but the majority described how pragmatism and concern that for the well-being of the woman guided the men's responses. Susan found that her husband, at least to begin with, added to the problems she experienced. 'It was difficult with my husband though, because he had completely swallowed the breastfeeding line, really wanted to me to do it', she said, 'because we had been told so much it is best for the baby. He was saying, "Well it says here, if you just keep trying, and it will prevent all these childhood illnesses" and all that. But if you can't do it, that's it'.

'I think he wanted me to be relaxed with her, he wanted her to have the right stuff', explained Jane, of her husband's encouragement of her attempt to breastfeed their prematurely born baby. But, she continued:

> ...the thing was he doesn't really know. I think because he's heard it from the other, the other midwives and everything, when in the special care unit that you should be doing this, I think he was sort of willing me on and sort of trying to help me sort her out. He said, you know, 'maybe you should try this way', 'maybe you should try that way'. Although he was trying to be helpful I was thinking 'no leave me alone and let me get on with it in my own time'. And in the end that's how I did it [breastfeeding], I did it by myself when everyone else had gone. I had a week of going through absolute hell with feeding.

Both Susan and Jane conveyed the impression that their husbands had been influenced by messages that 'breast is best', and had therefore wanted their wives to breastfeed, but that this meant they became

insensitive to the difficulties that breastfeeding entailed. Most women, however, gave a different impression. It seemed husbands and partners generally simply offered support.

'He wasn't really that bothered' said Anya. 'I told him that I wanted to breastfeed and he was behind me all the way, he said, "fine no trouble". I told him that I wanted to get bottles in as a back-up and he said, "fine, whatever". I didn't feel any pressure at all from him, either way'. Lauren described her husband's responses when she was deciding how to feed in a similar way. 'He's very practical about these things', she said, 'and it's your breast, you don't feel like it, don't do it'. 'If I would have decided to give formula to both of them he wouldn't have had any worries', she stated.

Pragmatism – doing what seems best at the time – was emphasised by Tracey. 'He didn't have a view either way really,' she said of her husband. 'He's a very relaxed character anyway and he just said you know whatever is best'. 'He is very logical, practical', she noted, explaining how he would take the view, 'right we've tried that, there's a tick in the box there, if that doesn't work let's try something else and see.'

It was commonly highlighted that men were very concerned about their partners' well-being and happiness, and this led them to take a view 'do what you feel is best'. 'He was really good because he said, "I can't imagine what you're going to have to go through," so he said whatever you decide, you decide', recounted Jennie. 'I spoke with my partner about it', said Julia. 'He wasn't too sure on me breastfeeding him all the time because he knows how tiring it is from speaking to my cousin because she was up all night long every two hours, getting up feeding the baby'. 'He said it was up to me if I wanted whatever I wanted, whatever I felt best to do', she stated. Stella explained, of her partner, 'He was fine, he wouldn't force me to breastfeed because that's another tie on, like for me, do you know what I mean?'

'I did discuss it with him actually', said Marilyn, of her partner's response when she found breastfeeding very difficult following a complicated birth. She explained:

> He 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.

Josie also found breastfeeding extremely difficult, and described how her husband was the one person who helped her, because he made it clear she could stop breastfeeding:

> He was the only one that didn't put pressure on me, he was trying to take the pressure off my shoulders, so he was great really. Everyone else I suppose didn't really understand what I was going through and I was trying to sort of put on, you know, a sort of mask if you like for everyone else that everything was okay you know? I'm glad that he was the one that pulled back and sort of said 'no, please, stop doing that now' you know?

Similarly, Adele recounted how her husband had helped her regain perspective when she was finding breastfeeding extremely arduous:

> He just said you do what you feel is best for you to make you feel better because obviously, he just saw me in a different light, you know from being such an organised person to being completely out of control. But yeah he just said, he just said to me do what you think is best for you. If you can't, you know if you can't breastfeed you can't breastfeed and that's it.

Family members, and husbands and partners in particular, therefore constituted an important source support for women. Their role was of particular importance for those women who struggled to breastfeed, since by simply offering support, and making it clear that the woman's own well-being mattered too, they ensured that her sense that she was a 'good mother' was not entirely compromised through formula use.

7.3 Summary

The cultural imperative that connects breastfeeding with being a good mother, and formula use with being second best, not only influences women's experiences in public areas. Informal relationships are also affected by this imperative.

In regard to their interactions with other mothers, this means that women's sense of failure and feelings of marginalisation when they feed their babies formula milk are both moderated, and enforced. Mothers do constitute an important source of advice and support for each other. But women also, consciously or unconsciously, draw upon a framework that measures motherhood according to how mothers feed their babies. How babies are fed has become connected with women's self-identity as mothers, meaning they do not feel indifferent towards what other women do. Rather, they perceive that this touches them personally and reflects on them.

As a result, mothers may judge the actions of other women and call them into question. The outcome, especially when babies are very small, can be tension and divisiveness when mothers who use formula milk interact with those who are breastfeeding.

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

8.

Summary and conclusions

The following findings emerged in relation to the main objectives of this piece of research:

Objective 1: To identify pathways into formula use.

Women who most clearly 'choose' to use formula are those who decide to do so before their baby is born. Some want to be in control of feeding their baby because they are looking ahead to being back at work or out 'in public'. They also want other people to be able to help with feeding their baby. Others want to avoid the struggle, pain and frustration they experienced trying to breastfeed a previous child.

More women who feed their babies formula do not do so as a result of intention. The experience of some of these women is that breastfeeding is very painful and difficult, and others use formula in the first few days because of premature birth or difficulties in childbirth. The experience of these women is marked out because they, more than others, feel marginalised as 'bad mothers' because they have failed to breastfeed.

Other women introduce formula milk later, although still earlier than they had intended to. This may be because they want to restore 'normality', which can include going back to work, or routine patterns of sleeping, or activities with other family members. Having to feed the baby very frequently, and never being able to 'fill them up', also leads women to give babies formula milk after a few weeks.

Objective 2: To find out how women obtain information about formula feeding.

Fewer women are provided with information about formula feeding than about breastfeeding. A significant minority of women – around one quarter – say they do get enough information, and a larger group, comprising women who end up finding trying to breastfeed a struggle, strongly feel they need information about formula milk.

Women obtain information about formula feeding from 'unofficial' sources, namely formula manufacturers, magazines and friends, as well as from health professionals. Women have to work hard to find this information themselves, sometimes when in a state of anxiety because of the circumstances regarding feeding their babies. This is particularly the case when women plan to breastfeed, are unable to do so, and then find themselves 'in the dark' facing a struggle to try and find out what to do for a very hungry baby just a few days old.

Objective 3: To explore how mothers experience and respond to the content and delivery of information about feeding babies.

Some women feel bombarded with information that tells them 'breast is best'. They can 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.

Information needs where women use formula milk are sometimes practical, for example about how to make up bottles. More commonly, the perceived need is for information about brands and how formula milks differ from breast milk. The central need in this case is for reassurance about the health effects of formula use, because women are very concerned that formula milk is second best, and will harm their babies' health.

Demand for 'information' in a more general sense is also related to a need for reassurance that by bottle-feeding women are not 'bad mothers'. An absence of information about formula milk is experienced as marginalising and damaging to women's sense of themselves as 'good mothers'.

Objective 4: To find out about the experience of mothers who use formula milk, including in regard to their interactions with health professionals, peer-group, and partners.

Of mothers' experience...

While formula use is accepted by the majority of women, breastfeeding and formula use are not given equal value. Breastfeeding is considered 'best'. Women who feed their babies formula milk generally make the case for their decision to do so in a relatively self-conscious way. Unlike women who breastfeed, who cite health professionals as important in shaping their feeding practices, women who use formula milk indicate they made their decision in an isolated way, claiming they made their feeding decision 'myself'.

One group of women – about 1 in 10 mothers – feel a sense of failure together with guilt and uncertainty when they use formula milk. Perhaps unsurprisingly, such women very much want to breastfeed their babies, and can feel desolate when they are unable to do so. Other woman also emphasise feeling guilty when they formula feed, feelings mostly connected to perceptions of the health effects of formula use. Those who experience the least anxiety about formula feeding breastfeed and then introduce formula milk later. They explain their decision through reference to what is best for them and sometimes their family, as well as what is best for their baby. Finally, some women defend their feeding decisions in a defiant manner, as 'nobody else's business'. They claim that 'mother knows best' and may self-consciously reject the message 'breast is best'.

Of interactions with health professionals...

Health professionals have the responsibility of communicating to pregnant women and new mothers factual information about how best to feed their babies. Some women discuss their experience of health professionals in a very positive way, emphasising how they felt supported and given sound practical help. But the need to communicate sound advice sometimes co-exists with a moralising ethos regarding formula milk, and sometimes it is the latter that prevails.

Some women assume they will be judged as having done the 'wrong' thing, and will be considered 'bad mothers' by health professionals if they feed their babies formula milk. Some find that this assumption is experienced in practice. Reports of interactions with health professionals in hospitals and in the community sometimes emphasise that midwives and health visitors made women feel like they were second-class mothers and were doing what was second best. Some women indicate that it seems that fulfilling targets for numbers of women breastfeeding is professionals' main concern, rather then women's needs and

experience. Others explain that it seems that the time and effort they had spent thinking about and deciding what was the best way to feed their baby counted for nothing.

Of interactions with peer group...

Women's sense of failure and of feelings of marginalisation when they feed their babies formula milk are both moderated and re-enforced when they interact with other mothers. Women constitute an important source of advice and support for each other. But women also, consciously or unconsciously, draw upon a framework that measures and assesses motherhood according to how mums feed their babies. How babies are fed has become connected with women's self-identity as mothers, meaning they do not feel indifferent towards what other women do, but judge women by how they feed their babies. They perceive that others' feeding practice touches them personally and reflects on them.

Of interactions with partners...

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

Objective 5: To assess the implications of the experience of mothers who use formula milk for health policy and practice.

The key problem pointed to by this research is that formula use has come to be a source of tension and conflict for mothers. Whilst feeding babies may inevitably be a source of anxiety, this seems to have been considerably more intense for women than it needs to be.

In practice, women tend to be largely pragmatic about how they feed their babies. This aspect of baby care, in real life situations, has to be organised around other demands and pressures women experience, including in relation to work and day-to-day aspects of family life. Yet being pragmatic is experienced as difficult, because of a context that does not value or legitimise women doing so.

This problem seems to pertain because use of formula milk has become a measure of motherhood. How good a mother a woman is has come to be assessed on the basis of whether she breastfeeds. Therefore, departing from what is 'best' – breastfeeding – is not perceived or experienced as uncontroversial or acceptable, but as questionable and symptomatic of a woman's failure as a mother.

It is particularly worrying that two key area of interaction that should provide support for new mothers – other mums and health professionals – have become often tense and difficult as a result.

An unfortunate outcome of the tendency to moralise health advice is that it becomes hard for a culture of empathy and trust between health professionals and women to develop. Women can come to distrust professionals, become distanced from their expertise, and sceptical about the value of professional knowledge and advice. This outcome 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'.

Empathy between women is also damaged by the way formula feeding has become moralised. Women may judge the actions of other women when they bottle-feed their baby and call them into question. The outcome, especially when babies are very young, can be tension and divisiveness when mothers who use formula milk interact with those who are breastfeeding.

This study has confirmed the finding of some previous research, that a process of cultural transmission has turned provision of health information about the benefits of breastfeeding into a campaign against formula use. 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.

9.

Appendices

9.1 Methodology

9.11 Phase 1

This Phase was qualitative, comprising in-depth, semi-structured interviews with 33 mothers. The sample was defined as mothers who had bottle-fed using formula milk exclusively or partly following the birth of their baby to the end of the third month. The mothers' babies were aged 12 months or less at the time of interview, and the women were primarily first-time mothers, although some mothers who have had further children were included, to gain insights about how their experience / attitudes change. The sample also included mothers of twins; premature babies; babies with facial abnormalities.

The sample was mainly recruited through advertising at playgroups, crèches and through snowballing. Four localities were selected for recruitment, for practical reasons associated with convenience for the researcher in London, the south of England and the Midlands. Recruitment in three of the four sites was completed in advance of Phase 2 (see below). These mothers were interviewed between February and July 2004. The interviewees in the final site (8 of 33) were recruited following Phase 2, and were interviewed in September / October 2004.

The questions covered at interview were as followed:

Age:
Occupation / recent occupational history:
Relationship status:
Partner occupation:
Child(ren)'s age(s)
Hospital where child(ren) born:

1. How old was your baby when you first used formula milk for feeding?
2. How did you feel when you first fed your baby formula milk?
3. At what point did you decide to use formula feed?
4. How did you come to decide to feed this way?
5. Did you have concerns about using formula feed? What were they?
6. Who did you talk to about your feeding options?
7. What information were you given about feeding options when you began using formula? Had you been given any information previously?
8. Who delivered this information and in what form?
9. What did you think of the information you were given? Did it change what you were doing? How could it have been improved?
10. Who did you discuss feeding options with, other than health professionals? How did they discuss the option of using formula feed?
11. How has your experience of using formula feed influenced your experience of motherhood?

(Ask about their relationship with their babies; their partners; their family members; other mothers they know)

12. How could your experience of feeding have been improved?
13. Has your experience had an impact on further pregnancies / plans about further pregnancies? In what ways?

Interviews were conducted mainly at participants' homes, and a smaller number at workplaces. Participants did not receive payment for participation, but were given a 'thank you' for their time, in the form of a £20 Boots voucher.

The research programme was reviewed, and approved, by the Ethics Committee of SSPSSR at the University of Kent. (The information sheet and consent form used for the study appear in Appendix 9.2). Interviews were taped, transcribed, and analysed using standard qualitative analysis techniques.

The findings of the early stages of this phase of work informed the design of the questionnaire used in Phase 2.

9.12 Phase 2

NOP World, an independent research agency, was commissioned to conduct the quantitative phase of this project on behalf of the University of Kent.

The methodology used was as follows:

- 503 telephone interviews of 20 minutes' duration were conducted with mothers of babies aged 0-6 month at time of interview
- Sample was purchased from Bounty
- Quotas were placed on the sample to ensure an equal split by age of child (0-3 months, 4-6 months) and by whether the baby in question was a first or subsequent child
- It was explained to respondents that the study was on the subject of young babies and a number of general questions were asked in addition to questions about feeding
- Fieldwork was conducted by NOP World during July 2004
- Respondents did not receive any payment for taking part in the study
- The data was tabulated using Quantum software
- Analysis of the data was conducted by NOP World

Sample structure

Total sample	***503***
Age of child (quota):	
0-3 months	250 (50%)
4-6 months	253 (50%)
1st or subsequent child (quota):	
1st child	251 (50%)
Subsequent child	252 (50%)
Feeding intention:	
Intended to wholly / mostly breastfeed	314 (62%)
Intended to wholly / mostly formula feed	182 (36%)
Single / multiple birth	
Single birth	497 (99%)
Multiple birth	6 (1%)

	Total	1st child	Sub-sequent child	Intend to wholly/ mostly breast feed	Intend to wholly/ mostly formula feed	First 3 months feeding went as planned	First 3 months feeding not really as planned	Intend breast feed outcome not to plan	'Sense of failure' group*
	503 %	251 %	252 %	314 %	182 %	366 %	133 %	106 %	54 %
Age									
16-24	21	33	9	16	30	19	26	24	24
25-34	61	59	63	64	57	62	59	60	57
35+	18	8	28	20	14	19	15	16	19
Social grade									
AB	10	10	10	14	3	10	10	12	15
C1	38	39	38	44	29	37	41	45	44
C2	33	33	33	27	43	33	32	24	20
D	13	14	12	11	16	13	14	14	15
E	6	5	6	4	9	6	5	5	6
Region									
North	45	53	38	42	52	43	52	52	57
South	26	21	31	31	18	28	21	24	26
Mids	29	26	31	27	31	29	27	25	17
1st child	50	100	-	51	50	44	65	63	63
Sub. Child	50	-	100	49	50	56	35	37	37
Working status before birth of child									
Full time	49	75	23	53	43	46	58	61	57
Part time	27	14	40	28	26	28	26	24	28
Home Maker	18	4	32	16	20	20	12	11	11
Not Working (other)	6	7	4	4	10	6	5	4	4

** 'Sense of failure' group = intended to wholly / mostly breastfeed, feeding did not go to plan in first few months and felt a sense of guilt at not breastfeeding when first used formula to feed baby*

9.2 Information leaflet / consent form for in-depth interviews

SSPSSR
UNIVERSITY OF KENT

INFORMATION LEAFLET
Mothers' experience of, and attitudes to, the use of infant formula for feeding in early motherhood

Who are we and what are we doing?

We are from the School of Social Policy, Sociology and Social Research at the University of Kent. We are doing a study in your area looking at the experiences of women who bottle-fed their babies using formula milk during the first three months of their child's life.

What is the study for?

In brief, the aims of the research are • To understand how mothers who bottle-feed using formula milk come to choose this feeding option • To find out how mothers gain information about options for infant feeding and related health issues • To find out about the experience of mothers who choose to feed their babies with formula milk, in regard to their interactions with health professionals, friends, and male partners • To explore how mothers experience and respond to the content of and delivery of information about infant feeding • To assess the implications of the experience of mothers who use formula feed for health policy and practice.

Where do you come in?

If you fed your child using formula milk during months 0-3, and your child is now 12 months old or younger, we would like to interview you about your experiences. We will do the interview when and where it is easiest for you. One of our researchers will ask you a series of questions about yourself, your experiences of feeding your child, and what has happened to you since. If there are any questions that you don't want to answer or feel uncomfortable answering just say so. You are free to stop the interview at any time.

How long it will last?

The whole interview should last approximately an hour.

Other things you should know

We will use tape recorders to record the interview so that we do not miss anything important you might say. The tapes will be transcribed, and then destroyed. If you would rather the interview is not recorded all you have to do is say so.

Confidentiality

During the interviews only first names will be used and anything you do say will be kept in confidence.

We will cover your expenses for travel costs getting to and from the interview if we don't do it at your home, and also pay for any childcare needed.

SSPSSR
UNIVERSITY OF KENT

CONSENT FORM
Mother's experience of, and attitudes to, the use of infant formula for feeding in early motherhood

Please initial box

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my medical care or legal rights being affected, and that all information I give is strictly confidential. ☐

3. I confirm I have given my permission for my responses to questions asked in this study to be audio-taped, and that the tapes will be transcribed and then destroyed. ☐

4. I agree to take part in the above study. ☐

Name of participant*	Date	Signature
Name of person taking consent (if different from researcher)	Date	Signature
Researcher	Date	Signature

Name	Age / occupation	Number children / child(ren)'s age	Baby age at first formula use	Feeding method (months 0-3)	Reason for first / subsequent formula use	Feelings at first use
Sally	33 Full time mother	1st child age 4 Twin babies, 12 months	From birth	Exclusive formula	Choice made before birth. Other children.	My choice. Confident in product
Rose	39 Works part time (teacher)	1st child age 6 Second child age 4 Baby 7 months	From birth	Mixed to 6 weeks through expressing then exclusive formula	Choice made before birth. Medical condition.	My choice Health worries.
Kelly	22 Not working	Baby 12 months	From birth	Exclusive formula	Choice before birth. Disliked idea of breastfeeding	My choice. Felt disapproved of.
Steph	35 Full time mother	1st child age 17 2nd child age 15 3rd child age 2.5 Baby 7 months	From birth	Exclusive formula	Choice made before birth. Ease / convenience / how fed other children	My choice. Defiant / 'mother knows best'
Jennie	23 On maternity leave returning part-time	Baby six months	From birth	Exclusive formula	Choice made before birth. Age / Disliked idea of breastfeeding	My choice A bit guilty / felt a bit disapproved of
Sandra	34 Works full-time	1st child age 3 Baby 8 months	From birth	Exclusive formula	Choice made before birth Disliked idea of breastfeeding	Aware of general disapproval
Clare	40 Full-time mother	1st child 2.5 Baby 5 months	From birth	Exclusive formula	Choice made before birth Convenience / experience with previous child of problems breastfeeding	Awareness of disapproval

Lauren	37 Works part-time	1st child age 3 Baby 5 months	From birth	Mixed fed	Choice made before birth. Ease and convenience / experience with first child of problems breastfeeding	Didn't feel guilty. Awareness of disapproval.
Stella	29 Works full-time	1st child 11 2nd child 3 Baby 12 months	From birth	Exclusive formula	Choice made before birth. Ease / convenience / positive experience with other children	Confident in product. Awareness of disapproval.
Andrea	40 Full time mother	1st child aged 3 Baby 12 months	From birth	Exclusive formula	Choice made before birth. Very negative experience breastfeeding first child.	Refusal to feel negative / sense of defiance. First child – sense of failure / guilt.
Tracey	35 Full time mother	1st child aged 3 Baby 7 weeks	From birth	Exclusive formula	Choice made before birth. Very negative experience breastfeeding first child.	Refusal to feel negative / sense of defiance. First child – sense of failure / guilt.
Susan	34 Full-time mother	1st child aged 4 Second child aged 2 Baby 8 months	From birth	Exclusive formula	Choice made before birth. Very negative experience breastfeeding first child.	Refusal to feel negative / sense of defiance. First child – sense of failure / guilt.
Lorraine	27 Full-time mother	Baby 11 months	From day 5	Exclusive formula	Planned to breastfeed. Struggled to breastfeed.	Worried about baby's health.
Gillian	24 Works full-time	Baby 11 months	From day 2	Mixed feeding to 6 weeks then exclusive formula	Planned to breastfeed. Struggled to breastfeed.	Strong sense of failure / guilt.
Marilyn	32 Full-time mother	Baby 12 months	2 days	Exclusive formula from 2 days	Planned to breastfeed / birth complications	Feelings of guilt / health worries

Fiona	30 Full-time mother	Baby 12 months	From birth	Mixed to 5 weeks, then exclusive formula	Planned to breastfeed. Birth complications	Feelings of guilt / health worries
Josie	34 Full-time mother	1st child aged 3 Baby 12 months	2 weeks	Mixed from 2 weeks, exclusive formula from 4 weeks.	Planned to breastfeed. Struggled to breastfeed / had struggled with first child.	Upset and guilty / strong feelings of failure and guilt with first child.
Adele	33 Works full-time	Baby 7 months	From birth	Mixed to 8 weeks, then exclusive breastfeeding	Planned to breastfeed / birth complications / lack of milk	Guilty feelings/ health worries / worried because breastfed first child
Sunita	36 Full-time mother	1st child aged three Baby 14 weeks	7 days	Exclusive formula from 7days to 5 weeks, then exclusive breast	Planned to breastfeed / elder child had bad accident/ milk dried up	Disappointment / awareness of disapproval
Pearl	27 Works full-time	Baby 10 months	From 3 weeks	Expressed to 3 weeks, then exclusive formula.	Planned to breastfeed if could. Baby premature / breastfeeding difficulties (lack of milk)	Awareness of disapproval / sense of defiance.
Anya	31 Works full-time	Baby 8 months	From 3 weeks	Expressed to 3 weeks, then exclusive formula	Planned to breastfeed. Baby premature / breastfeeding difficulties (lack of milk)	Strong sense of failure / guilt.
Samantha	29 Works part-time	1st child aged 3 Baby 9 months	Mixed from birth	Formula at birth then mixed to 5 weeks, then exclusive formula	Baby premature (no milk). Then expressed / breast fed to 5 weeks.	Slight feelings of disappointment. Awareness of disapproval / sense of defiance.
Jane	30 Works part-time	Baby 12 months	7 weeks	Some at birth, then breast fed, then exclusive formula from 7 weeks	Planned to breastfeed. Complications at birth / child then ill at 7 weeks	Disappointment / awareness of disapproval

Ursula	30 Works part-time	1st child age 3 years Baby 8 months	3 weeks	Formula at 3 weeks then mixed to 8 months	Not enough milk at 3 weeks / hungry baby	Health concerns / worried because breastfed first child
Maria	33 Works full-time	Baby 11 months	2 weeks	Mixed from 2 weeks / exclusive formula from 4 months	Planned to breastfeed / birth complications / lack of milk	Not guilty / some health worries
Julia	24 Works part-time	Baby 7 months	2 weeks	Mixed from 2 weeks, exclusive formula from 4 weeks	Planned to breastfeed / birth complications / lack of milk / expressed and mixed fed to 4 weeks	No negative feelings / awareness of disapproval
Gisele	26 Full time mother	1st child aged 6 2nd child aged 2 Baby 3 months	8 weeks	Mixed feeding from 8 weeks	Planned to breastfeed, but lack of milk so mixed feeding from 8 weeks	Confident about product / no negative feelings / awareness of disapproval
Daisy	38 Works full-time	1st child aged 3 Baby 12 months	4 weeks	Exclusive formula from 4 weeks	Lack of milk / baby hungry / bad wind	No negative feelings / awareness of disapproval
Ginny	35 Works full time	Baby 12 months	8 weeks	Mixed from 8 weeks to 6 months, then formula	Finding breastfeeding demanding because baby hungry / lack of milk / convenience because others can help	Not worried because family done the same / awareness of disapproval
Louise	33 Works part-time	1st child aged 4 Baby 11 months	8 weeks	Exclusive formula from 8 weeks	Wanted to re-establish routine / other child needing attention	No negative feelings / worries / awareness of disapproval
Anne	25 Works full-time	Baby 12 months	12 weeks	Mixed feeding from 12 weeks	Hungry baby / wanted to go back to work	No negative feelings / considered had breastfed (formula only as limited supplement)

Rebecca	31 Works part-time	1st child aged 3 Baby 12 months	6 weeks	Exclusive formula from 6 weeks	Expected to formula feed following very bad experience breastfeeding first child. Wanted routine at 6 weeks / disliked breastfeeding	No negative feelings / Sense of defiance / strong sense of failure and guilt with first child
Joanie	23 Works full-time	Baby 7 months	4 weeks	Mixed from 4 weeks	Wanted partner involvement/ wanted to go out more	Felt confident / awareness of disapproval

9.4 Questionnaire used in Phase 2

Good morning/ afternoon/ evening, my name is . . . . . from NOP World, an independent market research agency. We're conducting a study about young babies on behalf of the University of Kent and we're talking to women who have babies aged 0-6 months. Can I just check, are you personally the mother of a child aged 0 – 6 months?
Yes - CONTINUE
No – THANK AND CLOSE

The survey is completely confidential and the findings will be used in part of a wider academic research project. Would you be willing to take part in this survey?
IF ASKED: The interview will take between 15 and 20 minutes.

ASK ALL
Q1) When you gave birth, was it a single or a multiple birth
Single (one baby)
Multiple (twins, triplets or other)

ASK ALL
Q2) How old is your baby / are your babies [if multiple birth at Q1]?
1. 1 month (0-4 weeks)
2. 2 months (5-8 weeks)
3. 3 months (9-12 weeks)
4. 4 months (13-16 weeks)
5. 5 months (17-20 weeks)
6. 6 months (21-24 weeks) – CONTINUE
7. More than 6 months – THANK AND CLOSE

ASK ALL
Q3) Where did you give birth to your baby[ies]?
1. Home
2. Hospital (SPECIFY)
3. Other (SPECIFY)

ASK ALL
Q4) How many other children do you have (excluding any step children)?
1. 0
2. 1
3. 2
4. 3
5. 4
6. 5
7. 6+

Q5a) IF 1 OR MORE AT Q4 (CODES 1-7)
What is the age of your ELDEST child?
1. Up to one year
2. 1-2 years
3. 2-3 years
4. 3-4 years
5. 4-5 years
6. 6+years

Q5b IF 2 OR MORE AT Q4 (CODES 2-7)
What is the age of your next child?
1. Up to one year
2. 1-2 years
3. 2-3 years
4. 3-4 years
5. 4-5 years
6. 6+years

(REPEAT QUESTION for all children)

ASK ALL
I'd like you to think now about when you were pregnant with your current baby [ies].

Q6) Did you attend any type of ante-natal classes?
READ OUT
1. Yes - NHS classes
2. Yes - NCT classes
3. Yes - Other classes
4. No/ None

IF ATTENDED ANTENATAL CLASSES (CODES 1-3 AT Q6):
Q7 What, if anything, was the main thing that you got out of attending ante-natal classes?
DO NOT READ OUT. SINGLE CODE.
1. Meeting other pregnant women/couples
2. Realising that I was not the only one going through it
3. Getting professional/authoritative advice
4. Getting information based on reliable evidence
5. Gaining reassurance/taking away being scared
6. Having a laugh
7. Having special 'me' time
8. Taking partner/being with partner
9. Being able to explore feelings and ask questions
10. OTHER (WRITE IN)

ASK ALL
Q8 At that time, what three things, if any, could you have done with more information and support on? DO NOT READ OUT. CODE FIRST THREE MENTIONS. THREE CODES ONLY ALLOWED. INTERVIEWER: IF RESPONDENT SAYS 'FEEDING' PROBE FOR BREASTFEEDING/ BOTTLE-FEEDING/ OTHER

1. Workplace issues
2. Maternity benefit/rights/pay
3. Paternity rights
4. Child benefit
5. More details about looking after myself in pregnancy (food/exercise/smoking/drinking)
6. Information on screening tests to check the baby
7. How the baby develops during pregnancy
8. What antenatal classes were available/what they cover
9. Pros and cons of home birth, birth centres and hospitals for birth
10. Risks and benefits of vaginal birth and caesarean birth
11. How to help myself have a straightforward/normal/vaginal birth
12. Information on caring for myself after birth
13. Choosing childcare
14. Coping with a new baby and feelings after birth
15. How to manage existing commitments (family/children/work)
16. Breastfeeding
17. Bottle-feeding
18. Caring for the baby
19. OTHER (WRITE IN) _____
20. NOTHING
21. DON'T KNOW

ASK ALL
Q9. And thinking back to how you felt (emotionally rather than physically) after you had actually given birth, were there any emotions you felt that you hadn't expected? Can you tell me the three that most affected you?
INTERVIEWER – PLEASE DO NOT ACCEPT PHYSICAL ANSWERS SUCH AS TIREDNESS/ HUNGER – ASK RESPONDENT TO THINK ONLY OF HOW THEY FELT EMOTIONALLY THAT THEY HADN'T EXPECTED.

CODE UP TO 3 ONLY.

1. Anxiety
2. Confusion
3. Contentment
4. Depression
5. Fear
6. Forgetfulness
7. Fulfilment
8. Joy
9. Happiness
10. Let down
11. Loneliness
12. Mood swings
13. Overwhelmed
14. Panic
15. Paranoia

16. Peacefulness
17. Regret
18. Tearfulness
19. Worry
20. OTHER (WRITE IN) _____
21. NONE – No emotions had not expected
22. DON'T KNOW

ASK ALL
Now I'm going to ask you some questions about feeding your baby [ies].

Q10. How did you feed your baby [ies] when it/ they was/were first born (within the first two weeks)? DO NOT READ OUT
1. Exclusive formula feeding
2. Mostly formula feeding partly breastfeeding
3. Equal formula feeding and breastfeeding
4. Mostly breastfeeding partly formula feeding
5. Exclusive breastfeeding
6. Other (specify)

Q11. And how are you feeding your baby [ies] now? DO NOT READ OUT
1. Exclusive formula feeding
2. Mostly formula feeding partly breastfeeding
3. Equal formula feeding and breastfeeding
4. Mostly breastfeeding partly formula feeding
5. Exclusive breastfeeding
6. Other (specify)

Q12. When did you FIRST start to think about how you would feed your baby [ies]?
READ OUT
1. Before pregnancy
2. Early pregnancy
3. Mid pregnancy
4. Late pregnancy
5. Once I'd had the baby
6. Other (SPECIFY) DO NOT READ OUT

Q13. When you started thinking about it, what did you think would be the best way to feed your baby[ies]?
1. Exclusive formula feeding
2. Mostly formula feeding partly breastfeeding
3. Equal formula feeding and breastfeeding
4. Mostly breastfeeding partly formula feeding
5. Exclusive breastfeeding
6. Other (specify) – GOT TO Q14
7. Don't know – GO TO Q16

Q14. Why did you think that?
OPEN QUESTION

Q15. Who or what influenced your views on feeding?
DO NOT READ OUT
1. Mother
2. Sister

3. Other female relative
4. Friends with babies
5. Partner
6. Midwife
7. Health visitor
8. GP
9. Other Health professional(s)
10. Ante-natal classes
11. Baby magazine articles
12. TV/ newspaper articles
13. Having other children who needed my attention
14. Practicalities of having to/ wanting to go back to work
15. Knowing how tiring it is to look after a baby
16. Previous experience of feeding other children
17. Other (SPECIFY)

ASK ALL
Q16. And when did you make your decision as to how you would feed your baby[ies]?
READ OUT
1. Before pregnancy
2. Early pregnancy
3. Mid pregnancy
4. Late pregnancy
5. Once I'd had the baby
6. Other (SPECIFY) - DO NOT READ OUT

Q17a. What decision did you make about how to feed your baby[ies]? DO NOT READ OUT
1. Exclusive formula feeding
2. Mostly formula feeding partly breastfeeding
3. Equal formula feeding and breastfeeding
4. Mostly breastfeeding partly formula feeding
5. Exclusive breastfeeding
6. Other (specify)

Q17b) Was your decision influenced by previous experience of feeding a baby?
1. Yes
2. No
3. Don't know

Q17c) And how long did you intend to feed your baby in that way?
1. Up to four weeks
2. One month to two months
3. More than two months, up to three months
4. More than three months, up to four months
5. More than four months, up to five months
6. More than five months, up to six months
7. Six months or more
8. Don't know

Q18ai. (IF BABY IS 3 MONTHS+) Would you say that the way you have fed your baby[ies] in its first three months has turned out to be. . .
Q18aii. (IF BABY IS LESS THAN 3 MONTHS) Would you say that the way you have been feeing your baby[ies] has turned out to be. . .

1. Exactly how you planned it
2. Mostly how you planned it
3. Not really how you planned it
4. Not at all how you planned it
5. Don't know

Q19a IF ANSWER AT Q18ai/ii IS CODE 3 OR 4.
Why do you say that?
OPEN QUESTION

Q19b What, if anything, would have helped you stick to your original feeding plan?
OPEN QUESTION

Q20 IF FORMULA FED/ FEEDING AT ALL (CODES 1-4 AT Q10 OR Q11)
In the first two weeks of feeding your baby formula, how easy or difficult did you find it?
1. Very easy
2. Quite easy
3. Not very easy
4. Not at all easy

Q21 IF BREAST FED/ FEEDING AT ALL (CODES 2-5 AT Q10 OR Q11)
In the first two weeks of breastfeeding your baby, how easy or difficult did you find it? READ OUT
1. Very easy
2. Quite easy
3. Not very easy
4. Not at all easy
5. Don't know

Q22. Did you receive any information of any sort from anyone on formula feeding?
1. Yes
2. No

Q23 IF NO (CODE 2) AT Q22: Did you feel that you needed any information about formula feeding?
1. Yes
2. No
3. Don't know

Q24) IF YES (CODE 1) AT Q22: Where did this information come from?
1. Mother
2. Sister
3. Other female relative
4. Friends with babies
5. Partner
6. Midwife
7. Health visitor
8. GP
9. Hospital staff at time of birth
10. Other Health professional(s)
11. Ante-natal classes
12. Baby magazine articles
13. TV/ newspaper articles
14. Other (SPECIFY)
15. Don't know

Q25) IF YES (CODE 1) AT Q22 : Was the information you received from health professionals (e.g GP, midwife etc) on formula feeding.
READ OUT
1. Relevant to your needs
2. Not relevant to your needs
3. Didn't receive any information from healthcare professionals on formula feeding
4. Don't know

Q26. Did you receive any information of any sort from anyone on breastfeeding?
1. Yes
2. No
3. Don't know

Q27 IF NO (CODE 2) AT Q26: Did you feel that you needed any information about breastfeeding?
1. Yes
2. No
3. Don't know

Q28) IF YES (CODE 1) AT Q26: Where did this information come from?
1. Mother
2. Sister
3. Other female relative
4. Friends with babies
5. Partner
6. Midwife
7. Health visitor
8. GP
9. Hospital staff at time of birth
10. Other Health professional(s)
11. Ante-natal classes
12. Baby magazine articles
13. TV/ newspaper articles
14. Other (SPECIFY)
15. Don't know

Q29) IF YES (CODE 1) AT Q26: Was the information you received received from health professionals (e.g GP, midwife etc) on breastfeeding:
READ OUT
1. Relevant to your needs
2. Not relevant to your needs
3. Didn't receive any information from healthcare professionals on breastfeeding
4. Don't know

Q30) Did you feel that you needed any other information about how to feed your baby?
1. Yes
2. No
3. Don't know

Q31a). IF YES AT Q30. What information would you have found helpful?
OPEN QUESTION

Don't know

Q31b) Who do you think should have provided this information?

1. Mother
2. Sister
3. Other female relative
4. Friends with babies
5. Partner
6. Midwife
7. Health visitor
8. GP
9. Hospital staff at time of birth
10. Other Health professional(s)
11. Ante-natal classes
12. Baby magazine articles
13. TV/ newspaper articles
14. Other (SPECIFY)
15. Don't know

ASK ALL
Q32) I'm now going to read out some statements which other people have made about feeding young babies. Please tell me how much you agree or disagree with each statement using a scale of one to five where 1 = disagree strongly and 5 = agree strongly. There are no right or wrong answers, we just want your opinion.
ROTATE

1) It would be nice to breast feed exclusively but in reality you have to use formula sometimes
2) Women are put under pressure to breast feed
3) If a woman can breast feed successfully then she should do so
4) Infant formula is so good these days it's a perfectly good substitute for breast milk
5) There's not enough information provided about different kinds of feeding
6) Breastfeeding is natural, all mothers can do it.
7) Women are not getting enough advice and support about how to formula feed
8) If breastfeeding fails, it's better to use formula than to persevere with trying to breast feed
9) Women are not given enough advice and support about how to breast feed
10) Women who don't breast feed are made to feel guilty about it

Q33) IF FORMULA FED/ FEEDING AT ALL (CODES 1-4 AT Q10 OR Q11):
Which of the following, if any, describe your feelings when you first fed your baby with formula?
READ OUT
1. Pleased feeding was going to plan
2. Uncertain that I was doing the right thing
3. Relieved that baby was being fed
4. Worried about what my health visitor/ midwife might say
5. Sense of failure that I had not breast fed
6. Pleased to find a solution that made things easier
7. Guilt about using formula
8. Worried about the effects on my baby's health
9. Other (SPECIFY)_____
10. None of these
11. Don't know

Q33A) DO YOU THINK THAT YOUR EXPERIENCE OF USING FORMULA TO FEED YOUR BABY HAD IMPACTED POSITIVELY, NEGATIVELY OR NOT AT ALL ON YOUR RELATIONSHIPS WITH THE FOLLOWING:

Your baby
Your partner
Your midwife / health visitor

1. Positively
2. Negatively
3. Not at all
4. Don't know

ASK ALL
Q34) Taking your experience of feeding this baby [these babies] as a whole, do you feel your decisions have been questioned or criticised by others?
1. Yes
2. No

Q35) IF YES (CODE 1) AT Q34. Who do you feel you has questioned or criticised your decisions?
1. Mother
2. Sister
3. Other female relative
4. Friends with babies
5. Partner
6. Other mothers (not friends)
7. Midwife (before baby was born)
8. Midwife (after baby was born)
9. Health visitor (before baby was born)
10. Health visitor (after baby was born)
11. GP (before baby was born)
12. GP (after baby was born)
13. Hospital staff at time of birth
14. Other Health professional(s) (before baby was born)
15. Other Health professional(s) (after baby was born)
16. Other (SPECIFY)
17. Don't know

Q36 In retrospect, do you feel that you have been able freely to make decisions about how to feed your baby[ies]?
1. Yes
2. No
3. Don't know

Q37. Do you have anything else that you would like to add about your experience of feeding your baby?
OPEN QUESTION

Finally, I have a few questions about you. They are classification purposes only and help us make sure that we interview a good cross section of people.

What is your age?

Write in actual age
Refused

Code into bands
16-24
25-34
35-44
45+

Before you had this baby were you....
Working full-time
Working part-time
Not working – homemaker
Not working – other
Refused

Are you still on maternity leave?

Yes
No

Do you intend to go back to work?

Yes – within 6 months
Yes – within 12 months
Yes – within 2 years
Yes – within 5 years
Yes – sometime after 5 years
No
Haven't decided yet (do not read out)
Other (do not read out)
Refused

Which ITV region do you live in? (or which is main ITV channel)

If not sure probe for area lived in and code as appropriate

London (Carlton)
Central (Midlands)
Granada
Yorkshire
STV (Central Scotland)
HTV (Wales and West)
Meridian (South and South East)
Tyne Tees (North West)
Anglia (Mids and East)
West Country (South West)
Borders
Grampian (North Scotland)

Who in your household is the chief income earner?

Self
Partner
Other
Refused

Is the chief income earner...

Working full-time (30+ hours / week)
Working part-time (2-29 hours / week)
Retired with private pension
Retired with state pension only
A homemaker
A student
Currently unemployed
Refused

What is the occupation of the chief income earner?
Write in details
Job
Industry
Qualifications
If self-employed how many staff
If civil servant what grade?
If retired what is previous occupation?

Q38. That's the end of the survey. Thank you very much for taking part.
If the University of Kent has further questions, would you be willing to be recontacted by then or by NOP World?
1. Yes
2. No

10.

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