NOTE TO SELF

The scope for ethical promotion of breastfeeding in Aotearoa / New Zealand

Statement of interest: the author is employed by a kaupapa Māori NGO to coordinate a government-funded breastfeeding public health service.

Me aro koe ki te hā a Hineahuone

It is important to honour the dignity of women

INTRODUCTION

Pregnant and breastfeeding parents receive many messages about how they might feed and otherwise care for their infants. There is a tendency for these messages to take a specific stylistic form that expresses great demands of mothers.

This project considers the ethics of such messaging in the context of women's experiences of breastfeeding – particularly in relation to those for whom breastfeeding is challenging. It ultimately aims to answer the question of whether there might be an ethical means of promoting breastfeeding in the current social and political climate in Aotearoa.

It begins by considering the literature that raises concerns about common styles of breastfeeding promotion. It reviews one of the most popular breastfeeding resources currently offered to pregnant women in New Zealand, and considers it in relation to the literature. It then discusses the wider context of the ethics of breastfeeding health promotion in Aotearoa before exploring what a tikanga Māori ethical framework might offer such communications.

BACKGROUND

According to the Ottawa Charter, health promotion is the process of enabling people to increase control over, and to improve, their health.[1] It demands coordinated action by all concerned (including governments, health and other social and economic sectors, non-governmental and voluntary organizations, local authorities, industry and the media) to respond to the health gap within and between societies, and to tackle the inequities in health produced by the rules and practices of these societies.

Over the last 30 years, breastfeeding has experienced a significant shift in its public status. The 1990 Inocenti Declaration introduced new international guidelines on the marketing of breast milk substitutes, public health policy and general public discourse.[2] These guidelines have impacted the dominant social norms of infant feeding, increasing the demand for the involvement of all concerned sectors, and of mothers.[3] Thus, the vast evidence of the significant health benefits offered by breastfeeding to both mothers and babies, has resulted in breastfeeding being identified as a public health concern[4].

Public health recommendations are clear: the World Health Organisation recommends exclusive breastfeeding for all babies for the first six months, and continued breastfeeding with the introduction of solid foods for a minimum of two years[5]. The New Zealand Ministry of Health's recommendation is also for exclusivity for the first six months, followed by continued breastfeeding with the introduction of solid foods for a minimum of one year.[6]

These recommendations sit in western societies where they are underpinned by risk culture which holds the mother responsible for avoiding and alleviating risk.[7] This has resulted in an environment that supports a style of breastfeeding promotion that solely addresses mothers, presenting the idea that breastfeeding is a form of health risk-prevention that the "good mother" will dutifully undertake, with little consideration of implications to her life outside the realm of health.

LITERATURE REVIEW

There is significant consideration in the literature of the impact of the widespread utilisation of this type of discourse used in breastfeeding promotion.

The emphasis of many forms of breastfeeding promotion on gendered assumptions, individual responsibility for health, and the prevention of risk have all been noted.[8,9,10,11] Neoliberalism and individualism are identified as supporting communications that disregard the wider context of the social determinants of health. Brookes et al. claim these forms of communications construe "positive health behaviours and outcomes as little more than the appropriate activation of appropriate personal choice, regardless of the context in which this choice is meant to be exercised." [8]

Fahlquist[12] specifically explored how non-breastfeeding women were affected emotionally when they were informed that breastfeeding was the safest and healthiest option of infant feeding. Emerging themes were depression, anxiety and pain, feelings of failure as a mother and woman, loss of freedom / feeling trapped and guilt.

A qualitative study in which Māori and Pasifika mothers in the South Island of Aotearoa were interviewed about their breastfeeding experiences identified a number of similar themes. Women found the support they received on their breastfeeding journey, both from professionals and friends and family, to be inadequate. However, of greater significance to the consideration of breastfeeding communications is the finding that women wanted breastfeeding to be better understood by their whānau, their work colleagues and the wider community in general. They wanted the responsibility of breastfeeding (and possibly of parenting) to be shared.[13]

Shame in relation to breastfeeding (or not) has been identified by Taylor and Wallace in women who struggle with breastfeeding often viewing themselves, or fearing that others view them, as "maternal and womanly failures", and experiencing a threat of social alienation due to their not meeting societal expectations. They suggest this results from "a stifling cultural prescription to breastfeed in the absence of structural supports".[14]

Both Foaese[13] and Fahlquist[12] identified a significant sense of pressure to breastfeed, resulting in shame and increased risk of postnatal depression when things didn't turn out. There is thus significant evidence of the need to take significant care in how we "talk" about breastfeeding to mothers.

METHODOLOGY

Breastfeeding messages are offered to mothers in many forms. Material offered by health professionals and organisations is likely to be perceived as credible and evidence-based.

In this project, a resource developed by the Ministry of Health, commonly provided by midwives to pregnant mothers in paper or digital forms, is considered in relation to themes that have been identified in the literature as being problematic in breastfeeding communications.

"Breastfeeding Your Baby"[15] is a 16-page booklet available in English, te reo Māori and a range of other Pasifika and Asian languages. It is reviewed here in light of the literature suggestive of potentially harmful messaging; specifically messages that:

1. solely address the mother
2. present breastfeeding as a moral obligation
3. fail to consider the wider context in which breastfeeding sits, and
4. suggest breastfeeding is easy.

RESULTS:

This pamphlet contains only 585 word. These words create a number of statements that have been identified in the literature as being potentially problematic.

1. Information addressing solely the mother: this pamphlet is titled "Breastfeeding Your Baby" and speaks directly and solely to the mother throughout. The wider family is referred to at the end as a possible source of "help" with the mother's other household tasks when needed.

2. Information presenting breastfeeding as a moral obligation of motherhood: "Breast milk is the perfect food for your baby", "it helps your baby feel safe and secure" and "it helps you feel close to your baby".

3. Information that fails to consider the wider context in which breastfeeding journeys sit: "Breastfeeding is best for you too, it's free, it saves you time, it gives you a chance to rest..."

4. Information suggesting breastfeeding is easy: "You are not likely to run out of milk – if you feed your baby more, your breasts will make more milk". "Breastfeeding should feel good", "You can still breastfeed ..." in a range of situations (without identifying the challenges inherent in each of these situations).

DISCUSSION

Public health is utilitarian, in that it is aimed at maximising the health (utility) of the population.[12] Utilitarianism is a form of consequentialism that is concerned with making moral decisions based on a consideration of the outcomes, with the aim of maximising good and minimising harm.[16] The type of breastfeeding communications presented in the above example aims to increase the number of those experiencing the health benefits of breastfeeding, by encouraging mothers to breastfeed.

It has been claimed that much of modern health promotion is framed in this way, in that it aims to change health status by persuading individuals to change their behaviour by simply filling a "knowledge gap". Baum and Fisher claim that this form of health promotion is only beneficial for those with agency afforded by adequate resources available to a privileged minority, and thus contributes to health inequities, causing harm.[17] They suggest that such a neoliberal approach is appealing to governments for ideological and practical reasons, and because it excuses them from challenging powerful corporations whose activities undermine public health. This may be of relevance in relation to the largely self-regulated infant formula industry in New Zealand.

In Aotearoa in recent years we have had a 97% breastfeeding initiation rate which suggests a significant percentage of whānau want their babies to be breastfed.[18] In 2020, by 3 months of age, just 47% of Māori babies were breastfed compared to 59% of babies from the general population. The Ministry of Health target at this age is 70%.[19]

With more than half of Māori babies, and 41% of all babies not being breastfed at 3 months, it would appear that there is a significant risk of maternal mental illness for many mothers, that is likely to be exacerbated by high demands and low support; and that this risk is greatest for those already marginalised.

In terms of the Ottawa Charter's previously-mentioned health promotion aims of enabling people to increase control over, and improve their health through coordinated action by concerned parties, this resource and other forms of "health promotion" like it, seem to fall rather short. It is, in effect, an example of inadvertent harm being potentiated by taking such a narrow (health-only) view of utility, without consideration of the wider negative impacts (disutility) of current communication practices.

As a nation we are asking a lot of women when we recommend breastfeeding. Women are expected to gift hours, energy and the intimate use of their bodies to this activity that reduces health and environmental costs associated with infant formula use.

When breastfeeding works out, many women find it to be a satisfying experience.[13] However, the type of communication used in the reviewed resource seems to imply an expectation that, other than the sense that they should do it (which is what such resources appear to be attempting to offer) mothers inherently have what they need to ensure breastfeeding works out. This is simply not the case as evidenced by both our low breastfeeding rates and by what mothers are telling us about their experiences.

Modern western societies pretend that mothers are universally embued with an unlimited capacity for love and care as soon as they birth their babies that will somehow overcome or compensate for all of the ideological forces that work against them; and that we then consider them immoral when they falter or don't measure up to this expectation. "The motherhood myth is sold under the strapline "All You Need is Love", when of course mothers and children need a great deal more" (Forna, 1999, p. 265). The "more", according to what mothers are asking for and what health promotion claims to be, sits outside the mother / baby dyad, and often outside the whānau. Maybe this is also where breastfeeding promotion belongs.

It seems an ethical framework that demands a greater balance of responsibility is required to create communications about breastfeeding that are truly supportive, equitable and beneficial.

TIKANGA

Prior to colonisation, all babies were breastfed.[21] Māori language and tikanga demonstrate considerable value of care and respect for the role of mothers as the creators of new life .[22]

"Te whare tangata" refers to the womb-space as "the house of the people".

"Wairua" refers to spirit as the "two waters" that connect everything in this world and beyond – first, the tears of Ranginui – God-Father – in the form of the rain and the mist; and second, the breast milk of Papatūānuku – Earth-Mother – in the form of rivers, lakes and streams.

Ūkaipō, "feeding (kai) from the breast (ū) at night (pō)", refers to the place that offers the utmost nurture and nourishment - one's tūrangawaewae or place of belonging .

These are terms used in te ao and te reo Māori that honour the childbearing and nurturing roles of birthing and breastfeeding parents. These sit in a context of care in which societies / hapū collectively share the responsibility for their children.

Tikanga has been acknowledged as an ethical framework embedded in care by Brannelly, et al. who claim such a care ethic "challenges the boundaries of morality and politic and presents radical political possibilities to transform the practices of care and oppression by consideration of the social positioning of marginalised groups in policies and practices." [23]

In Waitaha / Canterbury, tikanga has been offered to provide an ethical framework for maternity care.

The Canterbury Maternity System Strategic Framework 2019-2024 is a relational model of care that places mothers and babies at its centre.[24]

The framework identifies a number of values as being vital in the provision of maternity care locally.

An application of this framework to infant feeding communications through a Pākehā lens provides guidance for a style of breastfeeding promotion that looks quite different to what is currently offered.

CDHB Maternity Strategy Values	Infant Feeding Communications Guidance It is likely that effective infant feeding communications in Aotearoa / New Zealand are those that:
Mana Taurite - Equity Every person has the opportunity to access culturally appropriate services. Those who work across the maternity system reflect the community in which we live, and understand, value and support cultural practices that may be different to their own.	• acknowledge responsibilities of pākehā (and other tauiwi) in relation to Te Tiriti o Waitangi • are developed by and for marginalised populations • are effectively evaluated for equity • are informed by wānanga within community settings to ascertain what whānau in different communities want from infant feeding messaging • encourage Māori and other minority and marginalised populations to consider careers in the maternity and public health sectors • call for pay equity in maternity care • support and encourage cultural humility and development for pākehā
Whanaungatanga - Everyone belongs The whole whānau is included and important, with each person feeling comfortable and as though they belong. Interaction with the maternity system is a mana enhancing experience.	• are relational, and engage the whānau, wider community and health sector (including government) • acknowledge the responsibilities of pākehā (and other tauiwi) in relation to Te Tiriti o Waitangi

	• are developed by Māori and other priority populations, or within authentic relationships with mana whenua, Māori and/or Pasifika health organisations and / or other groups within priority populations • inform friends, family and wider community how they might support the infant feeding journey • support pāpā to support optimal infant feeding and care for māmā and pēpi
Manaakitanga - Respect for all The maternity system is hospitable through being welcoming, and respectful. We provide the utmost care for each other.	• express care (for all those facilitating infant feeding) • consider the realities of breastfeeding / chestfeeding parents outside the health framework • whakamana the māmā and whānau of pēpi hou (new babies) • honour the challenges inherent in infant feeding
Tino rangatiratanga - Empowering whānau Whānau are empowered and supported to make their own informed decisions (this necessarily includes involvement in the development of services).	• are designed and developed by whānau and community and inform services and policy • inform the public about the National Breastfeeding Strategy, identifying those responsible for its various aims • create spaces for whānau to discuss and develop messages that work best for them

	• identify the barriers, and call those with responsibilities to action • offer wānanga in the community to ascertain what whānau want from infant feeding messaging • resource whānau and communities to share their own chestfeeding / breastfeeding stories • support Māori efforts towards tino rangatiratanga
Oranga tonutanga - Health and wellbeing Whānau have optimal physical, mental, dental and sexual health before, during and after the birth of pēpi. People have the opportunity to enjoy clean smoke free air and clean water wherever they live, work and play (wai ora).	• remind local and central governments of their responsibilities in relation to infant feeding via Te Tiriti o Waitangi • respectfully describe lack of support and protection offered by governments and DHBs in terms of harm and risks • inform the public about the National Breastfeeding Strategy, identifying those responsible for its various aims • identify the barriers and call those with responsibilities to action • work with iwi, councils, the business community, health, justice, education and social sectors to remove barriers to chestfeeding / breastfeeding
Aroha - Love and empathy	• avoid describing infant feeding in terms of harm and risk

Without bias every person is treated with love, compassion and empathy.	• acknowledge systemic barriers to breastfeeding / chestfeeding and thus collective responsibility for challenges and "failures" • express care and compassion that can only result from listening, acknowledging and authentically relating • acknowledge that infant feeding is important as tikanga, and as an expression of many other Māori values. • highlight the importance of those doing the work of parenthood being offered effective support and care • remind us of the positive impact of care on communities, especially care for new parents and babies • are honest about the challenges of breastfeeding / chestfeeding

CONCLUSION

Breastfeeding is understood to be an important health determinant that offers mothers and babies who breastfeed protection from a number of health conditions.

Currently, breastfeeding promotion is often delivered in a way that implies mothers are solely responsible for breastfeeding and its outcomes. Māori and other women's experiences of breastfeeding suggest that this practice, coupled with the social ideologies of modern western societies, leads to a situation where care for mothers is a low priority, whilst expectations of them are high. This creates an environment that generates significant risk of shame and mental

illness for mothers who are unable to meet their infant feeding goals, who are most likely to be those already oppressed and negatively impacted by our societal systems.

The theme for World Breastfeeding Week 2021 is "Protect Breastfeeding – a shared responsibility"[25] A consideration of the literature pertaining to breastfeeding promotion and of women's experiences of infant feeding with the application of a tikanga framework invites a style of communication about infant feeding that acknowledges this responsibility, and is vastly different to that currently offered.

Those providing care for the youngest, most vulnerable members of our society deserve to do so in social and political environments that provide support rather than barriers. Practitioners responsible for developing communications around infant feeding have a responsibility to protect mothers, breastfeeding, and public health by broadening our gaze.

Mō tātou, ā mō ngā uri a muri ake nei
For us and for those who come after us

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