

Families do not breastfeed, mothers do...and we need to say so

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It seems obvious that support for mothers is central to global breastfeeding advocacy. The Global Breastfeeding Collective, WHO and UNICEF all emphasise the importance of supporting mothers to breastfeed their infants (World Health Organization, 2018b; Global Breastfeeding Collective et al., 2020; UNICEF, 2018). Yet increasingly, some breastfeeding organisations, particularly those based in the USA, appear to be avoiding referring to “breastfeeding mothers”, favouring a different term, that is, “breastfeeding families” (US Breastfeeding Committee, 2021; International Lactation Consultant Association, 2018). This term is being exported around the world through social media and online support groups (International Lactation Consultant Association, 2019) (La Leche League International, 2020; La Leche League International, 2021; International Lactation Consultant Association, 2019; International Board of Lactation Consultant Examiners, 2021).

As the old saying goes, it takes a village to raise a child. Within this framework, the World Alliance for Breastfeeding Action (WABA) chose its theme for World Breastfeeding Week 2021 to be *Protect Breastfeeding: A Shared Responsibility* (World Alliance for Breastfeeding Action, 2021). Indeed, breastfeeding is a public health issue that requires effort and investment at a societal level. It is critical for governments, health systems, workplaces, and communities to dismantle barriers and to create a breastfeeding-friendly culture and environment for every breastfeeding woman and child (Rollins et al., 2016). As a concept, the “breastfeeding family” is an extension of the idea that no one breastfeeds alone. Yet “families” only breastfeed in the same way that a society or country breastfeeds, i.e., where breastfeeding is supported as a normal event, each of them will serve as a facilitator of *mothers* breastfeeding.

What appears to be happening is a shift away from focussing on mothers to families instead. However, “families” is not a synonym for mothers. Have mothers themselves asked for this change, and if not, why is it being imposed upon them? Why are families being entrusted politically with breastfeeding? Families do not suffer mastitis or cracked nipples, nor do families face increased risk of breast cancer due to not breastfeeding. With only 44% of infants under six months of age exclusively breastfed worldwide (World Health Organization, 2021), risking breastfeeding support and advocacy in this way is unhelpful.

Subsuming women into a family unit with an intention of supporting both parents, and at times also mothers who do not wish to be referenced as mothers, has the unintended consequence of undermining women's rights in relation to breastfeeding. If you cannot describe the person who has breastfeeding rights and who needs support, then you cannot protect those rights and that relationship. What is being presented as inclusive practice is an approach that places the human rights of mothers and infants in jeopardy.

The WHO Code of Marketing of Breast Milk Substitutes (the Code) and subsequent WHA resolutions exist for the purpose of protecting women's reproductive rights and children's right to health (Gribble et al., 2011; Gribble and Gallagher, 2014; World Health Organization, 2018a). Families are referenced in these documents in as much as they are relevant to mothers and infants, because family members have a responsibility to the mother-infant dyad. Mothers and infants are vulnerable groups in their own right. It is mothers and infants whose rights are breached through the unethical marketing of breastmilk substitutes with catastrophic consequences for their health. This is why women's breastfeeding rights were codified in the first place, and these rights have not yet been fully realised (World Health Organization et al., 2020).

Anyone who replaces the term mothers with "families" is also assuming that mothers have autonomy around breastfeeding. Very often they do not (Aubel, 2021; Fjeld et al., 2008). As a breastfeeding counsellor, I work to protect mothers and infants - not families - because very often it is family members who are undermining breastfeeding, and this is an issue around the world (Negin et al., 2016; Fjeld et al., 2008; Thet et al., 2016). Many advocates will be familiar with the famous photo of the Pakistani mother with twins, one who was breastfed and thriving, and one who was bottle-fed and who died not long after the photo was taken. That tragic situation arose because the decision around infant feeding was made by the mother-in-law (Anonymous, 1991). It is a clear illustration that families do not breastfeed.

Breastfeeding advocates the world over need to support the human rights of women and children and understand the importance of being clear about who holds breastfeeding rights. This is particularly the case for countries where women have few rights, where children belong to their fathers (Sayeed et al., 2012), and where mothers are prevented from making infant feeding decisions (Negin et al., 2016). This newly exported terminology, "breastfeeding families", can only undermine the breastfeeding rights of women and children. Failure to be explicit that it is mothers who breastfeed risks negating the responsibility that international organisations have to the global breastfeeding community.

This change has been occurring within many breastfeeding organisations based in the USA with a (good) faith belief that it makes for better practice. However, it is yet to be seen who benefits from this language shift. I would argue that the breastfeeding rights of women and the importance of mothers to infants is not something that should be broadened to include others. Mothers and infants are the only people who have rights in relation to breastfeeding; families have the role to support those rights. Families do not breastfeed, mothers do, and we need to say so.

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