Breastfeeding has been identified as a public health concern both nationally and globally. Organizations such as the World Health Organization (WHO, 2003) and the American Academy of Pediatrics (AAP, 2012) have offered policy statements that uphold breastfeeding as the normal and optimal method of infant and young child feeding.

In the United States, the Department of Health and Human Services and Centers for Disease Control and Prevention have specified target rates for breastfeeding initiation, exclusivity, and duration in its Healthy People goals for 2020. While 76.9% of new mothers in the United States initiate breastfeeding, only 43.5% are breastfeeding at all at 6 months. These mothers may be mixed-feeding with breastmilk substitutes or offering solids. At 12 months, only 25.5% of mothers are breastfeeding at all (Center for Disease Control and Prevention [CDC], 2012). These figures are well under the Healthy People 2020 targets of 81.9% of babies initiating breastfeeding, 60.6% of babies still breastfeeding at 6 months, and 34.1% of babies breastfeeding at all at 12 months of age (HHS, Healthy People 2020, 2012).

In an effort to increase breastfeeding rates, countless organizations and individuals have created and disseminated messages that may be characterized as breastfeeding advocacy, promotion, or support.
However, for the mother who cannot produce a full milk supply for her baby, these messages can be hard to hear. She may feel insulted and judged because she was not being to breastfeed exclusively despite her intent and desire to do so.

Exclusive breastfeeding is physiologically impossible for many women with insufficient glandular tissue (IGT), no matter how hard they try or how committed to breastfeeding they might be. This dichotomy between wanting what she has been taught is best for her baby and what she's actually able to do can be very difficult for a mother with IGT to accept. Messages from well-meaning health care providers—perhaps the same ones that told her throughout her pregnancy that she should consider exclusive breastfeeding—that not breastfeeding “isn't the end of the world” or “isn't a big deal” may feel like patronizing lies.

Even worse, the advocacy messages of various breastfeeding promotion campaigns (organized or random) that permeate the “mommy blogosphere” and social media platforms might feel like personal attacks. She wanted to breastfeed, to give her precious baby the very best of everything, and those messages, which practically criminalize artificial infant feeding, do not help her. They might even contribute to the growing sense of anger, guilt, or shame that she’s already experiencing, as this mother describes.

While the sentiment behind breastfeeding campaigns are meant to stimulate an increase in breastfeeding, it is important to acknowledge that some women cannot bring in a full milk supply. For these women, the campaigns can feel like an attack, adding insult to injury. It is crucial that the creators of these campaigns are aware of this phenomenon and show sensitivity and compassion to mothers who have low to no supply, as not to inadvertently add to their sense of failure or grief.

Excerpt from Finding Sufficiency: Breastfeeding with Insufficient Glandular Tissue by Diana Cassar-Uhl, MPH, IBCLC.

“Being unable to sustain my child, and feeling that my body was broken was devastating for me. No one had ever told me that a failure to produce milk was even possible unless someone gave up. I was judged, guilted and made to feel like I was ignorant and lazy by friends, family, and medical professionals and it was not until I found the information buried deep beneath the sea of all women can breastfeed as long as they try hard enough that I began to heal.”

About Kaitlin Lewis

As a recent graduate with a BA in English, Kaitlin Lewis developed her love of literature and the written word early in life. Editing has always been a passion for Kaitlin and she thoroughly enjoys her work.