



# Language and breastfeeding

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How do we talk about breastfeeding? The words can be incredibly evocative. I've had to purge my language of all sorts of phrases the media give me...

*"Breast is best"*

Nope, breastfeeding is *normal*. It's what we've done for millennia, with some rare exceptions.

*"Benefits of breastfeeding"*

If breastfeeding is normal, then there aren't benefits to it. It's just what is; the standard by which other things are compared. I suggest rephrasing as *"Breastfeeding is valuable"*, or *"The importance of breastfeeding"* or saying *"breastfeeding is significant, because..."* instead.

*"If you want to breastfeed"*

Why introduce the element of doubt? By saying this, the speaker is placing responsibility and pressure on the new mum.

*"Choice"*

Not many mums get much choice, in my experience. They may want to breastfeed. They may want to stop breastfeeding. We live in a choice culture. But, IME, many mums get angry because they were *unable* to access their choice to breastfeed.

*"Formula feeding"*

Artificial baby milk isn't made to a strict formula; it varies. Sometimes that depends upon what the relative price of the ingredients are. Sometimes manufacturers change the formula for other reasons (and I'm glad whenever it's new and

improved. But it's still *artificial breastmilk substitute*). Babies aren't fed to an exact, unchanging formula anyway. They sometimes want more, sometimes less. Sometimes they're hungry /get given a bottle at odd times. The word "formula" sounds exact and scientific; it's a respectable word. But powdered baby milk is really small-solids-in-a-water-suspension.

*"Bad latch"*

A moralised term. Dividing the world into two categories, one *good*, but the other the wrong choice, makes it really hard for mothers to traverse to the light side. All mums want the best possible outcomes for their baby, and sometimes to do that they need to *deepen the latch*. A *shallow latch* can be modified to become a *deep latch* and this terminology doesn't suggest any moral judgement.

When considering different courses of action, we have to *balance risks*. There are situations where the risk to the baby of insufficient breastmilk is higher than the risk of introducing a bottle of artificial breastmilk substitute. If the mother is skin to skin with her baby, the risks of low milk supply are very low. While using an artificial breastmilk substitute can be a huge relief short term; the risks may not be immediately apparent. The *relative risks* can be complex, and we need

to be prepared to refer onwards to highly skilled breastfeeding supporters.

Are there any words that I do like?

Yes! I like the word "*dummy*". It reminds me, in the very word choice, that it's a replacement and substitute for the real thing. Americans say "pacifiers" and I don't like that, because it doesn't have the same connotations. Likewise, Americans say "*bottle nipple*" when they mean "*teat*" and again, I'd prefer to distinguish between the nipple and the artificial substitute.

When considering the words we use when talking with mothers, we've been given a script by the media. Mothers are likely to echo back the words we choose, and it's sometimes hard to change the tenor of the conversation by choosing words that aren't the normal way to phrase the issue. Sometimes it might be more supportive to reflect back to her, in her own wording. However, it might be helpful to ask ourselves:

*What is the impact of these languages?*

*Do I want to support, or challenge, the existing discourse?*

*How truthful is our language?*