L'allattamento in Norvegia: "Così fan tutte"?

Dr. Gro Nylander, Department of Obstetrics and Gynecology, National Hospital Kvinneklinikken, Rikshopitalet Oslo, Norvegia

Norway has always had a high breastfeeding initiation rate, but even here breastfeeding plunged down and down during the last century, until it reached a low in the 1960s and then started rising again.
- What happened to make it plunge?
- Why did it get better from the '70s?
- How can we improve the art of breastfeeding even further?

The medicalisation of childbirth, increasingly away from the home - and strict, unphysiological routines for feeding, probably were main reasons for the decline of breastfeeding. A strong belief in science and modern formulas, together with more and more mothers working outside the home, may also have been responsible.
Then, why did it get better in the '70s?

In Norway we have had Ammehjelpen, the "Mother-to-mother support groups", and activists within the health professions, working hard with this the last 30 years. Not least the attitudes to breastfeeding have changed, thanks to them. Today it is common to see breastfeeding mothers anywhere, e.g. in restaurants and churches.

A number of the activists in the feminist movement around 1970 were also breastfeeding advocates, maintaining that: Yes, we want equal pay and work opportunities, but we also want the right to use our bodies for fulfilling our biological functions, e.g. the right of breastfeeding our babies without disturbing rules and regulations from the medical communities!
Possible reasons why Norway has achieved and maintained a relatively high, and recently even increasing level of breastfeeding since 1980 may be:
- A high level of breastfeeding activism for several decades, working both with routines, but also on politicians, as our prime-minister, a mother of four breastfed children herself, resulting in:
- A slowly increasing maternity-leave up to 10 months with full pay
- 1 hour off daily for breastfeeding after returning to work
- Endorsement of WHO's International Code for Marketing of Breastmilk Substitutes
- Steady improvement of maternity-ward routines, since 1993 culminating in the promotion of the 10 steps of WHO/UNICEF's Baby-Friendly Hospital Initiative, as a national standard.

The motivation behind all this is the research which increasingly has proven beyond doubt that nothing equals human milk for human infants, both as food and as preventive medicine. We will talk more about that tomorrow.

Now some of the practical HOWs –what has been done:
We have held the advantages of mothers milk up to the authorities, and to the public through the media, continuing for decades, more and more convincingly, due to new research-based knowledge. At present it is more or less accepted in my country that it should be as unusual to feed animal milk to a newborn baby, as it is to give human milk to newborn animals....

One of my own contributions as a doctor dedicated to this task may have been:

Because of their long education and scientific training, doctors probably are more readily convinced by another doctor, than by a well-meaning mother without medical education, no matter how knowledgeable about breastfeeding:

Nevertheless: As far as routines are concerned my main message is the same as when we were feminists and mother-to-mother helpers 30 years ago, but while at that time we were chased from the maternity wards for telling a few truths to other mothers, now these same truths are official Norwegian health politics! Quite a nice feeling....

A very important step was taken by our health authorities in 1993 by endorsing the WHO/UNICEF Baby Friendly Hospital Initiative. The formal project was funded by the Department of health, with me as a national coordinator and several dedicated coworkers. We named it The Mother-Baby Friendly Initiative in Norway, and have carried it out according to the guidelines of the WHO/UNICEF, with a few improvements, endorsed by these organizations.

I understand that the Baby-Friendly has now really started in your country, and wish you the best of luck. I shall not go into the ten steps in detail today, but share a few of our experiences with you:

To train health personnel and give them the required hours of training in lactation management, we of course arranged courses all over the country.

In addition, and probably equally important, to keep the BFHI economically feasible for hospitals, we offered material for individual and group-studies locally, as not everyone could get time off or get leave to attend our courses.

One example: The book "Successful breastfeeding" by the Royal College of Midwives was translated and a detailed questionnaire developed to it. Having answered all questions, personnel would get a 6 hour educational credit towards the BFHI goal of training all staff.

Practical training was also carried out locally. E.g.: The last 40-50 years the old art of handmilking was rarely practiced in maternity wards, most personnel simply didn't quite know how. In order to instruct mothers and health workers in this, as well as in many other practical aspects where a picture says more than a hundred words, the video called "Breast is Best" was made, also with 65 questions for self-study.

This video has proven to be a powerful educational tool which has been found useful also abroad, been prize-awarded and received very positive reviews. It has been translated to 27 different languages by now.

After the termination of the BFHI as a project in Norway a national survey and evaluation has been carried out demonstrating that mothers are now breastfeeding even longer. Actually, an increasing number have problems of weaning. The latest statistics show 92% of mothers breastfeeding 3 months after parturition, 80% after 6 months, 65% after 9 months, 40% after 12 months and 17% after 16 months.

I do not have time to go into the ten steps in detail, but would like to share a few problems and experiences with you:

When supplementation is necessary, it is not given by bottle, but with a cup, in order to avoid nipple-confusion in the baby. Too much supplementation is still a problem, but we have at least reached a consensus with the paediatric association about when it is necessary.

Another step which has caused problems is having mothers and babies staying together night and day, if the mothers so wish. Staff complained, some mothers complained, the only group which was completely happy with it were the babies.

It has taken time, educating staff, making sure that rules are relaxed and friendly, preparing mothers e.g. through the media, teaching them that night feeds are beneficial for mothers as well. It is important to make them aware of what we call the breastfeeding-fog, the relaxing, sleep-inducing effect of the breastfeeding hormones, particularly at night.

Another step we are working to improve is the mothers contact with the baby not only after, but during a caesarean section. Many mothers are very disappointed not to be able to give birth vaginally. Making it possible for them to hold - and even suckle - their babies when it is only a few minutes old makes them very happy, here demonstrated by mother's big smile.)

Human milk is a human right! A decreased prevalence of breastfeeding has recently been described in some Western countries. Breastfeeding seems to be threatened in modern societies. The apparent decline in breastfeeding in e.g. the USA coincides with increased unemployment and social problems which may impair the ability to cope.

Trends like the "yuppie-culture" and a possible, much debated, feminist "back-lash" may have supported values that could undermine breastfeeding. Cut-downs in the mother-and-child health care service and marketing of breastmilk substitutes constitute problems in some countries (Emery).

Breastfeeding in Norway seems so far to have resisted such negative influence. The breastfeeding-rate at present appears to be higher than in any other Western country. But we must keep on fighting: The importance of breastfeeding must be taught and explained, understanding does not come by itself.