Attitudes Can Change: Supporting Mothers and Their Babies in Public Nursing

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Over the last few years many words have been spoken and written about nursing in public. I think this is good. Better to work out this problem of competing rights through civil dialogue and not in confrontations between a stressed mother whose child is crying and an embarrassed lifeguard, flight attendant, or store manager.

In the basic "public nursing" problem scenario there are three roles: a child, the child's breastfeeding mother, and an observer. The child indicates a need. The mother responds to the need by giving the child her breast to suck. The observer complains.

Variations on the basic scenario are endless. The child might be any age from newborn to a pre-schooler in cowboy boots. The mother might be showing a little skin, a lot of skin, or no skin at all; the baby may be partly or completely covered as well. The location might be a beach, pool, park, restaurant, airplane, sports event, shopping mall, coffee shop, school, waiting room, library, store, parked car, professional office, or meeting room. The observer may ask the mother to cover up, to go somewhere else (the bathroom, usually), or to stop breastfeeding. Sometimes the observer scolds, expresses disgust, or professes to be speaking on someone else's behalf. "Another customer is offended." "I don't want my children to see that." "Breastfeeding is against our policy." These incidents have become common enough that 35 states have passed laws clarifying a woman's right to breastfeed her baby in public.

The debate is not about whether mothers should breastfeed. That is now a widely accepted public health recommendation. At issue is where and when, and how this affects other people.

Things have changed in just a few decades. In the 50s and 60s, U.S. breastfeeding rates were so low that there just weren't that many nursing mothers around to go out in public. Now, breastfeeding mothers are more common. In 2003, over 70% of mothers breastfed their newborns. About 20% of five-month-old children got nothing but human milk, and almost 6% were still nursing at 18 months of age.

I think there are a lot of us who don't want to see a woman forced to stay home, in a "private" place, just because she has chosen to care for her baby in the way that is recommended by public health bodies, health care professionals, most of the major religions, and taxpayer-supported government programs like the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Women have things to do in public, even when they have babies. Women have business to transact, they have contributions to make, they have work to do, and they might even want to have some fun. It is inconceivable that all these women should be confined to their homes or segregated in public places just because a few onlookers might be uncomfortable about breastfeeding. Surely, in the hierarchy of human needs, protecting the right of a woman to care for her child as she goes about her business takes priority over respecting the preference of a spectator not to witness something he or she finds disconcerting.

Babies are unpredictable. This is one reason breastfeeding protection laws have to get specific about what

body parts can be exposed. Despite a woman's best efforts, there could be a flash of nipple. If the mother is trying to be discreet, then let the spectators reciprocate by trying to be polite. If they are afraid of what they might see, they don't have to watch.

It's a hard job being a mother, and even with the best of pre-planning, many a mum finds herself needing to feed or comfort her nursling when she's away from home. A typical situation is an outing with an older child or children. Just as they get settled at the library story hour or in a booth at the burger place, the baby starts to fuss. This is NOT a good time for a mother to be told to pack everybody up and move to a more discreet location. This is a time when she should be able to do just what a bottle-feeding or pacifier-using parent would do: provide the baby's favorite consolation and spare everyone within earshot the sound of her baby in distress. Does it take a law to ensure her right to do this? Then let's have the law.

If it comes down to a choice between having rights and having manners, I'll go for rights...but I think we can aim for having both.

Instead of expecting a woman to check out of public life for a year or two when she has a child, let's put our heads together as a culture and decide to welcome and support her and her baby. This might mean that people sometimes see a baby at the breast. And I bet the more they see it, the less of a problem it will be. When my mother was young, it was considered improper for a pregnant woman to appear in public. When I was young, you rarely saw disabled people in public. But attitudes have changed, and attitudes toward nursing babies can change too. We just need to keep the conversation going.



About the Author

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Ms. Mulford is an active breastfeeding advocate, who has liasoned with various U.S.organizations to bring this breastfeeding issue to the forefront. She is also the mother of two grown children.