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BREASTFEEDING DIFFICULTY AND FAMILY SUPPORT

by Bobby Ghaheri

Imagine a disease that came on suddenly and left doctors baffled. Imagine that it was causing you pain and leaving you feeling completely helpless. Then imagine that your spouse didn't believe that anything was wrong.

Unfortunately, if that "disease" is a mother's difficulty breastfeeding her child, this scenario is all too common. I hear stories like this on a frequent basis and we must do what we can to anticipate and stop such stories from occurring.

Disclaimer: for the purposes of this post, I will address the father as the family member who is casting doubt. But we must be realistic that others can play that role: same sex partners who aren't doing the breastfeeding, extended family members, close friends, and on occasion, mom herself. I have even met families where mom is in denial that a problem exists but dad understands that there's a problem and pursues evaluation and treatment.

So what kind of things are said?

- **"I don't see anything wrong."** This is tacit denial that can be very hard to address. Often, it's because dad doesn't understand the significance of breastfeeding. Often, it's followed by "formula is just as good" or "you can just pump". To combat this statement thoroughly is beyond the scope of this post and I do not want to fuel the breast vs bottle debate. My role as a breastfeeding specialist is to listen to the family, and most who see me want to breastfeed. So dad has to understand that breastfed children have immunological and facial developmental advantages over bottlefed babies. Mom and baby also get tremendous psychological benefit from maintaining a nursing relationship for as long as possible.
- **"I don't want to spend the money."** While it sounds harsh, the reality is that a baby who was just born brings significant medical bills. Adding on new office visits and a procedure in the event of tongue-tie or lip-tie just compounds the problem. While it is a cost up front, the cost of formula and diminished immune capabilities can easily be more costly in the future. Dad's denial becomes especially apparent when the baby needs a follow-up procedure because of reattachment or lack of symptom improvement. The dad sees the first procedure as a failure and isn't hopeful that a second procedure (and cost) is beneficial. That's why I don't charge for follow-up visits or redo procedures for 6 months, which gives us ample time to see the results.

- **"I don't want my child to have a procedure done."** This one is based on fear and a lack of information.



I frequently point out to moms who are in this situation that it is reasonable for a dad to have this opinion if they are going to do the amount of reading and research that mom has done. If, however, they are going to have this opinion without doing any research at all, then it amounts to them being **scared**. I'm not saying that fear is unnatural -- quite the contrary. It's just important to address the reason why they are scared before you can move forward.

- **"Our pediatrician said nothing is wrong."** This also applies to family practitioners and lactation consultants. Surprisingly, this argument is easy to deflate. If you first realize that most [pediatricians have very little training in breastfeeding medicine](#), my argument is that their opinion doesn't carry weight in these instances. If your child had a compound leg fracture, you would visit an orthopedic surgeon. If you returned to your pediatrician and they said "Don't worry, it's not going to be a problem so just hold off on treatment", you'd likely find a new pediatrician. This is the real crux of my argument. Pediatricians and family practitioners are very adept at dealing with moms who have no breastfeeding problems. They should encourage it as much as possible. But if there is a problem in breastfeeding, they usually don't know how to intervene because they haven't been trained to deal with that specific scenario. In my opinion, their opinion doesn't hold weight in this specific case.
- **"We already saw an ENT (or other specialist) and they said that tongue-tie doesn't affect breastfeeding."** The argument here is similar to the previous one. Just because a doctor is a specialist, it doesn't mean that the specialist knows how to treat this specific problem. [As I alluded to in another post](#), like many ENT's, I received no education in breastfeeding medicine

during my training. I pursued vast amounts of reading, studying, and consulting with other breastfeeding specialists for almost two years to educate myself about the association between tongue-tie and breastfeeding problems. My desire to further my education in this specific arena is relatively uncommon. For the majority of ENT's, however, the mom/dad/PCP all assume that the specialist knows what they're talking about, so any subsequent denial of association between tongue-tie and breastfeeding problems erroneously carries weight (and encourages the pediatrician to say the same thing).

Breastfeeding difficulty can contribute to postpartum depression and can taint the relationship between mom and baby. Adding spousal or family disapproval of pursuing a procedure that might help alleviate these problems often dooms them to fail. If you have a family member who is doubting what you think might be the case, have them read this post or have them email me. Have them join one of the many support groups to just read what is going on in families all over the world to help them understand that they aren't alone in having problems, and that a solution may be out there.