Breastfeeding, social work and the rights of infants who have been removed

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Introduction

In this Editorial, the authors explore the complexities of social work's relationship with breastfeeding. As described in detail below, significant increases in the removal of newborn babies from their families of origin have been reported in the UK context (Broadhurst et al., 2018; Raab et al., 2020). Similar trends in infant removal have been observed in international settings sharing the UK's focus on the prevention of current or future harm to children (Marsh et al., 2017; O'Donnell et al., 2016). Proponents of the approach note that social work is taking a pro-active role in protecting newborn babies where there is risk in families. However, equally it can be stated that social work has become involved in a myriad of ethical, legal, and health-related questions around the lives of infants. Yet, many of these important questions have not been understood or asked by the profession, and far less are answered. One such question concerns the role of social work in promoting the long-term health and development of infants who are removed from parental care.

Child protection in the perinatal period has been highly preoccupied with addressing the short-term health, safety, and survival of newborn and very young babies. This does not appear to have been balanced by serious professional consideration of the impact that early separation may have on those babies as they grow and develop. One aspect of this problem is infant feeding and the ways that child protection intervention in the life of a newborn baby may support, disrupt, or prevent the possibility of a baby receiving breastmilk. In this Editorial, we reflect upon the relationship between infant removal and breastfeeding, and the role for social work within this. The authors argue that this issue is worthy of far greater research, practice, and policy attention than it has received to date. In order to make this case, we begin by offering some national and international context on infant removal before discussing breastfeeding in the UK context.

Infant Removal and The Experience of Birth Parents

A major programme of Nuffield Foundation funded research by Karen Broadhurst and colleagues has demonstrated significant increases in the numbers of infants in England (Broadhurst et al., 2018) and Wales (Alrouh et al., 2019; Griffiths et al., 2020) who are 'born into care' (Broadhurst et al., 2018). Similar trends have been reported in Scotland (Raab and et al., 2020). By drawing on national-level data these studies demonstrate that the actual numbers of babies beginning an episode in 'care' have greatly increased over the past ten to fifteen years (Pattinson et al., 2021). If we consider the phenomenon from the perspective of how many children in the general population may be subject to care proceedings or become 'looked after' during their infancy, the numbers are stark. Raab et al. (2020, p.3) report that as many as 'one in 85 children born in Scotland became looked after before their

first birthday. This is higher than the equivalent figure for England of one in 119 children'. Bilson and Bywaters (2020) suggest that if those babies where a 'voluntary' arrangement has been reached with birth parents are included, the numbers are far larger. This claim is supported by analysis of data relating to 'voluntary' arrangements across England, undertaken by Pearson et al. (2020).

Drawing on a sample of 1836 children who became looked after away from their birth parents before the age of five years in Scotland, the *Permanently Progressing?* research team reported that one in five of the children were less than seven days old when first accommodated away from home (Cusworth et al., 2019 p.4). This is a similar proportion to that previously found by Broadhurst et al. in England (2018, p.6). Initial legal proceedings are often brought at short notice, with implications for care planning for infants. A high degree of infant care needs are naturally related to feeding. Pattinson et al. (2021, p.1) report that, 'in 2019-20, 86.3% of cases involving newborn babies in England and 74.8% of cases involving newborn babies in Wales recorded a short notice hearing'. A short notice hearing is defined as one held within seven days of the application being made by the Local Authority. There has been understandable concern about the experiences of the increasing numbers of families who have found themselves subject to short notice hearings following the birth of a baby. The experience that parents have of going through challenging legal processes designed to protect their infant have been considered from the legal perspective (Cox, 2012; Masson and Dickens, 2015) and that of psychology and psychiatry (Enlander et al., 2021).

The findings of Broadhurst et al.'s 'Born into Care' studies have received a high level of public interest and support within the UK (Cf. Berg, 2018). Similarly, in international contexts which operate sophisticated, risk-focused child protection systems, researchers, practitioners, and policy makers have been working together with families and communities on this issue. Taking an international perspective brings sharper focus to the disproportionality of infant removal, and the way in which this affects some communities more than others. In formerly colonised contexts, with the historical harms of the 'stolen generation' still felt, the question of *whose* children are 'born into care' has a powerful resonance. In Australia, the number of infants removed from Indigenous Aboriginal communities has been found to be disproportionately high (Marsh et al., 2017; O'Donnell et al., 2019). Furthermore, in Aotearoa New Zealand, the Office of the Children's Commissioner undertook a review of policies and practices in relation to child protection issues for pēpi Māori aged under three months, due in part to public concern about infant removals (Office of the Children's Commissioner of New Zealand, 2020). Keddell et al. (2021a; 2021b) have reported on the experiences of mothers subject to these processes in Aotearora New Zealand, and on the views of community-based practitioners working with families and their wider community. Keddell et al. (2021b) highlight the need for a range of changes in practice at structural, community and individual levels, in order to prevent baby removal. Among the many relevant factors their work identifies, it is suggested that increasing parental confidence and addressing needs arising out of poverty can be significant for families.

In an ongoing project in Western Australia, O'Donnell and colleagues are undertaking work to address the high numbers of infants being removed from Indigenous Aboriginal

communities, and to understand the experiences that families have had of child welfare services and processes. These specific concerns about the high levels of removals of infants from Indigenous communities can be seen to echo the more general calls of academics, professionals, and activists in the U.S. to address the 'racial disproportionality and disparities in the child welfare system' (Dettlaff and Boyd, 2020). Many families have experienced infant removal as oppressive. In both mainstream and social media, accounts of the ways that already highly stigmatised (Tyler, 2020) communities have been affected appear in a range of contexts where risk-averse sophisticated child protection systems are in operation. It would be a mistake to think that the issues of disproportionality highlighted by research in previously colonised contexts were not a factor in the UK. Research by Broadhurst and colleagues has shown that the chances of an infant entering care proceedings varied significantly according to geography, and that in some areas of England and Wales far greater numbers of babies were removed from their families of origin than in others (Doebler et al., 2021; Mason and Broadhurst, 2020; Pattinson et al., 2021). At this moment in time, geographical variation and racial disproportionality are of significant concern in wider child protection research (Webb et al., 2015). The ways that bias may be introduced into services for children are being thought about in many international contexts (Abdurahman, 2021; Choate and McKenzie, 2015). The painful experience of infant removal deeply humanises this wider problem.

As a result, it is perhaps unsurprising that much of the research, practice, and policy focus has been on the experiences and impact on parents of infant removal. The 'collateral consequences' for birth mothers of losing care of a baby, or of multiple children, through child welfare processes are well established (Broadhurst and Mason, 2013; 2017a; 2017b; 2018, Wall-Wieler et al., 2018a). The impact of what Morriss has described as 'haunted motherhood' (2018) has been shown to be long-lasting (Broadhurst and Mason, 2020). The experience of birth mothers has been conceptualised as a form of 'disenfranchised grief' (Doka, 1999) in the literature (Geddes, 2021; Nolte et al., 2019). Women who lose care of their children to the state live with a very deep-seated pain, and some experience this as unbearable. Wall-Wieler et al. (2018b) established an association with suicide attempts and completions for mothers in Canada who had been separated from their children by child protection services. This association is likely to be familiar to practitioners working in the field and supporting birth mothers over time. In more recent years, the experiences of fathers have gained far greater consideration, and the specific challenges that men face in working with children's services have been highlighted (Philip et al., 2020; Tarrant, 2021). Research related to the Born into Care programme of work, and drawing on both large-scale and qualitative data, has revealed the extent to which whole families in England experience recurrence, with some couples going through child welfare processes multiple times in respect of each child they have together (Bedston et al., 2019; Philip et al., 2021). In-depth, ethnographic work by Critchley (2019; 2021) has sought to understand the ways that fathers and couples approach the potential removal of a child soon after birth, exploring the heightened significance of gender in work with families during the perinatal period.

Infant Removal and Breastfeeding

Despite the lively social work and wider public discourse around infant removal, there is a striking tendency for the experiences, lives, perspectives, and rights of infants removed

from their birth families to be overlooked. As Gottlieb (2000) wondered in relation to the broader anthropological research agenda regarding families, 'where have all the babies gone?'. The possibility of successful in-depth study into the lives of infants has been well demonstrated in anthropology and related disciplines (Gottlieb and DeLoache, 2017). Yet, in social work the day-to-day lives of infants who have been removed from their birth families have received limited research attention. Those studies that have been undertaken in this field have been focused on infant pathways in care and on related questions of professional decision-making in relation to babies (Pearson et al., 2020; Ward et al., 2006; 2012). However, far less attention has been paid to the impact of removal on the everyday details of infants' lives and care, and the longer-term implications of these for health and development. Turning specifically to the question of access to breastmilk, this was only rarely mentioned by practitioners in Critchley's (2019) study of pre-birth child protection assessment, despite this being the ideal time to plan for the enablement of breastfeeding in the context of possible periods of separation. One social work practitioner interviewed suggested that social workers were very willing to support breastfeeding, even where infants were separated from their birth mothers at an early stage.

> 'I mean I've worked with a CP [child protection] Plan where contact was about 3 times a week, there were, you know mum was breastfeeding, it was really, really positive. But she was really, really committed to it and it would depend on everything else at the time [whether external factors supported frequent family time between mother and baby]'
>
> (Extract from research interview with Social Worker).

However, as social work practitioners and researchers, this thoughtful approach has not always been evident in child protection planning for the alternative care for infants who will be separated from their mothers. As Tomori et al. (2020) have highlighted in relation to decisions about health-related mother and baby separation during the Covid-19 pandemic, decision-making about the care of newborn infants is insufficiently informed by lactation expertise. Writing in the Australian context, Gribble (2020) has recently argued that legal decisions about separating mothers and babies should be informed by experts in breastfeeding. Yet currently, there is no duty on child welfare professionals in the UK to engage in any meaningful way with balancing the health risks of preventing breastfeeding with the potential risks of supporting parents to care for their baby at home. Previous calls to action on the issue of breastfeeding and social work in the United States (Hurst, 2007), and small-scale evidence of the harms of failing to consider the importance of nursing for mother and baby in Canada (Pennington, 2011), appear to have had little impact on practice. One possible reason for this is the highly ambivalent relationship that exists in regard to breastfeeding more generally. In order to begin to explore what social work's relationship with breastfeeding is, and what it might be, it is necessary to acknowledge that what professionals do and say in the perinatal period matters a great deal to mothers and babies. It is further necessary to begin to acknowledge the complexities of our society's relationship with breastfeeding. In the following section, this problematic relationship is briefly sketched.

Breastfeeding, Mothers, and Infants

From a health and nutritional perspective, breastfeeding protects the health of mothers and babies and is therefore recommended by the World Health Organisation (2021). Indeed, an infant's right to be breastfed is considered as part of the United Nations Convention on the Rights of the Child (Committee on the Rights of the Child, 2016, p.16-17). Breastfeeding may be absent from many conversations and policies regarding the removal of an infant due a lack of day-to-day recognition of the impact of not being breastfed – despite public health policies which support it (SACN, 2018). In the UK, over three quarters of mothers at least attempt to breastfeed their child once, but rates of breastfeeding beyond the early days decline steeply. This is not due to intention; 80% of those who stop breastfeeding within the first six weeks hoped to breastfeed for longer (Health and Social Care Information Centre et al, 2012).

Instead, these rates are driven by a series of powerful contradictions in our societal relationship with breastfeeding. First, although there is a strong belief that *Breast(milk) is Best,* many still feel that the maternal breast should be hidden (Grant, Mannay and Marzella, 2017; Dowling and Pontin, 2017). Breastmilk itself has been described as 'matter out of place' (Dowling and Pontin, 2017), and breastfeeding is regularly misinterpreted as dirty by those viewing it (Grant, 2016), resulting in disgust reactions being directed towards public breastfeeding (Grant, Mannay and Marzella, 2017) and expressed breastmilk.

Second, there is a well evidenced failure to provide adequate breastfeeding support to women (Brown, 2021a), which has only been exacerbated by the COVID-19 pandemic (Brown, 2021b). Within this context breastfeeding mothers face multiple challenges (Brown, 2021a) with a significant impact upon maternal mental health (Brown, 2018). Breastfeeding can be challenging and requires significant maternal investment, whether occurring from the breast or through the use of a breast pump to express milk (Stearns, 2010). Breastfeeding challenges are further exacerbated for working-class mothers (Grant et al., 2019) and racial and ethnic disparities in breastfeeding have been reported (Jones et al., 2015). In the United States, it has been suggested that the links between enforced wet-nursing and the transatlantic slave trade (West and Knight 2017) continue to stigmatise breastfeeding in Black and Brown communities today (Freeman, 2018). The lasting legacy of transatlantic slavery and the ongoing harm of racism thereby limit the choices (Kukla, 2006) that women are able to make about feeding their children, interfering with and denying Black women's reproductive and maternal freedom (Roberts, 2017).

Third, the UK government fails to enforce the World Health Organization (1981) Code on marketing infant formula which was agreed to in 1981 (McInnes et al., 2007). Instead, infant formula, which was successfully argued to be a feminist choice by the infant formula industry (Hausman, 2008), is commonplace, marketed as a safe alternative to breastfeeding. With global milk sales rising to over $55 billion annually and significant investment in targeted marketing, formula feeding had therefore become accepted as a common and almost automatic way to feed infants by many (Baker et al, 2021).

Investment in breastfeeding support enables more mothers to breastfeed (McFadden et al, 2017). The UNICEF '*Baby Friendly'* initiative, for example, leads to increases in breastfeeding initiation (UNICEF UK, 2020). Further, increases in more sustained breastfeeding have been reported in Scotland (Public Health Scotland, 2020). This shift has happened in line with

changes in healthcare practises, apparently adding further support to the importance of an environment which facilitates and encourages breastfeeding, not only in the early days of a baby's life, but throughout infancy (UNICEF UK, 2021). The Baby Friendly initiative can also be applied within the community, such as in children's centres, and there is evidence of areas that follow Baby Friendly guidance in children's centres, such as North Somerset, UK, obtaining longer breastfeeding duration, and higher rates of exclusively feeding breastmilk (personal correspondence). To date the Baby Friendly initiative is not developed to allow accreditation within social work practice settings.

We have described only some of the many challenges for mothers in the general population seeking to breastfeed their babies. Mothers who are giving birth to babies subject to child protection involvement and at risk of removal, face numerous additional hurdles. Nevertheless, it would be wholly possible for mothers to be thoughtfully supported by child protection professionals to breastfeed, for example, by following the Baby Friendly guidance, which is showing positive results for mothers and babies. Women separated from their infants soon after birth could be supported to continue breastfeeding their infant at times of physical contact and through expressing milk to sustain production. However, this can be challenging; breastmilk production relies on frequent removal of milk from the breast by the infant or through milk expression (Daly and Hartmann, 1995). Keeping mother and baby together is a core part of establishing and maintaining milk supply. When separated breastfeeding difficulties can quickly arise (Jaafar, Ho and Lee, 2016). Additionally, expressing milk can be challenging for some women, especially if separated from their baby (Keim et al, 2017).

Where mothers are prevented from breastfeeding their babies due to the limitations described above, the choice of donor human milk (DHM) could be considered with them. This ranks above formula in the hierarchy of acceptable infant nutrition (World Health Organization, 2021) and is valued by mothers (McCloskey and Karandikar, 2019). However, infrastructure and accessibility challenges mean that often DHM is currently only available for the most premature and sick of infants in hospital settings – although calls to widen availability are gaining strength (Shenker et al, 2020). Peer-peer milk sharing, facilitated by social media, appears to be on the increase (Dowling and Grant, 2021). Although precautions need to be taken to reduce potential issues with poor hygiene preparation and storage (Stearns, 2010) especially for any infants deemed vulnerable, consideration needs to be given in balancing impacts of not receiving human milk (Gribble and Hausman, 2012).

The physical separation of an infant from their biological mother need not prevent the infant's access to breastmilk, and the significant health benefits this conveys. Yet within social work, there appears to be a failure of imagination, or perhaps an underlying discomfort, around supporting infants to gain access to breastmilk as their primary source of nutrition. Given the greatly increased levels of infant removal in the UK, breastfeeding requires both increased research attention, and policy and practice solutions in social work.

Conclusion

In our view, addressing the vexed questions around infant removal and access to breastmilk requires the development of a dedicated research agenda which draws on the existing

expertise of colleagues in the field of breastfeeding and infant health as well as in child protection and social work. There are currently significant gaps in social work policy, practice and research as regards to our professional role in infant removal, and the implications this has for infant access to breastmilk. Social work practitioners are not trained or supported to understand the importance of breastmilk for infants, the potential for mothers to experience breastfeeding grief, how to facilitate continued maternal breastfeeding or how to access donor human milk. Neither are social work practice settings held to UNICEF 'baby friendly' standards or expected to follow the World Health Organisation's advice on the importance of breastfeeding in their engagement with families. There are no policy or legislative standards that social workers are expected to meet in terms of supporting mothers to breastfeed their infants, or finding alternative ways that infants removed from their mothers could have access to breastmilk. Even for practitioners who are highly motivated to support mothers and babies with breastfeeding, the broader infrastructure and systems do not allow them to prioritise this role. The policy agendas concerning child protection on one hand, and the promotion of optimal health and well-being for infants and babies on the other, remain too far apart to support this. Thereby, this creates a situation in which the work of child welfare social workers is not guided by national and international agendas around breastfeeding. This effectively compromises the health and development of infants removed from their families of origin, a population of children who are by their very nature highly vulnerable and in need of care that prioritises their well-being.

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