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The *Holding Time* Project: Realities, Reflections, and Action for Breastfeeding in the UK

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I'm an artist practitioner, and my project, [*Holding Time*](#) , explores the structural, physiological, and, above all, cultural barriers to breastfeeding.

Before I gave birth, I had no opinion about breastfeeding. I wasn't breastfed and I didn't come from a culture where breastfeeding was the norm. I knew almost nothing about it, except that it was 'natural' and 'breast is best'. So, on day ten after giving birth, when I was diagnosed with double mastitis, I was taken aback by the paroxysms of guilt, fear, and extreme distress I felt about having to stop.

Those around me had one mantra, "Give her formula".

I agreed, formula was the only answer. We got the bottles, the powder the steriliser. And had she been able to keep formula down, this may have been the end of the story.

But she threw it all up. And then cried a lot, loudly and refused to go anywhere near the breast. She was hungry, starving. I was feverish and my milk supply was all but gone. I looked desperately for breast milk to buy, to borrow. There was no infrastructure in place for cases like mine. I was in free fall.

Eventually, over the course of two weeks with the help of a small band of breastfeeding councillors, peer support workers, telephone line helpers, the internet and one particularly brilliant lactation consultant, I learnt everything I needed to know: how to re-lactate, how to express, how to recognise a posterior tongue tie, how to beat blocked ducts. All the skills and artistry of producing milk to keep an infant alive.

I pulled us back from a precipitous edge with a tight schedule of expressing, washing bottles, feeding the baby, resting, and repeating, using research into the nutritional value of breastmilk as both a carrot and stick. I gorged on the overwhelming evidence and trusted the numbers — on the clock, on the pump, on the bottles. The next four months I was on auto pilot as my daughter gained weight and I regained control.

Then a new nemesis: an abscess. After an agonising treatment I was gently told by the doctors at the breast clinic that I would have to stop expressing. And that should have been the end of the story.

But twenty-four hours after leaving the clinic, I was exclusively breastfeeding with no pumps, tubes, bottles, or charts. There was no scheme or regime, no alarms or schedule. My daughter's aversion was gone and we were finally breastfeeding.

This change was my epiphany and the beginning of the *Holding Time* Project.

I finally discovered pain-free feeding of a satisfied child. It was a revelation — the hormonal high of being able to provide for your child's entire set of needs: food, warmth, comfort, contact with 'only' your body. That untrustworthy body that had let me down so spectacularly, was now producing chemical and liquid medicine for both of us, healing the deep trauma left behind from birth, pain and months of anxiety and fear.

Now I discovered a new area of study: the benefits to mothers. The undeniable ease of it, the staggeringly protective benefits — against Post Natal Depression (PND), breast cancer,¹ endometriosis,² rheumatoid arthritis.³ So, imagine my surprise when, finally, freed from the pumps and tubes, I attended my first baby groups and meetings, only to discover that most of the mothers who had comfortably breastfed had invariably stopped by the time I began.

¹ World Cancer Research Fund Network, 2018: 62.

² Samaneh, et al., 2022.

³ Chen, et al., 2015: 1563-1569.

But once I moved through the world, as a breastfeeding mother, I became aware of another hidden truth: the support and encouragement for breastfeeding sharply drops off after the first six weeks. As much as women are advised by health professionals to breastfeed, they are advised in countless other ways to stop.

My lived experience of feeding my daughter was that this amazing tool was the best thing ever invented. For sickness, teething, tiredness, discomfort, pain, uncertainty, unhappiness. It was a balm to every cut, a place of safety for everything disorienting and frightening.

But everywhere I looked — on social media, TV, my family and peers —, I was told that it didn't matter, that it was a lifestyle choice, an unnecessary waste of time and energy. And after six months or a year this ambivalence turns to outright hostility. Ask a friend for advice about sleep, a rash, a cough, and the answer is, it's a problem caused by breastfeeding.

I continued to breastfeed through teething (reactions: 'Oh that's gross!', 'That's just wrong!'), through toddlerdom ('Are you sure that it's not for you?') to almost three ('Now that's just weird!'). The comments, the looks, the frowns were everywhere. I defended us with snippets of research, rebuffing the tirade of negativity but I started to feel very alone.

In 2012 there were 812,992 births in the UK, averaging 2227 per day. Based on current averages of initiation of 68%,⁴ I was one of 1,514 who initiated breastfeeding that day. At 6-8 weeks, when I was expressing, according to the same statistics, there were only 1,068 mothers who had babies on the same day still breastfeeding. By six months, only 22 of those mothers across the country (1%) were still exclusively breastfeeding. So, the loneliness I was feeling wasn't imagined.

⁴ Nicholson and Hayward, 2021.

Slowly I discovered other mothers like me. Pushing swings in the park, we would feel our way into conversations, ‘How is it going?’ / ‘Did you try breastfeeding?’ / ‘Yes, I’m actually still feeding her myself’. Confessions, rebellions of the heart came spilling out. Instant bonding over our shared despair at the crazy upside-down-and-back-to-front state of affairs we found ourselves in. How could motherhood be so beside itself? Why was everything about what you buy and not what you feel? Why was it such an uphill struggle? Why was there so little help? How did we carry on in the face of it? Why did we still hold firm to our conviction that breastfeeding was the best thing, despite everything?

The fact is, my decision to keep breastfeeding was irrational in the face of British culture. It’s no accident we have the lowest breastfeeding rates in the world.⁵ There simply isn’t the cultural context for what is, essentially a cultural practice.

Breastfeeding has been public policy in words for thirty years but actually, many people have not changed their minds about formula being better. And these people are in important places — either close to mothers (e. g. family) or far away but of great influence (e. g. policy makers/ keyholders).

Mothers are handed brochures about breastfeeding with one hand while the other hand is weighing their baby, judging their decisions and finding them lacking. Talking to dozens of women over the last five years, I have concluded that breastfeeding has achieved the status of ‘acceptable — good’ in health settings. But in social settings it is still stigmatised and frowned upon.

Breastfeeding isn’t just invisible in culture, on TV, in the media. It’s invisible in our lives, our photo streams, our messages. It’s a maternal experience that is widely misunderstood, ignored, and sidelined, despite occupying many countless hours of the mothers who practice it. Despite the global value of breastfeeding (‘no countries have implemented the practice of measuring

⁵ *Breastfeeding in the UK – Baby Friendly Initiative.*

breastmilk production in GDP' but [a recent attempt by researchers for the Lancet estimated a global value of \\$3.4 Trillion](#) each year).⁶

According to UNICEF Executive Director James P. Grant:

'Exclusive breastfeeding goes a long way toward cancelling out the health difference between being born into poverty and being born into affluence. It is almost as if breastfeeding takes the infant out of poverty for those first few months in order to give the child a fairer start in life and compensate for the injustice of the world into which it was born.'⁷

The scale of injustice and incompetence that leads to a global trade in formula steadily growing each year is staggering. Since my daughter was born, that industry has almost doubled. In the UK the cost befalls on the children and mothers' lives: [food poverty](#)⁸ and [resultant malnutrition](#),⁹ lack of [funding for support services](#),¹⁰ lack of resource for Infant Feeding teams, [lack of training for all health professionals](#),¹¹ especially in [infant feeding issues and related risks of PND](#),¹² lack of communication to the wider community, lack of public space, lack of work facilities to support breastfeeding, lack of facilities in Neonatal units.

By failing to encourage more mothers to begin breastfeeding (initiation), by failing to support more mothers to continue breastfeeding for longer (retention), the UK government is creating huge costs for the public health service whilst private companies make vast profits. In the face of flaccid public policy, a fragmented service and chronic lack of funding, the cultural stalemate perseveres and, indeed, in some areas of population, it grows.

As human geographer Kate Boyer pointed out over a decade ago, 'over the last 20 years 6-month duration rates have only risen by a mere 2%, despite myriad

⁶ Baker, et al., 2023.

⁷ Clark, et al., 2011.

⁸ Murphy, 2018.

⁹ Crace, 2023.

¹⁰ *FDL0004 — Written evidence from UNICEF UK*, August 2018.

¹¹ The Royal College of Midwives, 2014.

¹² Jackson, et al, 2021.

public health campaigns'.¹³ Thirty years of stagnant statistics around initiation and retention are proof that cultural practice of formula feeding cannot be overturned by the current methods employed by the health service to encourage mothers to breastfeed.

The formula industry spends £11.00 per capita advertising breastfeeding across the UK yearly.¹⁴ They dominate the visual language around infant feeding with their glowing portrayal of happy mothers and fat babies. And the health service unwittingly perpetuates many of these formula-centric stereotypes, using stock imagery created for the formula industry to promote their breastfeeding services.¹⁵

This blind-sided approach to the problem by Public Health means that only the context of a mother and new baby is considered. This ignores the millions of other interactions that mother-child dyad will encounter in their daily lives — media, gossip, advertising, advice, public transport, bathrooms, shopping centres, parks, conversations overheard, comments said directly to them, and so on, over years of indirect influence.

In the health service they will directly experience understaffed labour wards, midwives with no time who may or may not be supportive, doctors who have almost no training in breastfeeding, Infant Feeding Teams struggling with tiny budgets and a lack of communications expertise, disagreements between consultants over technicalities. All the outcomes of decisions made by local councils and commissioners who may or may not know or care about breastfeeding as a result of their own unchallenged cultural inheritance of the subject which is often more powerful than the evidence provided by research.

The need for cultural change, for a deepened understanding of the challenges faced by mothers is urgent and overwhelming. There is a dam of cultural

¹³ Boyer, 2012: 554.

¹⁴ Wood, et al., 2022:11, Fig. 3.

¹⁵ *Examining the impact of BMS marketing on infant feeding decisions and practices — Multi-country study commissioned by UNICEF and WHO*, 2022: 11.

prejudice holding in check an ever-building pressure of evidence that breastfeeding is central to health inequalities in the UK.

I see the *Holding Time* project as a small crack in that dam. It is the beginning of a process of change that attempts to slowly, quietly undermine the cultural prejudices that keep women quiet. This silencing of women who have breastfed one or many children and who know the importance and have lived through and overcome all the barriers that mothers encounter is central to maintaining the current stalemate.

Those early conversations with other breastfeeders — the mothers who gave me heart and courage to understand where I had been and what it had cost to come so far — were the beginning of the project. Twelve mothers I had met in the park, on the bus, at nursery, agreed to come to a photography studio and be photographed. One mother told me it was the first time she had a picture of herself breastfeeding, after ten years of feeding successive children.

These women are at the heart of the *Holding Time* project. Their voices and the validity of their experience is the central structure of the project. Their ideas about what should happen and doesn't, how things could be different and better, are the driving force behind the project. To me, these women can show us the way to real and meaningful change — not just at grassroots, but all the way up through society to the very top. They have the ability to convince others, simply because they speak their own truth in a way that is straightforwardly compelling.

The dissemination is various and aimed across multiple platforms including digital, community settings, hospitals, parks and art spaces:

- interviews edited into short VLOGs and [podcasts](#)
- animations of breastfeeding
- large portrait still images
- performances of writing by mothers at [live events](#) and over BBC [local radio](#)
- Audio trails of portraits and poetry/interviews

I am also in the later stages of developing an immersive VR piece that brings all the above together in one place.

The project is designed as a cultural 'intervention' that uses narrative from real local mothers to explore where cultural barriers overlap with local structural issues in health support and other individualities. All this helps to create a portrait of breastfeeding that is accumulative, diverse, and representative of the true complexities of building breastfeeding back into our lives as a cultural practice.

As a practitioner, I work across health providers, academic research, and arts organisations to deliver the project in localised areas, as was the case with my participation at the *From the Breast* Workshop on 12 May 2023. I'm now in the planning stages of a new project in Bradford, working with community grassroots leaders, creative and health practitioners across the city. Each iteration is a hopeful dive into participatory arts practice, hybrid fine art-documentary making, new tech and new team members. I work with a writer, animator, video makers, a sound engineer, and a production manager, and, increasingly, my role is producer and project designer. I am no longer 'just' a photographer. Indeed, although it is still key, the photography stands alongside women's poetry, their performances, and interviews. It is a co-created piece, an experiment in Public Health.

It's eleven years later and my memories of breastfeeding are fading. I'm told in other cultures grandmothers breastfeed their grandchildren as a way of improving the child's gut biome. Entering menopause, I'm not sure if that's where I'm heading next on my own breastfeeding journey, but in my journey as an artist, I'm grateful for the incredible direction this work has taken me.

Breaking apart the depth and breadth of silence around this incredible subject has opened my eyes to so much more than the failures of policy or the poverty of debate. I've seen the incredible resilience of women, mothers bravely going into battle with so many simultaneous adversaries. I hope this project has made

it easier for some. I believe in the lasting power of art to dress society's wounds and, sometimes, to help others to heal.

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