

FAQ: Can food insecure women breastfeed?

Yes. Hunger, malnutrition, poor diets and stress can all have negative effects on breastfeeding, but women experiencing these situations can and should be supported to breastfeed if they want to.

Background

Optimal feeding practices are exclusive breastfeeding up until around 6 months and nutritionally adequate and safe complementary feeding from 6 months, alongside continued breastfeeding for two years and beyondⁱ. It is possible for nearly all women to breastfeed successfully, yet, in the UK, many mothers stop breastfeeding earlier than they would like. In 2023/24, 47% of babies in England and 51% in Scotland were not breastfed at all by 6-8 weeks of age^{ii,iii}. The reasons for low breastfeeding rates in high income countries like the UK are complex, and often linked to low confidence, lack of support and related challenges with latching and breast or nipple discomfort, misinformation, or lack of legal protections^{iv,v,vi}. Misinformation about the links between maternal diet, nutritional status and stress can undermine breastfeeding and contribute to early cessation. However, in most cases, even when mothers are experiencing emergencies, food insecurity, hunger, malnutrition and poor-quality diets, it is still possible, and almost always preferable for the mother and baby to breastfeed. The World Health Organization (WHO) and UNICEF's Global Strategy for Infant and Young Feeding states that *"Only under exceptional circumstances can a mother's milk be considered unsuitable for her infant"*^{vii}.

How does food insecurity affect breastfeeding?

The latest figures in the UK suggest that household food insecurity is rising. The Trussell Trust found that 65% of those using food banks were families with children, and 10% of food parcels being distributed to children under 4 years^{viii}. The Food Foundation found that 23.6% of households with children under 4 were food insecure^{ix}.

A 2020 scoping review reported evidence of a relationship between food insecurity during pregnancy and postpartum, and lower breastfeeding rates^x. It found that women with poor diets breastfed for a shorter duration^x. This has been called 'the breastfeeding paradox', as mothers who are least likely to breastfeed are also least likely to be able to afford infant formula^{xi}. This association is relatively consistent across geographies, with similar findings from research in Canada^{xii,xiii}, Turkey^{xiv}, and the US^{xv}. It is thought that there is no difference between breastfeeding initiation between food insecure and secure households. However, some evidence is contradictory. One 2020 US study^{xvi} of over 10,000 women found that women who were food secure initiated breastfeeding than those who were food insecure, although this difference was small (less than 4%). On the other hand, a Canadian study in 2018^{xvii} found that in a survey of 10,450 women, most initiated breastfeeding regardless of food security status (yet food insecure families were significantly less likely to be exclusively breastfeeding at 4 months).

The reasons for lower breastfeeding rates in food insecure households include women's perceptions that their poor diets and stress negatively affect their breastmilk supply and/or quality (see more below), compounded by a lack of breastfeeding support. Several studies also found that those experiencing food insecurity were exposed to misinformation about breastfeeding and likely to have a negative perception of it^x.

These findings are concerning as breastfeeding can be protective against food insecurity as it provides a reliable and safe source of food that meets all of an infant's nutritional needs whilst protecting both mother and baby from infections and diseases^{xviii}.

Do maternal diet and stress impact breastmilk quality or supply?

Not in ways which mean women with poor diets and experiencing stress can or should stop breastfeeding if they don't want to. However, they may need help.

Breastmilk is uniquely suited to a human baby. It is impossible to make a substitute for breastmilk as its composition is dynamic – that means it is a living substance, that changes in composition during feeds and as babies grow and develop. It is unique to each mum for her baby and for the environment in which they live.

It is common for mothers with poor diets to be concerned about the quality of their breastmilk and their breastmilk supply^{xi} and/or their baby's satisfaction^{vi}. However, breastfeeding is physiologically robust and very resilient to changes in a mother's diet. Concerns are exacerbated by misinformation which suggests otherwise^{xvii}. Breastfeeding mothers may introduce formula because they are worried that their milk is not enough or good enough, and their babies are hungry. But formula introduction can inhibit breast milk supply which can then exacerbate perceived breast milk supply challenges^{xx,xxi}.

A 2020 Canadian study^{xxii} of over 100 mothers defined as socially or economically vulnerable who identified pain, conflicting information, perceived low milk supply, and cost of breastfeeding support as key reasons for struggling to breastfeed. A 2019 survey of 100 low-income Hispanic mothers in the US found that reduced breastfeeding rates were attributed to self-perceived poor diets and high stress^{xxiii}. It states that mothers *"worried that if they did not eat enough fruit and vegetables, their breast milk would be of low quality and lack the necessary nutrients"*. Similarly, in the 2010 Infant Feeding Survey in the UK, mothers that switched to formula or combination feeding expressed concerns about not having enough milk, and the baby not being satisfied^{vi}. In a cross-sectional survey published in 2023^{xxiv} of 92 US mothers, the main reasons cited for breastfeeding cessation were difficulties producing enough milk or worries that their milk was not enough for the baby.

There is also a pervasive myth that stress makes breastmilk dry up, which also undermines breastfeeding. A 2022 narrative review^{xxv} found that despite stress impairing breastfeeding outcomes, it is likely to be bi-directional, as breastfeeding can reduce stress. It is more likely that high stress levels can slow the flow of breastmilk by inhibiting oxytocin release, rather than dry up the supply^{xxvi}. Frequent suckling helps to maintain adequate breast milk supply and hormones released from breastfeeding have a calming effect^{xxvii}. Additionally, in cases where mothers would like to breastfeed and it is successfully established, it can reduce stress and positively impact their mental health¹⁰. On the other hand, stopping breastfeeding before a mother is ready can increase the likelihood of postnatal depression^{xxviii}. In short, stress does not mean mothers cannot or should not breastfeed if they want to, but they may want and need skilled support to keep breastfeeding.

Fundamentally it is important to remember that breastmilk production works on a supply and demand system: the more babies suckle, the more hormones are sent to stimulate milk production. Most mothers will be able to produce enough milk for their baby if they are able to suckle frequently. Only during extreme deprivation would a mother's ability to produce enough high-quality milk be jeopardised^{ii,xxix}. Even then, a malnourished mother who wants to breastfeed should be supported with hydration and extra foods to rebuild their nutrition rather than be discouraged from breastfeeding^{xviii}.

Lastly, babies living in households with food insecurity may have an increased need for the protective qualities of breast milk^{xxx}.

How should infants be fed during emergencies and situations of food insecurity?

The public health recommendations about infant feeding are the same in emergencies and situations of food insecurity and in stable situations, the world over. It is widely accepted that breastfeeding is the safest method of infant feeding during emergencies in almost all cases, and that exclusive breastfeeding should be continued up to around 6 months. The risk of malnutrition is increased if breastfeeding is interruptedⁱⁱ and the protective benefits of breastfeeding can be more important during emergencies to limit the spread of infections and diseases^{xxxi}. Breastfeeding is protective against hospitalisation for diarrhoea and respiratory infections^{xxxi}. Even in the UK, the risks of formula feeding are magnified for babies living in poverty^{xxxii}.

During emergencies, babies are often more unsettled, want to be held more, wake more overnight, feed more frequently^{xxxiii}, and may be fussy, which are all normal responses. As outlined above, mothers may lack confidence in their supply if they are stressed, and in the quality of their breastmilk and the sufficiency of their supply if they have poor diets. However, breastfeeding is physiologically robust and mothers who want to breastfeed should be supported to do so, including with adequate hydration, foods and psychosocial support.

Where mothers are experiencing emergencies or living in food insecure households it can be very difficult to support formula feeding due to the need for access to a sufficient and guaranteed supply of infant formula, safe water and adequate sterilisation equipment for formula preparation.

Case Study: Australian 2019-2020 Black Summer Bushfires

This report on infant feeding challenges during an Australian bushfire emergency offers relevant insights for other high-income countries: [Want to help the children? Help the parents': Challenges and solutions from the Babies and Young Children in the Black Summer \(BiBS\) Study](#)

The 2019-2020 Black summer bushfires in Australia highlighted some key challenges related to infant feeding. A survey of 176 parents found that for those breastfeeding, the majority did not experience any problems breastfeeding during the bushfires. Some reported babies were feeding more frequently during the day and waking up to feed more often overnight, and some reported stress related reduced milk supply.

Women who were breastfeeding commonly stated that they were very glad to be doing so: *"I am so lucky I was still breastfeeding - I felt during this time of stress I could comfort my baby and make her feel sense of normality, I was also able to feed my child without needing to worry about safe food or bottle preparation and supplies."*

On the other hand, those who were formula feeding had more concerns. For example, struggling to access infant formula, no way to sterilise bottles, lack of access to water.

Additional information and guidance

For a practical guide for local health authorities supporting families with infants under 12 months experiencing food insecurity, see our joint First Steps Nutrition Trust, Unicef Baby Friendly and National Infant Feeding Network report here: [UNICEF Baby Friendly, First Steps Nutrition Trust and National Infant Feeding Network. Supporting families with infants under 12 months experiencing food insecurity: A Guide for Local Authorities and Health Boards](#)

There are some good resources on maternal diet, breastfeeding and milk supply here:

- [La Leche League GB: Breastfeeding and a Mother's Diet: Myths and Facts](#)
- [The GP Infant Feeding Network: Low Milk Supply](#)

Here are some useful resources detailing best practices for infant feeding during emergencies, which may be applicable to situations of food insecurity:

- [WHO - Guiding principles for feeding infants and young children during emergencies](#)
- [The World Health Organization \(WHO\) and UNICEF's Global Strategy for Infant and Young Feeding](#)
- [World Vision. \(2023\). Common Myths About Breastfeeding in Emergencies.](#)

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