

Breastfeeding is ideal for child and parent health but challenging for most families – a pediatrician explains how to find support

Ann Kellams, Professor of Pediatrics, University of Virginia

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Many new parents start out breastfeeding but switch to formula within a few days.

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As a pediatrician, I thought my medical background and pediatric training meant I would be well prepared to breastfeed my newborn. I knew all about the research on how an infant's diet can affect both their short- and long-term health. Compared to formula, breastfeeding is linked to a lower risk of sudden infant death syndrome, lower rates of infections and hospitalizations and a lower risk of developing diabetes later in life. Breastfeeding can also provide health benefits to the parent.

But I struggled to breastfeed my own firstborn. I was exhausted and in pain. My nipples were bleeding and my breasts swollen. I worried about whether my baby was getting enough to eat. And I was leaking breast milk all over the place. I found myself asking questions familiar to many new parents: What in the world is going on with breastfeeding? Can I keep this up when I go back to work? How does a breast pump even work? Why doesn't anyone know how to help me? And why are some families able to start breastfeeding and never look back?

The American Academy of Pediatrics recommends caregivers breastfeed their child for up to two years. However, many new parents are unable to reach these breastfeeding goals and find it very difficult to get breastfeeding going. Combined with inadequate support, some blame themselves or feel like less than a good parent.

While over 80% of families start out breastfeeding their baby, roughly 19% of newborns have already received infant formula two days after birth. Around half of families are able to breastfeed their babies six months after birth and only 36% at 12 months.



Breastfeeding can be painful – especially without support.

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Inspired by my own and my patients’ experiences with breastfeeding, I sought extra training in the field of breastfeeding and lactation medicine. Now, as a board-certified physician in breastfeeding and lactation medicine, I wanted to understand how pregnant and breastfeeding parents – and those who care for them – perceive breastfeeding. How do they define breastfeeding success? What would make breastfeeding easier, especially for underserved communities with some of the lowest breastfeeding rates in the U.S.

Listening to new parents

In partnership with the Academy of Breastfeeding Medicine and Reaching Our Sisters Everywhere, a nonprofit focused on supporting breastfeeding among Black families, my team and I started a research project to identify the key components of a successful breastfeeding journey as defined by parents. We also wanted to determine what would enable families to achieve their breastfeeding goals.

To do this, we asked a range of parents and experts in the field of breastfeeding and lactation medicine about what would make breastfeeding easier for families. We recruited participants through social media, listservs and at the Academy of Breastfeeding Medicine's annual international meeting, inviting them to provide feedback through virtual listening sessions, online surveys and in-person gatherings.

What we found is fascinating. From the perspective of the parents we talked to, success for breastfeeding had less to do with how long or to what extent they exclusively breastfed. Rather, success had a lot more to do with their experience with breastfeeding and whether they had the support they needed to make it possible.

Support included someone who could listen and help them with breastfeeding; communities that welcomed breastfeeding in public; and supportive loved ones, friends and workplaces. Having their questions about breastfeeding answered in accessible and practical ways through resources such as breastfeeding and lactation professionals in their area, peer support and websites with reliable, trustworthy information was also important to helping them feel successful in breastfeeding.



Figuring out how to make time and room for breastfeeding can be taxing.

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Important questions about breastfeeding also arose from these conversations. How can hospitals, clinics and health care workers make sure that breastfeeding support is available to everyone and is equitable? What education do health care professionals need about breastfeeding, and what are barriers to them getting that education? How should those in health care prepare families to breastfeed before the baby is born? And how can the care team ensure that families know when and how to get help for breastfeeding problems?

The good news is that most of the problems raised within our study are solvable. But it will take an investment in resources and support for breastfeeding, including training health care workers on troubleshooting common problems such as nipple pain, ineffective latch and concerns about breast milk production.

Corporate influences on feeding babies

Commercial infant formula is a US\$55 billion dollar industry. And yet, most formula use would not be necessary were barriers to breastfeeding reduced.

Research shows that the marketing practices of commercial infant formula companies are predatory, pervasive and misleading. They target not only families but also health care workers. During my medical training, commercial infant formula companies would give us lectures, free lunches, and books and calculators, and my fellow residents and I knew the representatives by name. As a medical director of a newborn unit, I saw these companies stocking our hospital shelves with commercial infant formula and building relationships with our nursing staff. These companies profit when breastfeeding goes wrong.

This is not to say that commercial infant formula is a bad thing. When breastfeeding isn't possible, it can be lifesaving. But in some cases, because the U.S. doesn't provide universal paid maternity leave and not all workplaces are supportive of breastfeeding, parents may find themselves relying on commercial infant formula.

Thinking about breast milk and commercial infant formula less as a question of lifestyle or brand choices and more as an important health care decision can help families make more informed choices. And health care providers can consider thinking about infant formula as a medicine for when it is necessary to ensure adequate nutrition, putting more focus on helping families learn about and successfully breastfeed.

Breastfeeding is a team sport

As the saying goes, it takes a village to raise a child, and breastfeeding is no exception – it is a team sport that calls upon everyone to help new parents achieve this personal and public health goal.

What can you do differently to support breastfeeding in your family, neighborhood, workplace and community?

When I am educating new or expectant families about breastfeeding, I emphasize skin-to-skin contact whenever the parent is awake and able to monitor and respond to baby. I recommend offering the breast with every feeding cue, until the baby seems content and satisfied after each feeding.

Manually expressing drops of milk into the baby's mouth after each feeding can boost their intake and also ensure the parent's body is getting signaled to make more milk.

If your family has concerns about whether the baby is getting enough milk, before reaching for formula, ask a lactation consultant or medical professional who specializes in breastfeeding how to tell whether everything is going as expected. Introducing formula can lead to decreased milk production, the baby preferring artificial nipples over the breast and stopping breastfeeding earlier than planned.

Some parents are truly unable to continue breastfeeding for various reasons, and they should not feel ashamed or stigmatized by it.

Finally, give yourself time for breastfeeding to feel routine – both you and baby are learning.

Ann L. Kellams receives funding from NICHD for her research and Pediatric UpToDate as an author. She is the immediate past-president of the Academy of Breastfeeding Medicine.

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