5th Symposium on Breastfeeding and Feminism

Informing Public Health Approaches

20 March 2010

Weatherspoon Art Museum
The University of North Carolina at Greensboro

Hosted by:

Center for Women’s Health and Wellness, UNC at Greensboro
Contact: Paige Hall Smith, PhD  phsmith@uncg.edu

Carolina Global Breastfeeding Institute, UNC at Chapel Hill
Contact: Miriam Labbok, MD, MPH  labbok@unc.edu
Symposium Purpose and Context:

Academic scholars, practitioners, and activists have gathered together for a regular symposium on Breastfeeding and Feminism since 2005. Dr. Paige Hall Smith began this tradition as the Linda Arnold Carlisle Professor of Women’s and Gender Studies at the University of North Carolina at Greensboro, inviting Bernice Hausman, author of *Mother’s Milk: Breastfeeding Controversies in American Culture*, to give the keynote lecture at the inaugural event. When Dr. Miriam Labbok became the director of the Carolina Global Breastfeeding Institute in the Gillings School of Global Public Health at the University of North Carolina, Chapel Hill, CBI became a co-sponsor of the symposia. The 2007 and 2009 symposia received financial support by the United States Department of Health and Human Services, Office of Women’s Health.

Over the years, the symposia have illuminated major constraints mothers experience as they seek to breastfeed their children in the 21st century, and have covered topics as varies as *Reproductive Health, Rights and Justice and Birthplace to Workplace*. This year’s symposium, *Breastfeeding and Feminism: Informing Public Health Approaches* seeks to identify and analyze how public health approaches to promoting breastfeeding might be advised by feminist insights to develop comprehensive, politically knowledgeable, and culturally sensitive interventions.

Approach:

The symposium is a transdisciplinary effort to address feminist perspectives and to emphasize the impact that gendered power dynamics and structured social stratification might offer for public health policies, priorities and approaches that are related to breastfeeding. To this end, a series of public health constructs currently engaged by breastfeeding programs and policies will provide a framework for discussion.

Expected Outcomes:

Invited experts will provide inputs through their presentation and group discussion will address applications and use of the information provided. The outcomes of this meeting will be published for further dissemination.

Acknowledgements:

This year’s symposium is supported in part by the Office of Women’s Health, US DHHS, and by the Center for Women’s Health and Wellness, UNC-G, the Carolina Global Breastfeeding Institute, UNC-Chapel Hill, and the Department of English, Virginia Tech.

The organizers would like to thank the OWH for their ongoing support for this symposium.

Continuing Education:

7 hours of L CERPs have been applied for and are under active consideration.
AGENDA

7:45-8:30 Registration and Continental breakfast
(View posters starting at 8:00 AM and meet the authors)

8:30- 9:45 Opening
   Introductions
      Paige Hall Smith, Bernice Hausman
   Dedication to Mary Rose Tully
      Miriam Labbok
   Welcome
      Suzanne Haynes

Framing the Issue
Breastfeeding and Gender Inequality: A theoretical perspective
   Paige Hall Smith
Why we need a feminist approach to breastfeeding
   Bernice Hausman
Breastfeeding and Public Health Constructs and Action: Where are we now?
   Miriam Labbok

9:45-10:20 From selflessness to self-care: Breastfeeding promotion through *ars erotica*
   Fiona Giles

10:20 –10:35 Snack Break and Posters

10:35-11:20 Health care
   Moderator – Mary Overfield
   Obstetrical practices and breastfeeding:
      The Mother-Friendly Childbirth Initiative and breastfeeding
      Helene Vadeboncoeur - Presented by Miriam Labbok
   Pediatrics and maternal authority-
      Jacqueline Wolf

10 minute interval

11:30-12:30 Work and Family
   Moderator – Gina Ciagne
   Breastfeeding and the Gendering of Domestic Labor
      Phyllis Rippeyoung, Mary Noonan
   Working out work: Maintaining Employment and Breastfeeding
      Deborah McCarter-Spaulding and Jennifer Lucas

Auditorium

Education
   Moderator – Barb Carder
   Preparing women to breastfeed: The teaching of breastfeeding in prenatal classes
      Abigail Locke
   The global professionalization of lactation consulting and the medicalization of breastfeeding
      Aimee Eden

Classroom

Work, Family and Milk Expression
   Moderator – Shlanda Burton
   Mothers: Breadwinners, milk-makers, and caregivers
      Chris Mulford
   The impact of workplace practices on breastfeeding experiences and disparities among women
      Amanda Lubold
Empowerment or regulation? Exploring the implications of women’s perspectives on pumping and expressing breast milk
*Sally Johnson and Dawn Leeming*

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FRAMING THE ISSUE
Negotiating breastfeeding practice across a gendered terrain: A theoretical perspective on how gender inequality constrains women’s breastfeeding decisions and undermines the quality of their experiences - Auditorium

Paige Hall Smith is Director of the Center for Women’s Health and Wellness and associate professor of Public Health Education at the University of North Carolina at Greensboro. In 2004 Dr. Smith was the recipient of the Linda Arnold Carlisle Professorship in Women’s and Gender Studies at UNCG. This 2-year professorship funded her research to develop a framework for a feminist approach to breastfeeding promotion. For this study she has conducted in-depth interviews with diverse groups of women on breastfeeding, feminism, motherhood and work. This professorship ignited the Breastfeeding and Feminism Symposium which she directed for two years. In 2007 she teamed up with Miriam Labbok, Director of the Carolina Global Breastfeeding Center and together they have co-directed the 3rd, 4th and 5th symposia. Dr. Smith is principle investigator on study funded by the Centers for Disease Control and Prevention that is designed to develop and evaluate a breastfeeding education program for teen mothers. She brings to her work in breastfeeding a background as a domestic violence researcher and long time advocate for the prevention of gender-based violence. She is the proud mother of a 13 year-old daughter, Nora, and lives with her family in Chapel Hill, NC.

Objective of this presentation:


Thesis
Breastfeeding suffers because the status of women, particularly mothers, remains low in our society. Connell’s Theory of Gender and Power outlines a way we can “unpack” how the complicated issues of women’s status and gender inequality undermine breastfeeding. Similarly, it provides ideas for how we can improve the status of women, including mothers, that we will see improvements in breastfeeding duration.

Summary of Presentation
Breastfeeding is a maternal practice not a one-time decision. Women who seek to breastfeed must do so while navigating sexualized structures that recreate gender inequality and uphold the masculine as the ideal for women as well as men. Perhaps not surprisingly, women who have less control over their lives, their bodies and their time are less likely to sustain breastfeeding. Most research on barriers to breastfeeding focus on individual level factors which obscures the role that systemic gender inequality play in women’s decisions and experiences with breastfeeding.

This paper presents a theoretical framework based on Connell’s Theory of Gender and Power for understanding how structural gender inequality undermine breastfeeding practice and maternal breastfeeding quality of life. Connell outlines three structures that give rise to gendered social relationships: the sexual division of labor; the sexual division of power and the sexualization of social relationships. These structures shape the environment that influences women’s infant feeding behavior. These structures transmit, though social institutions and networks, particular
social rules governing men’s and women’s behavior and the distribution of resources and advantages in particular settings and across social roles in ways that create and recreate gender and behavior. In part, these structures affect behavior by equating power, authority and sexuality with masculine ideals and values. Public health approaches that seek to increase breastfeeding initiation and duration need to consider approaches that increase gender equality.

**Connell’s Theory of Gender and Power**

Connell’s theory is recognized as emerging theory in public health (Wingood & DiClemente, 2002). It outlines three structures at the societal level that give rise to gendered social relationships: 1) the sexual division of labor; 2) sexual division of power; and 3) cathexis, the sexualization of social relationships.

1) The **sexual division of labor** refers to the social rules governing a gendered social organization of labor. In this context, the idea of labor is broadly conceptualized to include women’s and men’s labor in the multiple roles, paid and unpaid, that are available to them and the production, consumption, and distribution of resources and opportunities across these roles. In this context, we build on Christine Oppong’s 7-role framework which outlines seven roles: worker, domestic, partner, parent, community member; family member, and individual. The consequences of this structure are twofold: economic benefits accrue disproportionally to men and masculinity itself becomes an economic resource.

2) The **sexual division of power** refers to the gendered imbalance of advantages and resources in a workplace, community, household or relationship. The consequence of this structure is an association of authority with men and masculinity.

3) “Cathexis”, or the **sexualization of social relationships**, refers to the social norms governing sexuality and emotion in social relationships. The consequences of this structure are a prohibition of certain types of relationships (e.g. incestuous, homosexual) while romanticizing and inciting others (e.g., heterosexual marriage), the establishment of an unequal dichotomy of the masculine and feminine, and the sexualization of women as objects of male desire.

**References:**


Why we need a feminist approach to breastfeeding - Auditorium

Bernice L. Hausman is professor of English at Virginia Tech and author of Mother’s Milk: Breastfeeding Controversies in American Culture (Routledge 2003) and Viral Mothers: Breastfeeding in the Age of HIV/AIDS (University of Michigan 2010, forthcoming), as well as numerous scholarly articles published in Feminist Studies, National Women’s Studies Association Journal, Technical Communication Quarterly, New Literary History, Journal of Medical Humanities, International Breastfeeding Journal, and other refereed publications. She serves on the editorial boards of Journal of Medical Humanities and Communication and Critical/Cultural Studies, and reads manuscripts for Feminist Studies and the Journal of Human Lactation. She has served as director of the Women’s Studies program at Virginia Tech, and currently coordinates the undergraduate minor in Medicine and Society. Twice she has been invited to give plenary addresses to the International Lactation Consultant Association annual convention (2003, 2007). She is affiliate faculty in the Science and Technology Studies graduate program as well as the Women’s and Gender Studies Program and ASPECT, an interdisciplinary doctoral program in social, political, ethical, and cultural theory at Virginia Tech.

Learning Objectives:

- To understand and identify elements of popular feminist critique of breastfeeding promotion, and
- To identify and elaborate alternative and more positive contributions of feminist inquiry to breastfeeding promotion and public health approaches to breastfeeding protection and support.

Summary of Presentation:

We need a feminist approach to breastfeeding because the current popular feminist critique of breastfeeding promotion is unhelpful at best and destructive at worst. It is unhelpful because its overall effect is to anger breastfeeding advocates rather than to encourage them to different approaches. It is destructive because it puts feminism in an antagonistic, rather than collaborative, relation with public health.

Feminist critics of breastfeeding promotion link two arguments—that breastfeeding promotion ignores the social, cultural, and economic circumstances for mothers and that it is based on ambiguous scientific evidence—which has encouraged breastfeeding advocates to increase their emphasis on the health benefits of nursing. In other words, the argument by feminist critics seems to motivate a response by health care professionals and public health policy makers to reaffirm the health benefits of breastfeeding, as if establishing once and for all the scientific evidence for the health contribution of breastfeeding will close the case and ward off criticism of their efforts. This response, in turn, further angers feminist critics, because it suggests that (1) health benefits outweigh material difficulties, and (2) women’s experiences are beside the point.

My view has always been that we need a feminist approach to breastfeeding that cuts across (or through) this issue, in order to (1) to insert greater awareness of women’s experiences to breastfeeding promotion, and (2) to avoid the stalemate produced by continued emphasis on medical evidence.
The inherent instability of medical evidence is seized on by feminist critics who object to the forceful demands made on mothers by breastfeeding promotion campaigns. But we should sidestep what is essentially an element of the staging of the argument in order to get to the heart of the matter—how sex inequity contributes to social, cultural, and economic constraints on mothers’ practices and goals. This is what a reformulated feminist approach to breastfeeding and breastfeeding promotion can do.

References:
Linda Blum, *At the Breast: Ideologies of Breastfeeding and Mothering in the Contemporary United States* (Beacon, 1999)


Rebecca Kukla, *Mass Hysteria: Medicine, Culture, and Women’s Bodies* (Rowman and Littlefield, 2005)


Breastfeeding and Public Health Constructs and Action: Where are we now?

Miriam H Labbok, MD, MPH, MMS, FACPM, FABM, IBCLC has been Professor of the Practice of Public Health, and Director, Carolina Global Breastfeeding Institute (CGBI): Nurturing our Future: Supporting the Mother/Child Dyad in Breastfeeding and Reproductive Health, since 2006. CGBI, in the Department of Maternal and Child Health, has developed a program of service research projects in North Carolina, a teaching program including clinical, public health and advanced training, and technical assistance in support of national and international organizations and agencies. Previously, she served as the Senior Advisor for Infant and Young Child Feeding and Care at UNICEF HQ; Chief, Maternal Health and Nutrition Division, and Medical Officer, Population Bureau, USAID; Associate Professor at Georgetown University Medical Center and Co-Director, Institute for Reproductive Health; Assistant Professor, Johns Hopkins School of Hygiene and Public Health, and Adjunct Associate Professor at Tulane. She is a graduate of University of Pennsylvania with General Honors; the University of Medicine and Dentistry of New Jersey – Rutgers; and Tulane University (where she studied under mentorship of Dr. Cicely Williams). She was a resident in Pediatrics at Georgetown U Medical Center, and completed a post-doc in epidemiology and a Preventive Medicine Residency at Johns Hopkins. Dr Labbok has 35 years of technical assistance, research and program development experience on maternal/child dyad health and nutrition issues in more than 50 countries, is known for her contribution to the development of the Lactational Amenorrhea Method (LAM) for family planning, and has been very involved in birth spacing program and policy for health outcomes. She also served as the technical secretariat for the Innocenti Declaration meetings, including pre-meetings on definitions for breastfeeding and health care support. Her research has been focused primarily on hospital-based and community-based health initiatives using operational and translational epidemiological approaches. She has been recognized with honors as varied as Distinguished Alumnus of all institutions of higher learning attended, the first Science and Technology Award from USAID, both student and distinguished Honoree of LLLI, faculty Delta Omega, and many others. She has published more than 300 chapters, articles, monographs, and abstracts, and has presented hundreds of invited lectures and seminars.

Learning Objectives:
1. Describe the policy/advocacy agendas that led to breastfeeding protection, promotion and support in the last 50 years.
2. Explain the 4 pillars and the base of support in terms of sustainability.
3. List the major current program approaches and how they relate to the socio-ecological and lifecycle models.

Summary of Presentation:
Breastfeeding, historically, had not been a central component in public health programming until relatively recently. The renewed support for breastfeeding stemmed from a) increasing mainstream medical recognition of the health implications of commercial formula use, b) increasing consumer interests in the 1960s and 70s, and, c) an increasing rights agenda in the 1980s and 90s, in concert with the evolution of ‘child survival’ as a global concern. This millennium has seen a decrease in interest due to other health issues such as HIV/AIDS.
Research has shown that a comprehensive approach is necessary to create sustainable behavior change. The four pillars to protect, promote and support breastfeeding are related policies, health system and health worker training, protection against false and misleading information and advertising, and maternity protection, sustained by a base of consumer demand. The approaches, programming and actions that support each of these breastfeeding pillars may be considered as related to public health constructs: 1) disease-based health model, 2) MCH pyramid model, 3) three A’s model, 4) lifecycle model, 5) nutrition model, 6) health determinants model, 7) socio-ecological model. This presentation will conclude by briefly exploring these model approaches as to how they might protect, promote and support breastfeeding as a basis for our discussion of how public health might be informed by feminist theory and praxis.

Four Pillars and Base: Operational Targets for Change in Breastfeeding

1. **Government commitment**
2. **Health System**
   - Education of health professionals
   - Quality assurance in services
3. **Control of formula marketing**
   - Implement GAO reports on WIC
   - Media restrictions
   - Health systems restrictions
4. **Workplace**
   - Paid leave and breaks
   - Co-located child care
5. **Community support**
   - Demand Creation

1. **Disease-based Model**
2. MCH Pyramid

Community

Collaboration

Coordination

Cooperation

Communication

Direct Care

Enabling Care: e.g., Insurance, transport

Population-Based Intervention: e.g., Screening, social marketing

Infrastructure Building: e.g., needs assessment, planning, quality assurance, standards, training, monitoring

Competence

Commitment

3. The Three A’s Model

Assess:
Define
Gather data
Analyze
Plan

Act:
Design
Implement
Monitor

Adapt:
Evaluate
Describe potential change or new design to be tested

4. Lifecycle Reproductive Health Model
5. UNICEF/WHO Nutrition Model

6. Determinants of Health

7. Socio-ecological Model

From Selflessness to Self-Care: Breastfeeding Promotion Through Ars Erotica - Auditorium

Dr. Fiona Giles is a Senior Lecturer in the Department of Media and Communications at Sydney University. The author of Fresh Milk: The Secret Life of Breasts (2003), her most recent published work is ‘The Uses of Pleasure: Reconfiguring Lactation, Sexuality and Mothering’ in Porter, Marie and Julie Kelso (eds) Theorising and Representing Maternal Realities (2008).

Learning Objectives:

- To consider the disciplinary bases of breastfeeding research and advocacy, divided into four broadly defined paradigms: Medico-Scientific; Socio-Political; Cultural; and Erotic
- To explore the implications and underlying assumptions of the health promotion strategies based on these sometimes competing and contradictory approaches
- To compare the usefulness and constraints of these paradigms in relation to different audiences
- To investigate the usefulness of Foucault’s theory of eros from his History of Sexuality Vol 1 together with his essay, “Technologies of the Self”, in developing an eros of breastfeeding
- To discuss the benefits of reshaping promotional strategies by focusing on the physical, emotional and sexual wellbeing of the mother, her relationship to herself, and her freedom of expression

Summary of Presentation:

‘An ars erotica [is] truth drawn … from pleasure itself, understood as a practice and accumulated as an experience; pleasure is not considered in relation to an absolute law of the permitted and the forbidden, nor by reference to a criterion of utility, but first and foremost in relation to itself, its specific quality, its duration, its reverberation in the body and soul.’ Foucault, 1976 (my italics)

‘If lactating breasts were considered sexy, maybe the value of mothers would increase in our cultural economy.’ Bartlett, 2005

This paper looks at the disciplinary bases of breastfeeding research, dividing these broadly into four categories using a Foucauldian definition of knowledge based on discursive practice and what he calls ‘truth games’ in his Technologies of the Self (1988).

I begin by dividing the existing discourses of breastfeeding advocacy and promotion into four categories:

1. Medico-Scientific paradigm: This discourse promotes clinical support and cultural legitimacy based on the nutritional and preventive health benefits of breastfeeding to mothers and babies. It is diagnostic and evidence-based within the western positivist tradition, and favours a problem-solving approach using trained experts within the health professions. Recent scientific research also indicates human milk may have health benefits for adults. This paradigm belongs to Foucault’s Technologies of Production, since its success is measured according to initiation rates
and length of breastfeeding, and its nutritional therapeutic benefits. It fosters the ethics of progress.

2. Socio-Political Paradigm: This literature argues for the environmental, developmental, and socio-economic advantages of breastfeeding. It campaigns for Breastfeeding Friendly Hospital programs and against promotional activities of formula manufacturers. It has UN and community based support and is also evidence-based, drawing on economic data measuring the value of breastmilk to GDP as well as the negative economic impact of disease caused by insufficient breastfeeding and the use of formula. It belongs to Foucault’s *Technologies of Power* since it addresses the inequalities symptomatised by the lower rates of breastfeeding in the developing world and among the underprivileged; and it poses the issue in terms of conflicts of interests, between the rights of mothers and babies and the rights of corporations and business. It fosters the ethics of equality.

3. Cultural Paradigm: This paradigm draws on a matrilineal learning through history and from the example and support of others in a familial or social context. It draws on cross-cultural comparisons within anthropology and uses ethnographic and socio-historical methodology. This approach idealises learning through example, and the support of a community of mothers, with an experiential-historical rather than evidence base (although it may combine these). It focuses on the need for structural and attitudinal change in communities to enable mothers to breastfeed at home, at work and in public. It belongs to Foucault’s *Technologies of Sign Systems* since it relies on the way in which breastfeeding is represented culturally and its meanings negotiated through social networks, discursive practices and media. It fosters the ethics of maternal altruism.

4. Erotic Paradigm: This approach draws on the knowledge of the body itself, on the materiality of the milk that is produced by the body, and its relationship to other bodies. It acknowledges the somatic-cognitive link, as well as the link between bodies and culture, and promotes the politics of pleasure, arguing that breastfeeding and lactation is relational and sexual. It derives from psychoanalysis, sexology, poststructuralism and cultural studies, as well as drawing from neurocognitive philosophers such as Damasio. It belongs to Foucault’s *Technologies of Self* since it relies on a form of self-knowing linked to self-mastery rather than self-renunciation. It fosters the ethics of self-care.

By sorting breastfeeding knowledge according to its disciplinary, paradigmatic categories, it is possible to see how the different approaches assist in promoting breastfeeding within particular constraints that offer both advantages and limitations across different audiences. While the first three areas of knowledge are well-established both in terms of their empirical base and their legitimacy among breastfeeding advocates, the fourth is arguably underexplored.

It is therefore the focus of this paper to investigate the usefulness of developing and promoting an *ars erotica* of breastfeeding in a public health promotion context. Primarily the paper argues that the first three paradigms, while useful, construct a dutiful maternal subject whose lactation is performed within a sacrificial context of self-renunciation, and the ideal of a common good that brackets out the mother as beneficiary. It argues that all three draw on a Christian iconography that links breastfeeding to good works and the valorisation of spirit over body. In particular,
scientific arguments promoting ‘breast is best’ stand in for Judeo-Christian arguments promoting the virtue of the asexual, selfless mother.

In contrast, the underexplored area of eros, and the technology of the self, opens up potential for encouraging women to reconceptualise breastfeeding — and lactation generally — as part of a mastery of the self, based on an ideal of self-care. Rather than presenting breastfeeding as another task on the maternal duty statement, or a key performance indicator on her ‘goodness ranking’, it promotes lactation as an extension of sexuality, and acknowledges its specific relational pleasures with both children and adult partners. An *ars erotica* of breastfeeding and lactation invites a radical rethink of public health approaches, away from idealisation of the good mother who is well informed of the latest science, and towards the embodied mother who knows, and is at ease with, her own body. It takes us beyond the divisions between duty vs pleasure, or science vs culture, that are contained within the existing paradigms, by combining science, culture, duty and pleasure to move us towards an ethics of self-care that is experiential and based not only on an understanding of science, the politics of formula production, or cross cultural differences but also on the embodied self-knowledge of the maternal subject within a framework of autonomy and creativity.

By shifting away from the dominant scientific-rationalist discourse of public health towards a feminist discourse of empowerment, self-determination and pleasure, an *ars erotica* repositions breastfeeding promotion in a new way, within the traditions of the homebirth movement, abortion rights, and female sexual liberation and with links to the sexual empowerment movement of the ‘90s Third Wave and raunch culture of the early 21st century. As such it draws on a powerful legacy that has been marginalized by mainstream feminist models of social equity and workplace reform. It responds to the call made by Adrienne Rich when she suggested, ‘We need to imagine a world in which every woman is the presiding genius of her own body’ (1977, 285).

My paper argues that if breastfeeding and lactation were seen as an element of selfcare, we might reshape our promotional strategies by focusing on the physical, emotional and sexual wellbeing of the mother, and her freedom of expression. While reference to the first three paradigms and the research that fuels them might still be included within promotional campaigns, the focus needs to shift away from the construction of mothers as dutiful, educated and virtuous, towards mothers who are playful, strong and free – a strategy that any successful advertising firm would immediately grasp.

In addition to Foucault, I draw on the work of Iris Marion Young, Barbara Sichtermann, Elizabeth Wilson, Bernice Hausman and Alison Bartlett. I also refer to other feminist scholars who have explored the neglected, and feared if not reviled sexuality of breastfeeding, such as Newton, Kitzinger, Rossi and Prantik.

By representing an *ars erotica* of breastfeeding and lactation, framing them as continuous with an *ars erotica* of the breast, and of the female across her lifespan, we can promote these practices as two of the commonplace yet magical capacities of being human.
HEALTH CARE
The Impact of Obstetrical Practices on Women and on Breastfeeding: How an international initiative may contribute to women’s rights and breastfeeding - *Auditorium*

**Hélène Vadeboncoeur** is a researcher in the field of childbirth at the Université de Montréal. She has earned a Ph.D in Applied Social Sciences, with her thesis on the humanization of childbirth, and a MSc in Community Health from Université de Montréal including an exploratory comparative study on the legalization of midwifery in Quebec and Ontario. She has extensive teaching experience in midwifery programs and related birth issues. She contributed to the studies carried out by the Coalition for Improving Maternity Services. She has also participated in family and public health studies on these issues. Publications include: *Une autre césarienne ou un accouchement naturel ? S’informer pour mieux décider, Carte blanche, 2008; Une autre césarienne ? Non merci : l’accouchement vaginal après césarienne (AVAC), Québec-Amérique Publ., Montréal, 1989*, and served as advisor to Éditions Québec-Amérique. Grants and prizes include Université de Montréal, bursary for academic excellence; Conseil de recherche en sciences humaines du Canada (CRSHC), Ph.D scholarship; Fonds FCAR-FRSQ, Ph.D. scholarship; Ph.D. Program in Public Health, Université de Montréal, scholarship; Département de médecine sociale et préventive, Université de Montréal, Journée scientifique: best presentation prize 1996; Quebec Ministry of Health: grant for the realization of *Une autre césarienne ? Non merci*, 1988; Association des journalistes de la presse spécialisée: best in-depth article, 1986 (for “Connaissiez-vous l’AVAC ? L’Une à l’autre 3(2), 1986).

**Learning Objectives:**
1. Explain the impact of current medicalized maternity care on women’s rights and on breastfeeding
2. List elements of the MotherBaby Childbirth Initiative
3. Compare this approach with others discussed

**Summary of Presentation:**
Until recently the focus on establishing breastfeeding has been within the first hour of birth. The Baby-friendly Hospital Initiative (BFHI) focuses mainly on what to do after the birth. Recent obstetric care research is beginning to reinforce factors that are associated with low rates of initiation/continuation of breastfeeding before the birth.

For more than 30 years the women’s health movement has repeatedly encouraged women to reclaim their bodies while birthing, an event that profoundly affects all women and babies. One of the proposed models designed to address birth practices that affect breastfeeding is the Mother-Friendly Childbirth Initiative which after a worldwide survey and a meeting of 15 international organizations in Geneva led to the creation of the International Mother Baby Childbirth Initiative. Both initiatives include the BFHI in their 10 Steps.

In the proposed article, a multidisciplinary team of authors will:
- Establish how current institutional contexts and obstetrical practices constrain women in the role of a ‘patient’, a subordinate role that often violates their rights
- Identify how obstetric care may hamper breastfeeding, based on emerging research and clinical experience
- Propose a model, the International Mother Baby Childbirth Initiative (IMBCI) that seeks to respect women’s dignity and autonomy when they give birth while facilitating breastfeeding
• Explain how it will be implemented and evaluated in several regions of the world, the goal being its international and official recognition by public health as ‘the’ standard in obstetrical care.
Pediatrics and Shrinking Maternal Authority

Jacqueline H. Wolf, PhD is professor of the history of medicine and chair of the Department of Social Medicine at Ohio University. She specializes in the history of women’s health, the history of children’s health, and the history of public health. She is the author of many articles on the history of breastfeeding practices and the effect of those practices on public health. She is also the author of two books: Don’t Kill Your Baby: Public Health and the Decline of Breastfeeding in the 19th and 20th Centuries (Ohio State University Press, 2001) and Deliver Me from Pain: Anesthesia and Birth in America (Johns Hopkins University Press, 2009). She is currently writing a social history of cesarean section in the United States.

Learning Objective:

- Explain how pediatricians have historically undermined maternal authority in the context of breastfeeding

Summary of Presentation:

Historically, infant feeding in the U.S. was mothers’ domain and societal expectation was that mothers would breastfeed. Infant feeding did not fall under medical purview until the late nineteenth century, when municipalities began compiling vital statistics. This data confirmed what pediatricians had reported anecdotally for years: babies were dying of diarrhea in large numbers and cows’ milk was the primary cause.

Following revelation of the link between high infant mortality and cows’ milk, a high-profile discussion of solutions to what pediatricians dubbed “the feeding question” appeared in newspapers and magazines. Pediatricians were generally the authors of these articles and this raised their stature in lay eyes. “Baby doctors,” as the public had scornfully referred to pediatricians, metamorphosed into revered medical specialists because they alone were capable of finding answers to “the feeding question.”

As frequent witnesses to the gruesome deaths of artificially fed infants from diarrhea, these pediatricians strongly advocated breastfeeding. Yet they could not wholly ignore the plight of artificially fed babies. Thus pediatricians spearheaded drives to impose strict standards on the dairy industry and single-handedly created a new urban industry: the milk laboratory that churned out complex, prescription-based infant “formulas” designed for the needs of the individual infant.

This presentation/chapter will describe the long-term ramifications, particularly for maternal authority, of pediatricians’ involvement with infant feeding. Defining infant feeding as an activity requiring medical supervision diminished maternal authority in multiple realms and, ironically, portended pediatricians’ loss of knowledge of lactation and human milk even as pediatricians became the designated infant feeding “experts.”
EDUCATION
Preparing women to breastfeed: The teaching of breastfeeding in prenatal classes - Classroom

Abigail Locke is a Principal Lecturer in Psychology at the University of Huddersfield, UK. Her current work focuses on the representation of parenting in health care and popular culture. She has looked at topics including the representations of infant feeding in ante-natal classes, choice and risk in antenatal care and constructions of the parenting role. She has a wider interest in discourse analysis and qualitative methodologies applied to health care, gender, emotion and parenting, and has recently co-founded the Institute for Health Citizenship at the University of Huddersfield. [email: a.locke@hud.ac.uk]

Learning Objectives:
1. Describe how infant feeding is taught to expectant parents
2. Consider its teaching in a social context

Summary of Presentation:
Research suggests that choice of infant feeding method is tied to notions of maternal identity, sexuality, deviance, and guilt. Although breastfeeding is proposed as the ‘informed choice’ of infant feeding method, lower adherence figures in much of the Western industrialized world demonstrate that acting on this message can be problematic. A critical argument surrounding the decision to breastfeeding is that of feminist ideals. Yet this in itself is paradoxical: on the one hand, reclaiming ‘natural’ breastfeeding abilities against medicalized and patriarchal obstetric care; yet on the other, implicating the role of breastfeeding in its control and regulation of women and their bodies. These tensions become paramount when looking at public health information. Therefore a key issue that must be considered is how information around breastfeeding is communicated to expectant mothers, in particular the underlying issues that concern women when choosing their method. The focus is on the actual teaching of breastfeeding in prenatal (antenatal) classes in the United Kingdom. The data is drawn from breastfeeding workshops run by the National Childbirth Trust, an organization that seeks to promote breastfeeding, and, traditionally sits against medicalized, obstetric models of care.

Using audio-recordings from breastfeeding workshops, the data is analyzed using a qualitative, social constructionist methodology set against a feminist backdrop. By concentrating on the actual workshops, the analysis investigates how the teaching of breastfeeding is framed to expectant parents. In particular the focus becomes how the breastfeeding counselors accomplish a portrayal of the practice of breastfeeding as natural and valuable, yet needing support and teaching, whilst, at the same time, reducing implied negative concerns. These findings are further discussed in relation to a broader consideration of the transmission of public health information, breastfeeding and female choice.

Suggested References:
The Global Professionalization of Lactation Consulting and the Medicalization of Breastfeeding - Classroom

Aimee Eden is a PhD candidate in applied (medical) anthropology at the University of South Florida, where she is also working on her MPH with a maternal-child health concentration. A returned Peace Corps volunteer (Kazakhstan, 2000-2002), she has conducted research domestically and internationally on breastfeeding and WIC, the medicalization of breastfeeding, perceptions of race and ethnicity among health researchers, transnational migration of health workers, outcomes of court vs. mediated cases for abused and neglected children in Florida, and the impact of accelerated academic programs on underrepresented groups in Florida.

Learning Objectives:

1. Explain the social, cultural and historical context and development of the lactation consulting profession. To do this, I will provide an overview of how breastfeeding, a natural, embodied practice that is as old as humankind, came to require the assistance of a health professional to manage it in some cultures. I will also give a short history of the professionalization of lactation consulting, including its roots in LLL and in the women’s health movement.

2. Describe the role of the IBCLC in the medicalization of breastfeeding. To achieve this, I will describe the ways that IBCLCs use biomedical knowledge and technology to provide breastfeeding support, and how this might impact the mother-infant breastfeeding relationship.

Summary of Presentation:

How did breastfeeding, a natural, embodied practice that is as old as humankind, come to require the assistance of a health professional to manage it? La Leche League, often credited with the "natural motherhood" movement that resisted the “widespread employment of physician-directed bottle-feeding” (Apple 1987: 177) and the medicalization of infant feeding, initiated the emergence of the gendered health profession of lactation consulting. LLLI’s concern with a lack of professional standards prompted the institutionalization of a certification process for the International Board Certified Lactation Consultant (Riordan & Auerbach 1987); IBCLCs now practice in 75 countries around the world. Paradoxically, despite its maternalist roots that placed value on embodied, experiential knowledge, the profession was (is) based on growing biological and biomedical knowledge about breastfeeding, increasing technological interventions, and labeling of breastfeeding-related problems with medical terminology.

Indeed, the profession has gained legitimacy among other health professions through a credential that is measured primarily by biomedical, clinical standards. While the emergence of the professional lactation consultant removed the breastfeeding mother-infant dyad from the authoritative biomedical gaze of the obstetric and pediatric physician, it places them instead under the clinical gaze of the new breastfeeding expert. Can (or do) lactation consultants also empower mothers to use their own “embodied” knowledge? If doctors and formula manufacturers medicalize infant feeding, do lactation consultants contribute to the medicalization of breastfeeding? What impact has the professionalization of breastfeeding support had on mothers and babies? How does the medicalization of breastfeeding affect the mother-infant breastfeeding relationship?
WORK AND FAMILY
Breastfeeding and the Gendering of Domestic Labor - Auditorium

Phyllis L. F. Rippeyoung is an Assistant Professor of Sociology and the Coordinator of Women’s and Gender Studies at Acadia University in Wolfville, NS, Canada. Her research is in the area of social stratification with a particular interest in the relationships between work, education, and politics on gender and racial inequality. Her current focus is on the complex relationship between breastfeeding and women’s paid and unpaid labor. She teaches courses on research methods, work, and gender.

Learning Objectives:
The objective of this research is to evaluate the relationship between infant feeding and father involvement by reviewing past literature and analyzing the Early Childhood Longitudinal Study—Birth Cohort data. Specifically, we will:
(1) discuss research that explores the ways in which breastfeeding may pose barriers and/or benefits to father involvement and
(2) present the results of a number of regression analyses using a variety of dependent variables measuring father involvement (e.g. how often interact with child, bathe child, soothe child, etc.). The main independent variables are if mother is breastfeeding at the time of the interview, in addition to a number of controls for demographics and fathers’ gender role attitudes.

Summary of Presentation:
Human reproduction is highly gendered: women, not men, give birth, lactate, and breastfeed. Childcare and housework are also highly gendered activities; wives perform about twice as much domestic labor as their husbands. In this paper, using the Early Childhood Longitudinal Study (ECLS-B) data, we explore whether a couple’s decision to breastfeed versus formula-feed their infant is related to fathers’ involvement in childcare and domestic labor. To date, few social science researchers or breastfeeding advocates have addressed this important issue and yet, we argue, it falls at the crux of potential divides between feminism and breastfeeding advocacy.
Working out Work: Maintaining Employment and Breastfeeding - Auditorium

Deborah McCarter-Spaulding is an Assistant Professor of Nursing at Saint Anselm College in Manchester, New Hampshire. She teaches childbearing in both the classroom and in the clinical setting. In addition, she teaches research and evidence-based practice concepts. She has been an International Board Certified Lactation Consultant (IBCLC) for 20 years, and uses her breastfeeding knowledge both for teaching, research and in her clinical practice as a per diem nurse at Catholic Medical Center. Her most current research addresses breastfeeding self-efficacy in black women, a population more at risk for not initiating or early discontinuation of breastfeeding. This research also includes data about the influence of employment on the duration of breastfeeding. Deborah received her B.S. from Simmons College in Boston, her M.S. from Boston College and her PhD from University of Massachusetts Lowell. She and her family recently moved to New Hampshire from Massachusetts.

Jennifer C. Lucas is an Assistant Professor of Politics at Saint Anselm College. She received a B.A. in Political Science from Providence College and an M.A. and Ph.D. from the University of Maryland - College Park. Her research interests include congressional politics and women and politics, and her research on gender differences in attitudes toward negative advertising has appeared in American Politics Research. Dr. Lucas teaches courses on American politics, including campaigns and elections, research methods, women and politics, and congressional politics.

Learning Objectives:

1. Describe job characteristics that support breastfeeding mothers.
2. Identify areas where racial disparities may influence employed breastfeeding mothers.
3. Identify public policies which could protect and support breastfeeding mothers.

Summary of Presentation:

The intersection of work and family is an important issue for women. Increasingly more women are returning to work after having children, and thus there are an increasing percentage of mothers in the work force. The current economic conditions place more pressure on women to work and to return to work as soon as possible after giving birth. There are a number of structural factors with racial and gendered components that influence the ability of women to fill the roles of both mother and worker.

A significant number of women with children are in the work force: 76.7% of black mothers, 70.8% of white mothers, 68.8% of Asian mothers and 61% of Hispanic mothers. The largest percentage of white and Asian women work in managerial or professional occupations, while the largest percentage of black and Hispanic women work in sales and office occupations. The type of employment influences whether a woman can successfully combine breastfeeding and employment, with women in professional positions having more options for managing this work/family challenge.

Work environments that encourage and support breastfeeding are those that provide administrative/supervisory (social) support, schedule flexibility, child care on or near the work site, or at the minimum, the time and space to use a breast pump to maintain lactation while
separated from an infant. These characteristics are not found in many workplaces. In addition, women of color may be disproportionately represented in the informal sector of the workplace, and in lower income positions, presumably allowing less control over the workplace environment and thus their ability to breastfeed or provide breast milk for their infants.

The length of maternity leave has an influence on the duration of breastfeeding. Many environments in which women of color are employed are not covered under the Family and Medical Leave Act, and thus do not provide job security for a woman wishing to take a maternity leave. This constraint may make it impossible to manage to breastfeed simultaneously with earning an income.

Policy initiatives to provide adequate maternity leaves and protection and support for mothers returning to the workplace are needed in order for women, particularly women of color, to be able to successfully breastfeed their infants. Current public policy alternatives attempt to address these issues, including several important initiatives to address breastfeeding promotion and privacy, child care, and paid leave among others. However these initiatives do not resolve many of the fundamental tensions women face when trying to reconcile their roles as mothers and workers.
Empowerment or regulation? Exploring the implications of women's perspectives on pumping and expressing breast milk - Auditorium

Dr Sally Johnson (BSc, PhD, Chartered Health Psychologist) is a lecturer in Psychology at the University of Bradford, UK. She has previously worked in psychology teaching and research posts at the University of Hull, University of Northampton and Leeds Metropolitan University in the UK. Her research interests are in feminist and qualitative approaches to women’s reproductive health, specifically bodily changes as a result of pregnancy, breastfeeding and menstruation; the female body; and motherhood.

Dr Dawn Leeming (BA, Dip Clin Psych, PhD, C.Psychol) is a senior lecturer in the Psychology and Counselling Division at Huddersfield University in the UK. She has previously worked elsewhere in the UK in academic posts within Psychology and Health and as a clinical psychologist within a community mental health team. Currently she is researching women's experiences of breastfeeding, the management and repair of shame and the impact of mental health stigma on users of mental health services. She is interested in using a range of qualitative methods to explore aspects of lived experience and the cultural construction of these.

Learning objectives

1. Describe the feminist literature on pumping and expressing breast milk.
2. Describe an analysis of first-time mothers’ reasons for pumping and expressing breast milk drawn from our recent British qualitative study.
3. Explain the complexities of the practices of expressing and pumping.
4. Evaluate the implications for public health theory and practice.

Summary of the presentation

The feminist literature on pumping and expressing breast milk has highlighted contradictory theorization of these practices. On the one hand they have been argued to represent a form of ‘control’ placed upon breastfeeding in that they offer a way of managing future expectations about returning to ‘normal’ activities. Additionally, the use of breast pumps has been theorized as contributing to the commercialization, medicalization and mechanization of breastfeeding. On the other hand, it has been noted that these practices have the potential to be empowering, in that they allow for greater paternal involvement in infant feeding and increased freedom for women.

In this paper we report on an analysis of first-time mothers’ reasons for pumping and expressing breast milk drawn from a recent British qualitative study. Our analysis suggests that these practices were employed for a myriad of complex, multi-layered reasons which can be seen as potentially both empowering and disempowering. For instance, they were used as a way of managing breastfeeding difficulties and the perceived inefficiencies of the maternal body thus ensuring the continued provision of adequate breast milk. They were also constructed as practices which could be used to manage the realities of modern motherhood including facilitating shared parenting, feeding in public and managing returning to work. We illustrate this complexity by drawing on detailed case studies of women who used these practices extensively. Implications for public health theory and practice are discussed. In particular we note the relative paucity of references to expressing and pumping breast milk in some of the promotional literature on breastfeeding and the way in which public health initiatives around breastfeeding
need to focus on identifying solutions to problems which prevent breastfeeding, rather than on educating women about ‘choices’.

**Key references:**


Sally Johnson (University of Bradford, UK), Dawn Leeming (University of Huddersfield, UK), Steven Lyttle & Iain Williamson (De Montfort University, UK)
NOTES:
WORK, FAMILY AND MILK EXPRESSION
Mothers: Breadwinners, milk-makers, caregivers - Classroom

Christine (Chris) Mulford, BSN, IBCLC, was the Assistant Clinical Coordinator, Mother-Baby Unit 1990-92 and Program Coordinator, The Breastfeeding Center 1992-96 at the Crozer-Chester Medical Center, Chester, PA. She currently serves as Chair, Business Case for Breastfeeding, PA Breastfeeding Coalition, serving as lead writer and coordinator of training for 52 participants as well as implementation. She also coordinates breastfeeding services for five WIC agencies as the WIC Breastfeeding Initiative, Regional Manager for Southern NJ. Her volunteer work includes service as Secretary, ILCA (International Lactation Consultant Association); Member, Pennsylvania Breastfeeding Coalition; Member, New Jersey Breastfeeding Coalition; Member, PRO-LC and LaCTo (local ILCA chapters); Co-coordinator, Women & Work Task Force, WABA (World Alliance for Breastfeeding Action) and Member, Women & Work Task Force, WABA.

Learning Objectives:

1. Describe ways that women’s strategies to support breastfeeding while earning money may affect their economic status.
2. Give examples of the commodification of breastfeeding and of caring work.
3. Discuss the elements needed for a new model to replace the concept of work-family balance.

Summary of Presentation:
I. The problem
   • A woman’s work may conflict with her capacity to devote time and energy to mothering. Breastfeeding is an aspect of mothering that cannot be fulfilled by other caretakers, so it is likely to be negatively affected by work.
   • Given adequate protection for breastfeeding in the workplace, employed mothers can and do breastfeed. But when they do, does it negatively impact their work status—their pay, advancement, respect?

II. Problem Analysis
Breastfeeding is just one of the challenges that face mothers in the gendered workplace environment.
   • mothers’ roles as defined by patriarchy, religion, and tradition
   • women’s push for equality with men in the workplace
   • the role of women’s work in economic development

Motherhood in the struggle for equality in the workplace—is it a hindrance? an obstacle that could be overcome (through maternity protection)? an unmentioned or unmentionable private activity of women?
   • Do the data demonstrate a conflict between mothering work and full equality in employment?
   • The importance of child care: has research on the effects of child care been co-opted to serve the movement for equality at work?
Who cares whether mothers work? mothers, children, partners, families, employers, co-workers, economic policy-makers?

III. Interventions

Many strategies have been identified for improving conditions for mothers at work.

- Maternity protection in the formal sector
- Attention and advocacy from trade unions (global perspective)
- Grassroots organizing in the informal sector (global perspective)
- Policy solutions—laws and economic incentives for employers
- Gender-neutral interventions: parallels with fatherhood…with elder care…
- Workplace accommodations for mothers…the USA’s favorite intervention

Where is breastfeeding on the Workplace Health and Safety agenda?
The new literature on care work: there’s not much mention of breastfeeding. Can this be changed?

IV. Work and breastfeeding in a broader context

As a public health issue
Workplace protection for breastfeeding is a good example of a “Health In All Policies” approach. Treating breastfeeding as a public health issue is one way to make the case for breastfeeding protection in the workplace.

As an economic issue
Health protection through breastfeeding translates into dollars saved.

As a women’s rights issue
Still trying to get breastfeeding included in the reproductive health and rights agenda…

As a work-family balance issue
In 2001, the Sloan Work-Family Policy Network called for re-framing the debate, saying that work and family should be viewed by all the stakeholders as ‘interdependent, equally valued activities,’ not conflicting spheres. The breastfeeding movement needs to be part of that discussion.
The Context for Breastfeeding: The Impact of Workplace Practices on Breastfeeding Experiences and Disparities among Women - Classroom

Amanda M. Lubold, MA, Sociology, has participated in the Inequality and Health Care Conference, Temple University, Philadelphia, PA and is a Graduate Research Assistant Department of Sociology, The University of Arizona. Previously she served as Mental Health Worker II at Children’s Home of York, Tindall House Program, York, PA, where she worked as a mental health worker.

and

Louise Marie Roth, University of Arizona

Learning Objectives:
1. Explain relevant background information on current trends in breastfeeding and employment characteristics
2. Introduce a wide-ranging CDC dataset on breastfeeding duration and employment characteristics
3. Discuss results of analysis of this dataset
4. Inform participants on work-related barriers to breastfeeding

Abstract:
Public health professionals aim to increase breastfeeding rates and reduce health disparities in breastfeeding, while feminist scholars view support for breastfeeding as an issue of gender equity and reproductive justice. Feminist analyses argue that all mothers should be able to choose to breastfeed, but experiences of gender inequality affect breastfeeding decisions. In the workplace, ideal worker notions assume male career patterns and treat women’s reproductive activities, including breastfeeding, as deviant (Acker 1990). Workplace “accommodations” are then based on deviations from a male standard (MacKinnon 1987). Legal structures contribute to workplace barriers because American policy does little to promote breastfeeding-friendly workplaces and places the burden on employers to accommodate workers’ reproductive activities. Moreover, unevenness in workplace flexibility and accommodation for pregnancy and breastfeeding aggravate known racial and class disparities in breastfeeding. The breastfeeding rates and experiences of white affluent women differ substantially from those of low-income African-American and working-class white women, and differences in the breastfeeding-friendliness of their workplaces are likely to contribute to these effects (Blum 1999). Using data from the Centers for Disease Control’s (CDC) Infant Feeding Practices Study II (IFPS), we investigate how organizational support for breastfeeding practices affects a mother's decision to stop breastfeeding, her feelings about breastfeeding, and the likelihood that she would breastfeed a subsequent child. We also analyze how differences in organizational support influence disparities among mothers by race, education, and job category. In doing so, we examine how contemporary workplaces aid or impede breastfeeding, and how they contribute to breastfeeding disparities among women.
EMBODIMENT: CONSTRAINTS AND THE MEDIA
Sexual or Maternal Breasts? A Feminist View of the Contested Right to Breastfeed Publicly - *Auditorium*

Carol Grace Hurst, PhD, LCSW is a social work educator and a clinical social worker. She teaches for a private behavioral health care company corporate training division (Corporate University of Providence) and as an adjunct instructor with Virginia Commonwealth University School of Social Work. She completed a mixed method dissertation with a feminist lens concerning constraints on breastfeeding choices for low income mothers in 2007. Her study was based in the Women, Infants, & Children (WIC) program in Virginia. As a social worker, she sees breastfeeding as a social justice issue, as mothers and babies who do not successfully breastfeed are denied substantial health advantages. As a feminist, she sees breastfeeding as a reproductive rights issue and celebrates thinking and action that supports individual mothers in breastfeeding and advocates greater acceptance and understanding of the importance of breastfeeding in society.

**Learning objectives:**
1) Use feminist perspective on the limitedness of dualisms to expand thinking about the meaning of breasts and breastfeeding within US culture.
2) Apply this perspective to public health efforts to promote breastfeeding.
3) Describe incidents of mothers’ resistance to breastfeeding discrimination.

**Abstract:**
Sexual perceptions of breasts intertwine with difficulty mothers encounter in claiming a right to breastfeed. Whether due to their own internalized code of modesty or spouses’ and partners’ control over and sexual ownership in women’s breasts, many mothers feel constrained at breastfeeding in public. Sometimes this constraint even bleeds into private spaces, with mothers feeling reluctant to breastfeed in front of any male gaze even in their own homes. The difficult logistics of breastfeeding in the closet or bathroom stall may curtail many breastfeeding journeys. Public portrayal of breasts and breastfeeding in the media further illustrate society’s overwhelming ambivalence towards breastfeeding.

Foci for this chapter may include:

1. Summary of breastfeeding literature that has theorized and studied sexual perceptions of breasts and breastfeeding.
2. The tendency for public health advocacy of breastfeeding to downplay the sexual significance of women’s breasts in an effort to claim breasts as nurturing. This tendency plays into an existing cultural dualism splitting breasts between the sexual and the maternal; echoing images of woman as free loving harlot or righteous and pure mother.
3. Feminist scholarship adds an important contribution to negotiating the dialogue between competing social claims on women’s bodies--from babies, to partners, to self, to medicalized narratives. If a woman should have the right to choose (birth control, abortion); shouldn’t her rights extend also to empowered birth options and breastfeeding choices?

Mothers’ resistance to breastfeeding discrimination continues. From within restaurants, on airplanes, and through media, skirmishes continue to play out in the public battle for women’s rights to breastfeed in public.
Rethinking the importance of social class: The role of media on the body stability of pregnant women - Auditorium


Learning Objectives:
1. Describe how media messages promote formula as a superior nutrient for babies
2. Compare articles and advertisements supporting both breast and bottle-feeding that pregnant women encounter
3. Predict the effects of those messages on women of differing social classes

Abstract:
The nursing body has moved from being a private project to a public state, a place where it is acceptable and expected for doctors, partners, acquaintances, and strangers to judge the woman for her ability to fulfill the culturally expected model of motherhood. Women are subject to opinions and advice, wanted and not, regarding their decisions on the topic of breastfeeding and the effects that their decisions will have on their children. Many of those opinions are voiced through media to which women are both consciously and unconsciously exposed.

In historical and modern media, the maternal body is rendered permeable with an important caveat: the ideal maternal body, that of a middle or upper class woman, is seen as more capable of withstanding and avoiding environmental pollutants and personal hazards and producing superior nutrition for the nursing child.

This project will examine articles and advertisements that pregnant women likely encounter in three popular pregnancy magazines as they navigate the dilemmas associated with their bodies becoming public spaces along with their experiences of individual body instability. Women make the decision to breastfeed while hearing messages regarding the inadequacy of the less-than-perfect body. Media messages supporting breastfeeding are class-specific by portraying breastfeeding as something done by middle and upper class women and something that is detrimental to babies at best and homicidal at worst for women who do not fit into that ideal middle-class stereotype.
Breastfeeding and “the baby block”: Using reality television to effectively promote breastfeeding

**Auditorium**

**Katherine A. Foss, PhD in Mass Communication**, is currently Assistant Professor, Department of Journalism, Middle Tennessee State University where she serves as Graduate Faculty, Women’s Studies Faculty. Previously, she was a Graduate Student Instructor and Graduate Teaching Assistant at the University of Minnesota, where she earned her higher degrees. Her **research interests** include Media representations of breastfeeding, Constructions of deafness and hearing loss in television, Influence on historical context on fictional television programming, Media constructions of health responsibility, and Victimization and gender in contemporary television. Dr Foss’ major publications address these issues, including: Foss, K. (2009). Gil Grissom and his Hidden Condition: Constructions of Hearing Loss and Deafness in CSI: Crime Scene Investigation. Disability Studies Quarterly, 29(2); Foss, K. (2008). “You’re Gonna Make It After All”: Changing Cultural Norms as described in the lyrics of sitcom theme songs, 1970-2001. Rocky Mountain Communication Review, 5, p. 43-56; Foss, K. & Southwell, B. (2006). Infant feeding and the media: the relationship between Parents’ magazine content and breastfeeding, 1972-2000. International Breastfeeding Journal, 1(10), 30 Apr.; and, Foss K. “It’s a Bird! It’s a Plane! It’s a Journalist?” A framing analysis of the representation of journalists and the press in comic book films. Resources. The Image of the Journalist in Popular Culture Project, 1, Section F.

**Learning Objectives:**
1. Understand the importance of having positive depictions of breastfeeding in media
2. Explain the current state of breastfeeding depictions in reality TV

**Abstract:**
For four hours each day, The Learning Channel (TLC) airs its “baby block” (A Baby Story, Birth Day, and Bringing Home Baby)—programming which depicts the real birthing stories and childrearing decisions of new parents. In many of the episodes, women attempt to breastfeed and then soon stop, often perpetuating myths about needing to wean, accompanied by commercial formula product placement.

Existing research on media effects and health indicates why these negative messages about breastfeeding are cause for concern. Cultivation effect research has shown that media messages shape viewers’ perceptions on societal issues (Gerbner & Gross, 1976). Therefore, messages that show formula as the preferred feeding choice can lead viewers to believe that formula is “normal” (making breastfeeding appear “abnormal”). We also know that many people learn about health issues from media, including information about infant feeding. For example, a survey by Arora and colleagues (2000) found that many bottle-feeding mothers stated that they would have been more likely to breastfeed if television, magazines or books had provided them with more information on the issue.

The proposed chapter would use a textual analysis of “reality” television programming to exemplify how media messages aggressively market formula and present breastfeeding as the abnormal means of feeding a baby. This chapter would then address how breastfeeding advocates could work with television producers to disseminate pro-breastfeeding messages, similar to existing campaigns promoting designated-driving, immunizations and emergency contraception (Winsten, 1994; Glik et al., 1998; Brodie et al., 2001).
By regularly presenting positive representations of breastfeeding, these programs could help improve each of the four levels of the “social-ecological model,” identified by the CDC and WHO. At the individual level, women who lack information about breastfeeding from other resources may learn about breastfeeding from these programs, including how to overcome the challenges of breastfeeding, such as poor latching, sore nipples, engorgement, thrush, mastitis, nursing strikes and teething issues. At the interpersonal level, people who view positive messages about breastfeeding may be more likely to encourage friends and family to breastfeed, which would be especially important given that a lack of interpersonal support has been shown to hinder breastfeeding success (Freed, Fraley & Schanler, 1992; Littman, Medendorp & Goldfarb, 1994). These programs could also promote positive breastfeeding messages through interactions with health care workers. Viewers could learn to ask about such resources, like lactation consultant visits, from these programs. Finally, by regularly presenting breastfeeding as the way to feed a baby, these messages could redefine social and cultural norms about infant feeding that have long been driven by formula marketing and ill-informed doctors.

This genre of television could be especially useful in promoting breastfeeding as a feminist tool. This proposed chapter would further address how reality television could encourage women to trust that their bodies can provide for their babies, without medical intervention, thus helping to demedicalize breastfeeding and returning agency to women, instead of the patriarchal health care system. Research indicates that health professionals strongly influence most women’s decisions about breastfeeding, which is problematic in that many doctors lack education on breastfeeding (Taveras, 2004; Arora, 2000; Schanler et al., 1999). According to Peter Conrad (2007), the medicalization of an issue centers attention on the individual, instead of addressing societal issues (i.e., individual lactation problems instead of policy and legal actions that could improve breastfeeding rates) (Wolf, 2006). In other words, by presenting breastfeeding as “normal” and providing accurate information about breastfeeding, these programs could help focus attention on changing the many aspects that make up a cultural climate that inhibits breastfeeding—ranging from a desexualization of the breast to garnering support for extended maternity leave.

References


EMBODIMENT: CONTROL OF WOMEN’S BODIES AND THEIR MILK
Breastfeeding in Public - women's bodies and the public control of sexuality - Classroom

Sally Dowling is a final year doctoral student and part-time Senior Lecturer (Social Sciences in Adult Nursing) at the University of the West of England (UWE), Bristol, UK. Sally has an academic and work background in nursing and public health, and is currently a Faculty member of the Dept. Nursing & Midwifery, UWE Bristol. Alongside this, she has a long track record as a breastfeeding activist in the La Leche League in Bristol, UK. She has worked for many years in the National Health Service (NHS) in a variety of roles, most recently in Public Health, and is a Member of the Faculty of Public Health of the Royal College of Physicians of London. Her PhD (which is ‘insider research’) is an ethnographic study of the experiences of women who breastfeed long-term; she is particularly interested in issues of taboo and secrecy in relation to long-term breastfeeding. This presentation draws on Sally’s PhD work in partnership with her doctoral supervisors Jennie Naidoo, and Dr David Pontin.

Jennie Naidoo is Principal Lecturer in Health Promotion and Public Health at UWE. Jennie is a sociologist who was employed as a researcher and health promotion officer with the NHS before joining UWE. Her research interests include the evaluation of health promotion interventions designed to address socio-economic inequalities, and she is a best-selling author of health promotion textbooks.

David Pontin is Reader in Nursing & Professional Practice in the Faculty of Health and Life Sciences at UWE. His research interests include child health and community nursing. He is an associate of the ALSPAC (Avon Longitudinal Survey of Parents & Children) project based in Bristol and has published work on breastfeeding based on ALSPAC data. He is currently Director of Studies for a PhD project (Sally Dowling) exploring women’s experiences of breastfeeding beyond 6 months. He has worked as a Public Health Nurse in the UK and has experience of working with mothers and local communities to support breast feeding.

Learning objectives:
1. be able to describe a public health model that can be used to consider the issue of breastfeeding in public
2. be able to explain a number of key issues in relation to a feminist analysis of breastfeeding in public
3. be able to explain and evaluate the ways in which women’s bodies are seen in relation to breastfeeding in public and to assess the ways in which these can be seen as methods of control of sexuality be able to explain how public health approaches, specifically focused around one model, can address the problems identified

Abstract:

This presentation will focus on the US but also make reference to international and cross-cultural issues. Perspectives gained from current research in this area from the UK will also be discussed. It will bring together current thinking from public health, breastfeeding and cultural research and give a strong emphasis to women’s experiences.
Breastfeeding in public is an important public health issue. National and international targets exist both for exclusivity and for the duration of breastfeeding, supported by good research evidence about the health benefits both for women and children (Horta et al., 2007; Ip et al., 2007). Increasing breastfeeding rates has clear implications for population health. The nature of human milk and the need for frequent feeding mean that establishing and sustaining breastfeeding is difficult if women do not feel comfortable breastfeeding in public (Wolf, 2008).

Breastfeeding takes place within cultural contexts and many women receive conflicting messages from the dominant culture about their bodies, their breastfeeding behaviour and their role as mothers (Stearns, 1999). The public health message is clearly ‘breast is best’ but breasts are primarily seen as sexual objects and for men; consequently breastfeeding has sexual connotations and is seen as ‘dirty’ and not for public view. This chapter will draw on the literature about the cultural construction of women’s bodies, bodily fluids and sexuality and discuss the ways in which these are used to control women’s behaviour. Illustrative examples will be included from the US and elsewhere.
The role of sexual abuse survival in women’s breastfeeding experiences - Classroom

Emily C. Taylor is the Senior Programs Director at The Carolina Global Breastfeeding Institute, in the Department of Maternal and Child Health, Gillings School of Global Public Health, at The University of North Carolina at Chapel Hill. Emily’s work at the Institute focuses on five main areas: 1) facilitating the Breastfeeding-Friendly Healthcare Project; 2) cultivating financial resources for enhanced capacity; 3) building synergy among GCBI and related organizations and individuals for greater impact; 4) reducing constraints to exclusive breastfeeding in the United States’ Healthcare System; and 5) supporting the North Carolina Breastfeeding Coalition in their efforts to increase their organizational capacity, and to “Ban the Bags” from North Carolina hospitals. Emily received her Master of Public Health degree from UNC School of Public Health’s Department of Maternal and Child Health in 2007. Before attending UNC, her study of Medical Anthropology formed her perspectives on pregnancy, childbirthing, and mothering young children. Emily complements her theoretical knowledge base regarding these areas by practicing as a Certified Childbirth Doula (CD(DONA)).

Learning Objectives:
- Describe the limited activity level of public health in tertiary prevention of Child Sexual Abuse.
- Describe the population at risk of interrupted breastfeeding experiences due to child sexual abuse (CSA) history.
- Discuss the impact of CSA on women's experiences with breastfeeding, using direct quotes.
- Formulate recommendations for public health tertiary prevention of CSA impacts on breastfeeding.

Summary of Presentation:

Considerations:
This presentation will integrate feminist and public health discourses to help guide public health professionals to prevent harm and promote wellness in the mother-child dyad wherein the mother was victim to child sexual abuse. To this end, research on common sequelae of CSA will be presented and analyzed in concert with the voices of survivor mothers. The quotations come from a qualitative, exploratory study conducted in winter, 2010. This chapter is organized around a set of ten themes that emerged from survivor mothers’ individual and collective voices. The themes are divided such that half act as barriers and the other half as facilitators to breastfeeding, but given the propensity of this group to turn darkness to light, it is important to note that areas where the desire to overcome a barrier leads to the creation of a facilitator.

Barriers
1. Significant difficulty in getting started
2. Breastfeeding in public evoking shame response and inciting familiar cycle of abuse
3. Fear of becoming “perverted” or raising a “predator”
4. Becoming “triggered” during feedings
5. Dissociation during feedings
Facilitators
1. Strong intention to breastfeed
2. Determination / Perseverance
3. Therapy centering on CSA experience
4. Globalized sense of healing and empowerment
5. Reclamation (turning negatives to positives)

Recommendations
Research Gaps:
1. What causes CSA survivors to initiate breastfeeding at twice the rate of women who did not experience CSA?
2. Is there validity to the often-referenced hypothesis that survivor mothers cease breastfeeding prematurely? If so, what are the predictors and mediating variables of premature breastfeeding cessation?
3. What kinds of preconceptional, prenatal, and postpartum supports are beneficial in supporting the survivor mother to breastfeed optimally and maintain her own health.
4. What are the predictors and mediating variables associated with breastfeeding leading to healing and reclamation?
5. What is the risk of survivor mothers becoming sexually abusive, and what are the predictors and mediators?

Recommendations:
Infrastructure, Program and Policy
1. Offer public health expertise to refine existing surveillance systems to better characterize the epidemic of child sexual abuse in the United States (both reported and unreported, substantiated and unsubstantiated abuse);
2. Offer undergraduate and graduate level coursework for Public Health students on child sexual abuse, or at a minimum, include child sexual abuse in courses on more general child abuse and neglect.
3. Advocate for additional research and program funding to be spent on public health approaches to child sexual abuse.
4. Develop and evaluate social marketing strategies to prevent child sexual abuse and promote optimal breastfeeding among survivors.
5. Create didactic curricula and clinical guidelines for identifying and responding to CSA across the lifespan (with emphasis on the public health infrastructure), careful to avoid pathologizing survivors;
6. Partner with professionals active in preventing and responding to CSA, and seek out ways for public health to be helpful.
Marketing mothers’ milk: the markets for human milk and infant formula - Classroom

Professor Linda C. Fentiman specializes in health care law at Pace University Law School in New York. She has also taught at Columbia University, the University of Houston, Suffolk University, and the University of Warsaw in Poland, where she was a Fulbright Scholar. Linda has written extensively about bioethics, health care access and regulation, mental disability law, and criminal law. She is currently a Visiting Scholar at the Center for Reproductive Rights in New York. She is also a Fellow of the New York Academy of Medicine. Linda received a B.S. from Cornell University, a J.D. from the State University of New York at Buffalo and a LL.M. from Harvard University School of Law.

Learning objectives: This presentation describes the markets in human milk, argues that human milk is a commodity but that commodification is unacknowledged, and recommends that a regulated market in human milk be created.

Topics addressed:
I. The Markets for Human Milk and Infant Formula:
   A. Why Demand Is Increasing: Obstacles to Breastfeeding
   B. Historical Markets in Human Milk
   C. A Market Overview
   D. The Markets in Human Milk
      1. Informal/Gray Markets
      2. Not-for-Profit Milk Banks
      3. For-Profit Market in Human Milk
   E. The Infant Formula Market - The WIC Program

II. Introduction to the Commodification Debate
   A. Pro-Commodification Analysts
   B. Commodification in the Markets for Breastfeeding and Human Milk

III. Proposal for a Regulated Market in Human Milk

Abstract:
This paper explores political, economic, legal, and scientific aspects of breastfeeding. It asserts that breastfeeding, human breast milk, and its substitute, infant formula, are in fact commodities. This unacknowledged commodification perpetuates a traditional view of women and their work, reinforces racial and class stereotypes about the “good mother,” and garners enormous profits for entrepreneurs in the human milk and infant formula markets. Like previous exploitations of women’s bodies, including their eggs and uteruses, the idea that human milk is a valuable good that can be given away, traded in a market, or subjected to scientific experimentation raises fundamental moral, legal, and public health questions. This paper answers those questions through the lens of bioethics, market analysis, and a feminist commodification critique.

This paper has four sections. Section 1 explores the history of breastfeeding in America and the significant legal and socio-cultural barriers to breastfeeding as well as the conflicted actions of physicians and government in simultaneously promoting and discouraging breastfeeding. Section 2 examines current markets in human milk (both for-profit and not-for-profit) and infant formula and discusses how the WIC program discourages breastfeeding.
Section III draws on feminist scholars who assert that market analysis can protect vulnerable populations, including women and uses commodification analysis to connect breastfeeding practice with the markets in human milk and infant formula. The paper proposes a regulated market solution, in which women can choose to donate or sell their milk. Section 4 recommends changes in the law, the health care system, and the market to promote individual and public health while safeguarding women’s autonomy.
**Race, Racism and Disparities in Breastfeeding** - *Auditorium*

**Dr. E. Dodgson,** PhD, MPH, RN, Associate Professor, College of Nursing and Health Innovation
Arizona State University, Phoenix, AZ, has been involved in providing clinical lactation management and conducting breastfeeding research related to historic changes in infant feeding behavior, affects of culture on infant feeding and perinatal health disparities over the past 20 years.

**Learning Objectives**
1. Define race and racism
2. Describe at least one example of racism within the history of public health efforts to promote breastfeeding
3. Explain at least 2 ways that racism has been perpetuated in breastfeeding promotion

**Summary of Presentation:**
An African American grandmother explained to me an experience she had while working in a major metropolitan hospital during the 1970-80s. Physicians, who advised white pregnant and new mothers of the value of breastfeeding, often advised black women to formula feed. What drove this situation? Aside from the pervasive racism evident throughout this Southern city, in the Congressional Moynihan Report (1965) highlighted the serious malnutrition of African American children throughout the South; it is one of many federal and local influences that may have been reflected in physician recommendations. Indigenous women repeatedly have described the affect moving off their reservations and into cities had on their choice not to breastfeed. Breastfeeding labeled them a ‘poor savage’ just off the reservation; they wanted to minimize racial identification. Historically, it is clear both race and racism have affected breastfeeding promotion efforts; unfortunately, this legacy continues in contemporary culture through less overt ways. The historical roots influencing contemporary race-related manifestations of who breastfeeds and why will be explored within a feminist framework, which focuses on socially driven gender based roles and responsibilities, along with affects of social and economic power differentials. Breastfeeding promotion activities using community based participatory methods have operationalized many feminist approaches and offers a local context based alternative to the one-size-fits-all promotion approaches. These methods and social marketing will be discussed as ways to reduce the influences of race and racism on public health efforts to promote breastfeeding.
Breastfeeding across cultures: dealing with difference - Auditorium

Penny Van Esterik is Professor of Anthropology at York University, Toronto, where she teaches nutritional anthropology, advocacy anthropology and feminist theory. Past books include Beyond the Breast-Bottle Controversy (on infant feeding in developing countries), Materializing Thailand (on cultural interpretations of gender in Thailand), Taking Refuge: Lao Buddhists in North America (on the reintroduction of Buddhism by Lao refugees to North America), and Food and Culture: a reader (second edition), edited with Carole Counihan. She is a founding member of WABA (World Alliance for Breastfeeding Action) and has been active in developing articles and advocacy materials on breastfeeding and women’s work, breastfeeding and feminism, and contemporary challenges to infant feeding.

Learning Objectives
- To turn a feminist lens on to cultural differences.
- To review evidence in ethnographies regarding infant feeding.
- To illustrate some the range of variation in infant feeding practices cross-culturally.
- To provide recommendations for how public health individuals and institutions can address cultural differences.

Summary of Presentation:
The paper begins with a discussion of how feminism addresses the question of cultural differences. It then reviews some of the evidence found in ethnographies to find examples of local solutions to the universal problem of how to nurture and feed a newborn, in order to illustrate some of the range of variation in infant feeding practices cross-culturally. Initial review of this literature suggests that there are incredible differences between mothers and infants across cultures, among mothers and infants in the same society, and even between any two children of the same birth mother. Selected examples show how breastfeeding and infant feeding is embedded in local contexts in unique ways. The ethnographic literature provides evidence for the argument that breastfeeding is one of the best examples of both individuality and variability in human societies.

Feminist social sciences and public health deal with cultural difference in distinctive ways. Considering these distinctive discourses, how can public health professionals deal productively with cultural difference? This requires addressing two problems. First; how does public health and the breastfeeding movement cope with universal policies in a world with so many different approaches to feeding infants? Second, how can we turn a feminist lens on breastfeeding when there are multiple feminisms that inform local experiences of nurturing infants?

Selected References


How Women-Centered Approaches Contribute to an Increase in Exclusive Breastfeeding around the World - Auditorium

Jennifer Yourkavich, MPH, CLC with Erika Lutz, who holds a master’s degree in international public health and a bachelor’s degree in nutrition. She has 13 years of experience in the design, implementation, and evaluation of maternal and child health projects in Africa, Asia, Eastern Europe, and Latin America/Caribbean. In her current position at USAID, Erika provides technical and managerial assistance for the Child Survival and Health Grants Program (CSHGP), which includes 44 integrated community health projects, 24 of which have a nutrition component. Prior to working at USAID, Erika assisted several non-profit organizations and ministries of health (MOH) to develop flexible and creative approaches to improve breastfeeding and nutrition practices. As part of the USAID-funded LINKAGES project, she supported an initiative to integrate Lactational Amenorrhea Method (LAM) into Nicaragua’s national family planning program. In Armenia, she worked with local staff to design and launch a community health project that led to increased exclusive breastfeeding rates from 17 percent to 48 percent in less than a year. She also encouraged policy makers and MOH nurses to adopt the Trials of Improved Practices (TIPS) methodology to create national infant and young child feeding recommendations in the autonomous region of Nagorno Karabagh. In addition, Erika helped field staff in Zambia to roll-out the Positive Deviance/Hearth approach to formulate culturally appropriate recipes and health messages for mothers with malnourished children, and led a national breastfeeding campaign in Dominica to reduce obesity in children under-five.

Learning Objectives:
1. Introduce the Child Survival Health Grants Program (CSHGP)
2. Describe successful approaches used to increase exclusive breastfeeding
   1. Discuss CSHGP project data from Azerbaijan and Rwanda
   2. Present cultural context for each project
3. Compare approaches used to improve breastfeeding practices
4. Discuss conclusions, recommendations, questions, and remaining issues

Abstract:
As a uniquely feminine and personal experience, mothers all over the world have felt the power of providing the sole source of nourishment for their babies. They can testify to the impact of breastfeeding in their lives and on the health of their children. While breastfeeding itself is a “norm” in many developing countries, optimal infant and young child feeding—i.e. immediately initiating breastfeeding after birth, avoiding pre-lacteal feeds, exclusively breastfeeding for 6 months, and gradually increasing a child’s solid food diet while continuing to breastfeed for 2 years and beyond—is a challenge to achieve. As public health professionals, we strive to protect, promote, and support optimal infant and young child feeding despite resource and cultural constraints.

Since its inception in 1985, USAID’s Child Survival and Health Grants Program has promoted and supported optimal infant and young child feeding through nearly 400 community-based NGO projects in developing countries around the world. This chapter will review the evidence of NGO successes with increasing rates of exclusive breastfeeding, and will discuss the successful woman-centered approaches they used. The discussion will explore both commonalities among approaches and context-specific differences. The chapter will conclude
with a discussion of the opportunities and challenges of scaling up optimal infant feeding behaviors, to answer the question: Can optimal infant feeding be achieved through a public health approach—i.e. “saving millions of lives at a time,”\(^1\) or does it need to be grounded in each mother’s personal experience?

\(^1\) Johns Hopkins University School of Public Health
SOCIETY AND CULTURE: WOMEN’S RESPONSES
Infant feeding in the margins: morality, rationality and experience - Classroom

Danielle Groleau Ph.D. is an Associate Professor at McGill University in the Faculty of Medicine, Division of Social and Transcultural Psychiatry and is a member of Family Medicine Department. She received her M.Sc. in Anthropology from the University of Montreal on the topic of beliefs and practices of Jamaicans in Toronto, and her PhD in Public Health from the same university on the topic of cultural determinants and ecological approaches: the case of breastfeeding promotion among Vietnamese immigrants. She also had a Postdoctoral Fellowship, at the Jewish General hospital-SMBD, Division of Social and Transcultural Psychiatry, McGill University. She has been recognized as an expert on poverty and health, prevention and knowledge translation, and was personally invited by the Foundation Lucie et André Chagnon to participate in the Forum International de la Santé on the 19-20 June 2007 within the 13ième Forum Économique International des Amériques/ Conférence de Montreal. She also received the Dean’s Research Recognition Award. Her collaboration on an ethnographic film entitled, “COEUR À BOUT” by M. Marcel Simard, Productions VIRAGE, led to the incorporation of the film as part of the regular curriculum of Université de Montréal’s medical school. Dr Groleau serves as a Member of the Editorial Board of the Journal Transcultural Psychiatry. McGill University. Sage Publications, and as an Ongoing Membre correspondant étranger, Journal L’Evolution Psychiatrique, La Société française de Psychiatrie, Paris. She is active in the International Meeting of the Society for the Study of Psychiatry and Culture: Rethinking Cultural Competence from International Perspectives and Chair of the organizing and scientific committee for the International conference: Breastfeeding in context of Vulnerability planned for 2010. Currently she is chair of the admission committee for the McGill-CIHR Strategic Training Program in Culture & Mental Health Services research. She is a highly regarded and widely published researcher and is sought after internationally as a speaker and lecturer.

Danielle Groleau, Ph.D Associate Professor, Division of Social and Transcultural Psychiatry, McGill University, Associate researcher, Culture & Mental Health Research Unit, Sir Mortimer B. Davis - Jewish General Hospital & FRSQ Research fellow.

Lindiwe Sibeko, Post-doctoral CIHR fellow, Division of Social and Transcultural Psychiatry, McGill University and Culture & Mental Health Research Unit, Sir Mortimer B. Davis - Jewish General Hospital

Learning Objectives:
1. Understand how public health manages to promote breastfeeding can be moral
2. Identify when mothers have internalized this morality.
3. Identify when health professionals have internalized morality.

Abstract:
In response to the World Health Organization’s call to promote breastfeeding worldwide, the province of Québec (Canada) has adopted a health policy aimed at raising breastfeeding rates (MSSS 1997) through implementation of a focused provincial breastfeeding promotion policy (MSSS, 2001). Accordingly, over the past decade, Quebec has demonstrated remarkable progress in its goal to regain a culture of breastfeeding throughout the province. Since 1997, the rate of breastfeeding initiation in Quebec has climbed dramatically from 60% (the lowest rate in Canada) to 85% (Neill et al. 2006). These figures undoubtedly reflect the contribution of a concerted public health action undertaken in response to the Quebec breastfeeding policy
guidelines. Within this context of cultural change, we explore the socio-cultural impact of this policy on marginalized women by examining the discourse of mothers living in poverty in relation to their infant feeding choices. Through comparative analyses of qualitative data from focus groups and individual interviews, we illustrate ways in which the rational for infant feeding choices of the mothers are reflective of moral values pervasive in public health discourse. This moralistic medicalization of infant feeding popular discourse is discussed within the context of key concepts including: ‘the new paradigm of health’ (Leichter, 1997), ‘secular moral framework’ (Fitzpatrick, 2001), ‘intensive mothering’ (Hays, 1996), and ‘disciplinary power’ (Foucault, 1975). Implications for mothers living in poverty are discussed from a critical feminist perspective with recommendations provided for innovative public health policy and practice.
Structural Violence and Infant Feeding: Risk Management Strategies of Low-Income Women - Classroom

Nancy Chin is an associate professor in the Department of Community and Preventive Medicine at the University of Rochester School of Medicine and an associate of the Susan B. Anthony Institute at the University of Rochester. The work presented here is part of an NIH-funded study of breastfeeding among low-income women (Ann Dozier, Principal Investigator). An anthropologist by training, Professor Chin’s work focuses on the intersection of gender, social class, culture, and health. She has conducted ethnographic field work on gender and health in Ladakh, Antarctica, Tibet, and Rochester, NY.

Learning Objectives: At the end of this talk, participants will be able to:

1. Describe the forms of structural violence low-income women face in daily life in the US.
2. Evaluate interventions to promote breastfeeding that go beyond the individual to address structural constraints.

Summary:
Although the health risks of formula feeding have been well-established, it is still the preferred method of infant feeding among many low-income women in the US. In addition, for low-income women who do initiate breastfeeding, the most often reported reason for discontinuing breastfeeding is an inadequate milk supply. Here we ask ourselves two questions: what are the social circumstances and cultural logic that makes formula feeding an acceptable risk; and how might the description of ‘inadequate’ act as a metaphor for the lives of poor women? Our review of the ethnographic literature showed that low-income women’s lives are characterized by inadequate housing, food, education, health, affordable child care, and, most disturbingly, safety. Women’s lives are saturated with violence at three levels: the household, the community, and the institutional level. For low income women without the environmental supports for breastfeeding, the dangers of formula feeding are a trade-off of dangers in a life context in which the risks of running out of food, being evicted, and/or assaulted are high. Here we describe a research agenda that looks at the multiple sources of structural violence in the lives of poor mothers. What strategies do low-income mothers use to address the many threats in their environment? From a feminist perspective we argue that the ability to breastfeed an infant is becoming an increasingly class-based privilege in which risk management, amenable to individual control and in a context of minimal threats to overall welfare of the family, is a major determinant of infant feeding.

1. University of Rochester School of Medicine, Department of Community and Preventive Medicine, Division of Social and Behavioral Medicine

Acknowledgements: This work is supported by PHS Grant # RO1-HD055191, Community Partnership for Breastfeeding Promotion and Support.
Feminist Breastfeeding Advocacy and the Problem of Guilt - Classroom

Erin N. Taylor is an assistant professor of political science at Western Illinois University. She earned her PhD from the University of North Carolina at Chapel Hill in 2006, specializing in modern political thought and feminist theory. Dr. Taylor's early research used feminist analyses of caretaking and liberal theory to examine the ideology and rhetoric of the childfree movement. More recently, she has turned to feminist moral philosophy for insight into guilt as it relates to breastfeeding advocacy. She teaches an introductory course in American government, courses in classical, modern, and American political thought, and a capstone seminar on citizenship. She lives in Macomb, IL with her partner, their 3-year-old daughter, and two yappy chihuahuas.

Lora Ebert Wallace, PhD is an associate professor of sociology at Western Illinois University. Her recent research has focused on medicalization of infant feeding and feminist approaches to understanding changes in the medical institution and health behaviors. Dr. Ebert Wallace completed her graduate work at Iowa State University, where she specialized in deviance, Family, and quantitative methods. She has been teaching classes in medical sociology, sociology of mental health, sociology of women's health, sociology of family, introductory sociology, and sociological research methods since 2001. She lives in Macomb, IL with her husband of 15 years and her two young children.

Learning Objectives:
Explain appropriate approaches to feminist breastfeeding advocacy strategies as they pertain to guilt.

Abstract:
The Cultural Contexts of Guilt

This presentation provides a framework for confronting infant-feeding related maternal guilt in both of its overlapping manifestations—as a weapon leveled against breastfeeding advocacy as well as in the concerns of feminists who genuinely fear guilt’s debilitating effect on women. Using moral philosophical and feminist theoretical accounts of the emotions of self-assessment, we argue that the emotion women often feel surrounding infant feeding may be better conceptualized as shame in its tendency to involve a negative self-assessment, a failure to achieve an idealized notion of motherhood. This revised feminist conceptualization of guilt as shame guides our examination of the ways in which breastfeeding advocates have answered the charge that their advocacy induces negative emotions. We contend that these approaches have not effectively neutralized the effects of shame, which paralyze individual mothers as well as those on the front lines of public health. Effectively counteracting shame necessitates taking seriously the central feminist insight that women ought to be understood as autonomous agents, in this case agents who have the best interests of their children at heart. Rather than imposing a model of good motherhood on women, public health advocates must work to develop idealized notions of motherhood in conjunction with mothers. Ultimately, we argue that the most fruitful path for breastfeeding-related public health advocacy is one that empowers women not only to breastfeed, but also to develop ideals of good motherhood that incorporate self-concern, allowing women to eschew shame in favor of advocating for themselves and their children.
GROUP DISCUSSION AND CLOSING
The way forward: Informing public health approaches – Auditorium
Miriam Labbok, Bernice Hausman and Paige Hall Smith

This final session is planned to include panel response to remaining questions, and participant discussion of highlights and controversies. Participants may work in small groups to discuss these issues. There will be review how the outcomes will inform public health approaches and consideration of next steps. In sum, this session is designed to explain the basic concepts of how feminism theory and praxis might inform public health approaches to breastfeeding support, and to set an agenda for future consideration.
NOTES:
POSTER ABSTRACTS
The Association Between Maternal Overweight and Obesity on Breastfeeding Duration

Erica Hesch Anstey, MA

**Background:** Addressing barriers to breastfeeding initiation, duration, and exclusivity are important for increasing national and global rates of breastfeeding and improving children’s health. One such barrier may be the worldwide rise of obesity among reproductive-aged women, which is associated with several adverse perinatal health outcomes.

**Purpose:** This review aimed to determine the association between Body Mass Index (BMI) on breastfeeding duration.

**Methods:** This systematic review included only empirical epidemiologic studies that (1) examined an association between pre-pregnant BMI and breastfeeding duration, and (2) included some clear differentiation between BMI categories (underweight, normal weight, overweight, obese). Twenty articles published between 1992 and 2009 met the study criteria.

**Results:** Of the 20 included studies, 9 were prospective cohort, 4 were retrospective cohort, 6 were cross-sectional, and 1 was a randomized case-control. The number of participants ranged from 57 to 37,459. The combined results support the hypothesis that there exists a dose-dependent inverse relationship between maternal BMI and duration of breastfeeding among the women studied. This decrease in breastfeeding duration is evident from descriptive statistics, survival analyses and other multivariate analyses such as logistic regression. Even when adjusting for potential confounding variables, BMI remained significant in most studies.

**Conclusions:** The negative association between BMI and breastfeeding duration suggested by this review is evidence of the need to implement interventions to improve the health of women and infants. The obesity epidemic is a challenge for health professionals attempting to meet national and global health goals to increase breastfeeding initiation and duration.

Key words: breastfeeding lactation obesity overweight BMI
Maternal Obesity, Race/Ethnicity, Socioeconomic Status and Breastfeeding Practices

Panagiota Kitsantas, PhD, and Kathleen Gaffney, PhD

Objective: While race/ethnicity and socioeconomic status (SES) are well-established predictors of breastfeeding practices, the added disparity caused by our national epidemic of overweight/obesity among women of childbearing age remains untested. The purpose of this study was to examine these known demographic risk factors for breastfeeding initiation and duration within the context of pre-pregnancy weight status.

Methods: Using the nationally-representative Early Childhood Longitudinal-Birth (ECLS-B) data set, logistic regression, Kaplan Meier curves and Cox regression analyses were conducted to determine racial/ethnic differences in breastfeeding initiation and duration in normal and overweight/obese women. The analyses were further stratified by SES.

Results: Low income, overweight/obese Hispanic women were more likely to initiate breastfeeding (OR: 3.50, 95%CI: 1.83, 6.69) compared to their white counterparts, while overweight/obese black women of low and middle SES were less likely to breastfeed. Kaplan Meier survival analysis and Cox regression revealed that overweight/obese black mothers of low and middle SES were more likely to stop breastfeeding earlier than white mothers ($P<0.001$). Normal weight Hispanic women of middle SES were more likely to breastfeed longer than their white counterparts ($P <0.05$).

Conclusion: The emergence of divergent groups of women at risk for breastfeeding disparities, namely, overweight/obese black and white mothers of low and middle SES, suggests that maternal weight, in addition to SES and race/ethnicity should be factored into further study and clinical intervention designs to enhance breastfeeding practices.
New mothers are often isolated from friends and family as well as limited in exposure and experience to the tasks of motherhood. Postpartum calls to our facility indicated prenatal classes and education in the hospital regarding newborn care and breastfeeding were not providing enough information and support for mothers during the initial postpartum period. Lacking in our community was a venue for supporting these women facing the challenges of dealing with hormonal changes, sleep deprivation and social isolation while trying to master the skills to care for a newborn. To this end, a multidisciplinary approach to meeting the needs of new mothers was developed with the end result of a free, open and ongoing twice monthly support group/class for new mothers and their babies.
The Value of Listening to Grandmothers’ Feeding Stories

Jane Grassley PhD, RN, IBCLC

Background: Grandmothers bring their infant feeding experiences to the support they offer their daughters who are breastfeeding. Stories can be a way of accessing experiences from another time and learning how the social-historical context influenced women’s experiences.

Study Aim: To explore the usefulness of storytelling as a foundation for understanding the sociocultural context grandmothers bring to their support of breastfeeding and for communicating with them about breastfeeding.

Design: A qualitative secondary thematic analysis of grandmothers’ infant feeding stories extracted from both focus group and individual interview transcripts.

Participants and Setting: Conducted in a large urban area in Texas; Grandmothers who had a grandchild who had breastfed within the last 3 years were interviewed in one of nine focus groups (n = 33) or individual interviews (n=2).

Results: Grandmothers’ infant feeding stories provided insights into the people and circumstances that affected their experiences of breastfeeding their infants. Themes that emerged from grandmothers’ stories included “Characters: My Mother”; “Characters: Health Care Providers”; “Setting: Beginning Breastfeeding”; and “Memories and Emotions.”

Conclusion: Asking grandmothers to tell their stories can illuminate the personal and cultural context they may bring to their support of the new mothers in their families. Having their voices valued may empower grandmothers to make sense of their experiences. Grandmothers’ stories can provide lactation advocates with a foundation for developing feminist approaches to breastfeeding promotion and support that address the cultural messages from the past that influence mothers’ breastfeeding experiences in the present.
La Leche League International

Taylor Livingston

La Leche League International is the world’s only organization dedicated exclusively to supporting and helping women breastfeed. Started as a grassroots organization in 1956 by seven Catholic women, the group has now grown to include chapters in every state and a presence in 54 countries. These women were revolutionaries, whose thinking and advocacy were ahead of their time; but is La Leche League still ahead of its time? Keeping up with the times? Or lagging behind?

This poster will present information on the history and philosophy of the organization, and provided a feminist critique of the current practices of La Leche. The critique will show that while, La Leche League provides much needed mother-to-mother support, helps women ensure their babies get the best start in life by breastfeeding, helps with difficulties, and encourages longer breastfeeding, La Leche falls sort of its mission to help all women breastfeed. The poster will suggest that by “keeping up with the times” and advocating for cultural changes, lobbying for legislation that promotes longer, paid maternity leave, on-site/public day care, safe, clean spaces to pump at work, and by marketing itself towards all women, not just liberal, white, upper-middle class ones, La Leche can have a profound effect on public health regarding breastfeeding once again. This time, instead of showing that the “breast is best,” La Leche can support all women who want to breastfeed, helping to meet the WHO goals of exclusive breastfeeding for six months, and supplemental breastfeeding for at least two years.
Engaging men in Western Kenya to increase support for optimal infant feeding

Altrena Mukuria and Stephanie Martin, Infant and Young Child Nutrition (IYCN) Project

In Kenya, poor infant feeding practices contribute to more than 10,000 deaths per year.1 In order to improve these practices, it is essential that mothers, caregivers, and family members have accurate information on optimal infant feeding practices, as well as support to overcome barriers. Feeding decisions are influenced by a combination of complex factors, including knowledge, attitudes, traditions, societal norms, and support from partners and family members. When mothers receive proper counseling and support they are able to exclusively breastfeed for the first six months.2,3 Male partners can be influential and, when engaged, have been shown to positively impact exclusive breastfeeding rates.4,5

The poster presents an innovative approach to engage men in support for infant feeding. IYCN conducted pilot activities with men’s group leaders in Western Kenya in August 2009, as part of a larger community-based breastfeeding promotion intervention. During a two-day workshop, male leaders explored gender norms around feeding and caregiving practices, learned about the importance of exclusive breastfeeding and appropriate complementary feeding, discussed ways to better support their partners to exclusively breastfeed, and developed plans to share this information with group members. These activities encouraged men to view infant feeding as a family issue, and not solely a woman’s issue. IYCN is preparing to conduct operations research, building on this experience, to evaluate the impact of male engagement on infant feeding practices in Western Kenya. This research will involve 450 men and their families using training materials and community mobilization tools from the pilot phase.

3 Mukuria, A.G.,1998, Exclusive Breastfeeding and the Role of Social Support and Social Networks in a Slum Community of Nairobi, Kenya. Dr. PH Dissertation, Johns Hopkins University, Baltimore, Md.
Criminalized Breastfeeding: The Prosecution of Nursing Mothers Who Use Drugs and Alcohol

Josie Rodberg

Abstract

At the same time that public health officials and women’s advocates are campaigning to increase breastfeeding rates, some breastfeeding has been wrongfully criminalized. Since 1992, at least fifteen women in nine states have faced prosecution for allegedly transmitting drugs or alcohol to their infants via breast milk. Conclusive medical studies about the effects of maternal drug and alcohol use on breastfeeding infants are scarce. This dearth of scientific evidence has not prevented prosecutors from claiming that the mere presence of these substances in an infant is sufficient evidence to show that the mother transmitted drugs or alcohol via breast milk and thereby harmed, or even killed, the child.

This poster examines all known prosecutions for using drugs and breastfeeding, revealing their circumstances and the junk science upon which they are based. While government officials treat other potentially harmful behaviors among nursing women, such as cigarette smoking, as public health issues and address them through harm reduction strategies, this poster asks why prosecutors have chosen to address maternal drug and alcohol use through the criminal justice system. These cases raise several questions: if states succeed in establishing legal precedent for prosecuting breastfeeding women because of substances they ingest, how many other behaviors by nursing women could be criminalized? Do these prosecutions undermine campaigns to encourage breastfeeding? What are the most effective ways to support breastfeeding women who struggle with drug and alcohol dependency?
Addressing Disparities in Breastfeeding for African American Women Using a Community-Based Participatory Research (CBPR) Approach

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Abstract

**Introduction:** To achieve the Healthy People 2010 goal of improving breastfeeding rates, disparities in breastfeeding between whites and African-Americans must be addressed. Doing so will increase the proportion of infants with access to the benefits of breastfeeding and ensure that all women who want to breastfeed are able to. Through an NIH community-based participatory research grant, academic and community partners conducted focus groups to assess breastfeeding barriers for African-Americans and potential mediating interventions in Durham County, NC.

**Methods:** Eight focus groups were conducted with African-Americans; two with mothers of high educational achievement, three with mothers with lower educational achievement, two with fathers, and one with grandmothers. Researchers transcribed and coded each focus group using Atlas ti. (5.2) and identified key patterns and themes.

**Results:** Lack of support for breastfeeding and the perception of differential treatment from healthcare providers emerged as major barriers for all mother groups, regardless of education. Lack of support for breastfeeding was also mentioned in the fathers’ and grandmothers’ groups. All groups identified the importance of having access to accurate breastfeeding information from practitioners. All groups identified culturally relevant peer-to-peer support or facilitated groups as potential interventions. All groups desired more culturally relevant social marketing approaches. Women with lower educational achievement identified the need for workplace support.

**Conclusion:** Lack of support for breastfeeding may be disproportionately experienced by African-Americans in North Carolina. In addition to fostering self-efficacy among African-American mothers, public health interventions should develop a network of support for breastfeeding in the community and healthcare settings.
Body Image and Attitudes toward Public Breastfeeding

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Although there is scant research on the role of body image in influencing attitudes toward public breastfeeding, one qualitative research study found that women who expressed negative perceptions of body image were less comfortable with breastfeeding for themselves and for others who breastfeed in public places. This study builds on this research, using a quantitative approach, to gauge whether there is an association between negative body image and attitudes toward public breastfeeding.

Methods
Through an on-line survey (Qualtrics) distributed through the Gillings School of Global Public Health, surveys were administered to students, staff, faculty, and others to assess perceptions of body image are associated with attitudes toward public breastfeeding. A total of 264 survey responses were received. Three measures of attitudes toward public breastfeeding were used; discomfort with close proximity of a woman publicly breastfeeding, attitude that women who breastfeeding should do so in private places, and discomfort with breastfeeding on television programming. A logistic modeling approach controlled for potential confounders including breastfeeding knowledge, affiliation with the Gillings School of Global Public Health, family history of breastfeeding, respondent’s breastfeeding experience, and age. All data preparation and analyses were conducted using STATA SE 10.1.

Results
Among the sample of respondents for this survey, women with a negative body image are more likely to express discomfort with having a close proximity to a woman breastfeeding in public and are more likely to believe that women who breastfeed should do so in private places. There is no association between negative body image and attitudes toward breastfeeding on television programming.

Discussion
Women's bodies, and breasts in particular, are highly sexualized in our culture. A woman exposing her breasts for normal infant feeding is often perceived as indecent and/or an attention-seeking behavior. Our findings suggest that there may be opportunities to influence breastfeeding attitudes through promoting healthy body image.