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Breastfeeding education takes place in a variety of venues. Through books, workshops, classes, one-on-one discussions, and websites, women are told why and how to breastfeed. One of the most long-standing and slow-changing areas of education is books on breastfeeding. Written by a variety of individuals and organizations, each book on breastfeeding presents breastfeeding under a different light, with slightly diverse styles directed toward best reaching their ideal audience. These variations in content and approach meet the needs of individual mothers differently, making each book better fitted for certain groups than others. In analyzing the content of a few specific books, *The Womanly Art of Breastfeeding* 8th ed. by Diane Wiessinger, Diana West, and Teresa Pitman, *Breastfeeding Made Simple* 2nd ed. by Nancy Mohrbacher and Kathleen Kendall-Tackett, *The Nursing Mother's Companion* 6th ed. by Kathleen Huggins, and *Ina May's Guide to Breastfeeding* by Ina May Gaskin, a clearer view of which women may be highlighted or excluded can be gained. The groups that may be highlighted or excluded in turn affect the social perceptions of breastfeeding. How do these books directly and indirectly exclude certain populations from breastfeeding education? In order to look more closely at this question, I will look at the infant feeding practices, biological assumptions and treatments, and personal/social contexts presented in these books.

Some questions to be addressed are: Who, statistically, is likely to breastfeed? Are these books reaching the mothers that are already likely to breastfeed or are they looking beyond to additional groups? Moreover, what does this image of the breastfeeding

mother say about the social messages of breastfeeding education? What are the consequences of excluding certain mothers from who is valued enough to receive breastfeeding assistance? What does this in turn say about how the children of those women are valued? What changes could be made to any of these books or to breastfeeding education strategies to make breastfeeding education more accessible to all mothers? How inclusive are these four breastfeeding books in addressing all mothers interested in reading about breastfeeding? In addition, how does the (lack of) addressing contextual issues in breastfeeding education affect larger issues of women's status? Why does it matter if these books address pumping, being away from baby, partner involvement, or societal response? The questions will all come together to create a picture of who is assumed to be the breastfeeding mother.

Helping mothers have success breastfeeding has motivation beyond the individual breastfeeding relationships. Breastfeeding can be used as a reason to deny women certain opportunities or to place certain judgments on them unless these issues are addressed more largely in society. Educating mothers about breastfeeding includes educating them about how society might react to their breastfeeding and how they can be prepared for certain reactions. Furthermore, addressing the social realities that women live in and how society may need to change must not be ignored either.

THE BREASTFEEDING WOMAN? WHO ARE BREASTFEEDING BOOKS REALLY FOR?

by

Hannah Luedtke

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Hephzibah Roskelley
Committee Chair

APPROVAL PAGE

This thesis written by HANNAH LUEDTKE has been approved by the following committee of the Faculty of The Graduate School at The University of North Carolina at Greensboro.

Committee Chair Hephzibah Roskelley

Committee Members Danielle Bouchard

Paige Hall Smith

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CHAPTER I

INTRODUCTION

I began thinking about the topic for this paper soon after my son was born. A friend of mine had sent me a copy of *The Womanly Art of Breastfeeding* while I was pregnant, and I had thought there could be no better guide to prepare for breastfeeding a child. I didn't read any other books and planned on following all the advice given in *The Womanly Art of Breastfeeding* as well as I could. I was eager to share this book with any other friend or acquaintance who became pregnant. I didn't think anyone could or should see this book in any other light until I talked to another pregnant woman that I knew. She had not had the same experience with this book. While she had an earlier edition of the book, the difference in perception of what the book offered created a contradiction for me. How had I so blindly and un-critically approached this book? I still find *The Womanly Art of Breastfeeding* a helpful resource, but I now also recognize that not everyone will appreciate the form that it takes as much as I did. From this point I decided to take a closer look at what other books on breastfeeding offered and how they approached the topic differently. By looking at the differences and similarities in these books, I hoped to gain a clearer idea of which demographics breastfeeding education is aimed at, specifically in the form of these books, and to see where there is need for change. Books on breastfeeding contextualize the idea of the breastfeeding mother in a certain way that excludes some mothers and highlights others. The main question here is

how do these authors imagine their reader? In imagining the reader in a certain way, how might these books perpetuate disparities in breastfeeding rates by providing advice that only fits mothers in certain categories? Does the imagined reader fit the characteristics of who statistically is breastfeeding or does the imagined reader include a larger portion of mothers? These disparities are directly related to the position of women in society, especially as mothers. By addressing these disparities, one can address issues related to the overall status of women as well. While this is quite a jump to make so early, it is important to see where this research could lead. For now, the purpose will be to see how these imagine readers will be framed by the authors and the possible consequences of imagining readers in these ways.

This project will hopefully pave the way for further research on how more individuals can be included in conversations about breastfeeding. For myself, I hope to be able to use the knowledge gained form this project in a career as an International Board Certified Lactation Consultant (IBCLC). I plan to be starting the training for the IBCLC exam in the next year. I would like to stay connected with academic research on breastfeeding and breastfeeding education as well. I think there are many areas that health education in general takes a generic approach that only realistically works a small portion of the time, breastfeeding education being one of them. Better changes can be initiated by better understanding the resources needed by mothers in different circumstances in comparison to the resources available. I hope that the information gathered here is also helpful to professionals already in the field of breastfeeding education. It is hard to create

new, different resources without knowing how the current resources are addressing the audience and which audiences need to be reached.

Choice of Books

I chose to look at books on breastfeeding for a few reasons. First, books are more constant in terms of information offered than other forms of breastfeeding education. Because of the length of time it takes to publish a book, there are years between editions. In contrast, internet publications, while more popular now, can be changed at a moment's notice, which makes them harder to study and compare in the same way that books can be examined. This might date the information a bit in regards to certain recommendations or statistics available, but to me it creates a better sense of continuity between the books. Digital resources or periodical resources also do not provide the same sense of stability that the books are able to. Because the books are not able to be updated easily or frequently, the information included needs to be more carefully compiled versus something online that can be changed if need be. Since all the books chosen were published in 2009 or 2010, they were written in the same historical context and are therefore more comparable. Books are also fairly accessible, especially for those without easy internet access. If someone is looking for breastfeeding information but can't go to a computer and search for their specific question, a book is a great substitution. Books can be a much more practical resource for low-income mothers, as they could be provided by health care professionals or borrowed from a library. Even paying for one of these books out of pocket would be more cost-effective than paying a monthly internet subscription.

Each book written about breastfeeding takes a slightly different approach to the topic. Although they all have a similar goal in convincing the reader that breastfeeding is the best choice and assisting an individual to successfully breastfeed, the differing methods used to do so create a better sense of choice in deciding which book would best suit each individual. The books chosen for this project are *The Womanly Art of Breastfeeding* 8th ed. by Diane Wiessinger, Diana West, and Teresa Pitman, *Breastfeeding Made Simple* 2nd ed. by Nancy Mohrbacher and Kathleen Kendall-Tackett, *The Nursing Mother's Companion* 6th ed. by Kathleen Huggins, and *Ina May's Guide to Breastfeeding* by Ina May Gaskin. These books were all published within a two year period. The fact that all of the books I will examine were written so closely together suggests that there was a need seen by all these authors to create a new book or new edition at this time. These are some of the most recommended breastfeeding books on parenting or pregnancy websites and blogs. The intent was to choose books that are still read and that are not just a fleeting fad. The fact that three of the books are past the first edition implies to me that there is still value in them. Overall, the different arrangements and styles of the books create a good overview of what is available in books on breastfeeding. For all these reasons and more, I believe a careful analysis of these books will provide valuable information for further breastfeeding education endeavors in ensuring that as many individuals as possible have access to this information.

All of the authors are long-time, respected members of the breastfeeding education community. The authors, with the exception of Gaskin, have been trained specifically in lactation whether as an IBCLC or peer counselor. As for Gaskin, she has

been such a strong voice in midwifery and breastfeeding that it is surprising she had not yet written a book on breastfeeding. Her experiences working and living on "The Farm," a small community in Tennessee, have provided her with decades of experience working with breastfeeding women. Ina May Gaskin is one of the most famous midwives in the United States. She has been working with mothers for over four decades, and this book follows up her previous books on childbirth, sharing what she has learned through her years of experience. In *Ina May's Guide to Breastfeeding*, she places emphasis on societal views of breastfeeding and what implications these views may have for breastfeeding mothers Gaskin also includes personal stories from other women to support the statements that she makes. Of all these books, this book reads most like a lifestyle book and least like an instruction manual. It is organized less as a how-to of overcoming certain obstacles, which are still addressed, and more of how to navigate a society which is not always supportive of breastfeeding.

Breastfeeding Made Simple is the combined effort of Nancy Mohrbacher and Kathleen Kendall-Tackett, both IBCLCs with years of experience to support their knowledge. Mohrbacher and Kendall-Tackett state that the aim of their book is to simplify breastfeeding. They break down what they term the "seven natural laws for nursing mothers." These laws were developed to broaden the advice given about breastfeeding education to fit a larger variety of circumstances. These laws are aimed at developing a relationship between woman and child, instead of listing specific, technical steps. By focusing on the laws, Mohrbacher and Kendall-Tackett are able to confront societal messages mothers may have heard previously about breastfeeding while guiding

the mindset of the mother towards one more aimed toward the relationship of breastfeeding.

The Nursing Mother's Companion by Kathleen Huggins, IBCLC and RN, provides yet another perspective on breastfeeding, this time with a basis in the medical field, with more technical information than supportive rhetoric. The first version of this book was written over 25 years ago, and it has been updated six times. The book is the most like an instruction manual of all the books. Each chapter is separated into neat little sections that refer to one another often. There are also "survival guide" sections at the end of every few chapters to make information more easily accessible. Huggins' book is designed as a reference guide for breastfeeding rather than a narrative.

La Leche League's *The Womanly Art of Breastfeeding* is in its eighth edition, originally published in 1958 as the first of its kind. La Leche League was founded on supporting mothers' knowledge, and this volume reflects that with the personal anecdotes included throughout. This latest version is a complete rewrite by three La Leche League leaders, Diane Wiessinger, Diana West, and Teresa Pitman. Their expertise comes from their training as leaders and from years of personal experience breastfeeding. This book is part instruction manual and part lifestyle book, with a large emphasis on experience. Personal stories are included throughout to give the book a more peer-to-peer approach than an advice book.

Methods and Additional Thoughts

I will primarily using rhetorical analysis to frame the argument of this paper. Rhetorical analysis provides a framework through which discussions of word choice,

audience, point of view, and style can be addressed. By analyzing the specific choices made, not only in what information is included, but also in how that information is presented, I will be able to mark the differences in these books in a specific way. Textual analysis of this sort will also allow for a focus on key terms used in each of these books and how even subtle choices in term usage can alter the entire tone of the book.

I will also try to find a connection between feminism and breastfeeding education that can work to further the goals of both groups. As Ina May Gaskin points out in her book, the first women's rights activists didn't need to worry about breastfeeding rights – if they didn't breastfeed their children, the children would have died. There was no other choice at the beginning of the women's movement, except possibly milk-sharing in some way. Breastfeeding was not left out of those early movements on purpose; breastfeeding was not an issue before the end of the 19th century. By taking a closer look at how issues such as breastfeeding rates and gender equality are related, a clearer view of how these groups need each other is visible.

Convincing women to breastfeed is one thing; convincing the world that breastfeeding is important enough to be supported in legislation and in action is another issue altogether. Realistically, there is only a certain point to which breastfeeding rates can be raised without also raising breastfeeding acceptance and support. Breastfeeding acceptance is related to women's social status in general in ways many people don't understand. There is remarkable correlation between supportive breastfeeding policies and breastfeeding rates. One study found that countries who legislated guaranteed breastfeeding breaks for women had significantly higher breastfeeding rates at six

months, even controlling for other factors (Heymann, Raub, and Earle 2012). Studies such as this, as well as statistics that show that breastfeeding mothers take less time off of work for sick days after returning from maternity leave than mothers who use human milk substitutes, should provide much of the motivation needed to create further legislation for breastfeeding support in the workplace. One question to ask is: if the U.S. Department of Health and Human Services worked to produce the "Business Case for Breastfeeding" why is there still such poor legislation protecting the rights of breastfeeding mothers in the U.S.?

A large part of breastfeeding education that is often left out of the conversation is whether the emphasis is on the product or the process of breastfeeding. Is the human milk more important or the physical relationship of feeding a baby at breast? In *The Womanly Art of Breastfeeding* this question is addressed immediately and directly. The authors ask:

> What if you had to choose? You can either bottle-feed your baby with scheduled feedings and little body contact, but with your milk in the bottle. Or you can breastfeed your baby, responding to his cues, but only formula comes out of your breasts.
>
> Which would you choose? You'd be choosing between the *product* of human milk and the *process* of breastfeeding . . . and you couldn't have both. (Wiessinger, West, and Pitman xxi)

This question is extremely difficult to answer for most mothers. While the authors say that there is not right answer to this question, they strongly emphasize the superiority of human milk to human milk substitutes throughout. They also place a large emphasis on the relational aspects of breastfeeding, which is more related to the process. The authors of the other books do not address this question as directly. Gaskin seems to have a fairly

even emphasis throughout. The milk is definitely important to her, but the act of breastfeeding is highlighted much more. Mohrbacher and Kendall-Tackett acknowledge that breastfeeding is more than just the milk. They discuss breastfeeding as more than food in the intro, but they still focus on the biological benefits of human milk. The laws that frame the book, however, are much more focused on the process and creating a solid breastfeeding relationship between mother and child. Huggins does not address this dilemma directly, but much of her focus is based more upon the physiological benefits than any emotional ones. The questions of product versus process are related to bottle feeding as well. For example: how does the use of the bottle to feed human milk influence the benefits for both the mother and the child?

Note on Language

There are many individuals today who choose to breastfeed who do not identify as women. I considered trying to find a term that would encompass a larger audience, but in the end decided not to in order to keep true to the audience created by the books. The terms "woman" and "mother" will be used throughout this paper when referring to the reader. The use of these terms highlight the ways that motherhood and womanhood is imagined as cis-gender.

The ways the readers are addressed in each of these books implies that every reader will be cisgender. The use of female pronouns, and the terms "woman/women" and "mother" to refer to the reader creates a perspective that limits the reader to cisgender females. Using female pronouns raises the question: does one have to identify as a woman in order to breastfeed? Assuming that the reader will identify as a woman leaves

out an entire group of parents that are eager to breastfeed. Using these terms reinforces a gender binary, just as the introductory notes included by Gaskin and Mohrbacher and Kendall-Tackett. Gaskin states: "I will switch between using feminine or masculine pronouns when referring to your baby" (15). Mohrbacher and Kendall-Tackett say: "we recognize that babies come in two sexes. To acknowledge this while avoiding awkward constructions like 'he/she' throughout, we have alternately referred to babies as 'he' and 'she' in every other chapter" (10). These comments, seemingly meant to clarify, present "he" and "she" as the only two options. Not only could this be hurtful to a trans* parent or one who does not identify as cisgender, but it could also be painful for a parent who has recently learned that their baby is intersex and is struggling with what that means. There are a few resources such as books and websites specifically for trans* and genderqueer parents that could be incorporated into the books or at least provided as a resource along with other resources, but this may not be the ideal approach.

I was able to briefly discuss this issue with a post-partum doula who works with trans* and genderqueer families. She was quick to point out that simply adding in sections to the existing books or changing terminology would not sufficiently meet the needs of these families. There is a significant lack of resource available for trans* and genderqueer parents who wish to breastfeed. At the same time, these parents could greatly benefit from a book of their own on breastfeeding that can highlight areas of individual importance. Issues specific to trans* and genderqueer families would make a new, unique book particularly helpful. Workplace issues in particular are can be difficult for those who do not want to be forced to explain their bodies. Even choices such as

using the term “chestfeeding,” which has become popular with some masculine individuals rather than breastfeeding, or non-gendered pronouns would be more easily accomplished in a separate context. This is a growing group of parents who need to not be left out of conversations and need to be considered far more than they are now. While this is an important conversation to have, the focus of this paper does not allow for an in depth conversation on this topic.

CHAPTER II

INFANT FEEDING PRACTICES

Before beginning a conversation about breastfeeding, a brief look at infant feeding practices in general should be considered. Infant feeding practices have become a hot topic of discussion in recent years, not only among parents, but health professionals as well. The phrase "infant feeding practices" is used to include any combination of feeding methods used to nourish a child from birth through the first year at least. These methods include using breastfeeding and human milk substitutes, such as formula or milks from other species, as well as the device used to transmit the food into the child (directly from breast, bottle, cup, supplemental nursing system, etc.). In order to be consistent in term usage, the following definitions are provided to clarify the terms that will be used when talking about these feeding methods. These definitions do not necessarily follow how the books use the terms. These definitions are applicable for statements made about the books and in discussing infant feeding practices in general.

The phrase "human milk substitutes" will be used throughout this paper to refer to commercial formula products as well as other foods made by parents to replace human milk and to acknowledge that commercial formulas are not the only alternative food given to infants. This term does not include solid foods added later, but can include other animal milks, such as goat milk, or specific cultural concoctions that are often fed to young infants. Human milk will be considered the historical norm for infant feeding

practices, as it has only been in the last century that human milk substitutes have been able to reliably sustain infants. "Breastfeeding" will refer to providing a child with any amount of human milk, whether directly from the breast or through expression. Exclusive breastfeeding will be used when referring to feeding a child only human milk directly from the breast, previous to the introduction of solid foods or milk substitutions. "Formula feeding" will be used to refer to feeding a child human milk substitutes only, no human milk. "Combination feeding" refers to using any combination of human milk and human milk substitutes to feed a child. While these terms are not all encompassing, establishing a base language reference will help in later discussions.

Infant Feeding Choices

While breastfeeding rates are climbing from where they were a few decades ago,[1] there is still debate over the different feeding methods and which benefits or risks of these different methods are realistic. This debate is evident in these books through the terms used to discuss infant feeding choices and which infant feeding practice is discussed as the norm. Which practice is placed as the norm determines the way the different infant feeding choices are presented to the reader.

Throughout *The Nursing Mother's Companion,* Kathleen Huggins emphasizes the importance of breastfeeding but is also more open to combination feeding than some of the others. She suggests formula as a solution to breastfeeding problems fairly quickly. This might mean that she is trying to diminish the stigma and guilt that often

[1] In 1970 less than thirty percent of new mothers initiated breastfeeding. In 2005, nearly seventy percent of new mothers initiated breastfeeding.

accompanies formula feeding. It could mean that she doesn't see a problem with using mixed feedings. Or it may well mean that she has given up on mothers' abilities or determination to fix problems once they occur. Whatever the reason, this book is the most open about the use of formula to accompany breastfeeding. Human milk is referred to by Huggins as an "extra special gift," which places breastfeeding outside of the normal infant feeding practice (Huggins 210). However, Huggins does still refer to human milk substitutes as a risk. Some of her claims equate bottle feeding with formula feeding and others separate the relationship of breastfeeding from the product of breastmilk. She also spends a large portion of the introduction touting the superiority of breastmilk to human milk substitutes. Benefits to the child and the mother are listed in detail to convince the reader that breastfeeding really is significantly different from using human milk substitutes. The introduction even ends with a photo captioned "There's no pleasure to equal watching your baby grow from the nourishment of your own body" (Huggins 9). This statement, while meant to be encouraging, could be utterly devastating to a mother who is struggling or who is not able to meet her breastfeeding goals.

Ina May Gaskin comments in the introduction to *Ina May's Guide to Breastfeeding* that the feeding choices of others should not be judged. She states:

> Although I strongly advocate that new parents make every effort to nurse their babies, as a matter of compassion I also believe it's important for those of us who breastfeed to refrain from being judgmental of those who do not. How would it make you feel for someone to make comments about a way of feeding that you have no way to reverse? It is possible to educate without issuing statements that make people feel criticized. (Gaskin 16)

This note on not judging others is even highlighted in its own section. At the same time, Gaskin states at the beginning of the introduction (subtitled "Breast is Best"), "You probably wouldn't have picked up this book if you didn't already have some idea of the benefits of breastfeeding and the possible undesirable consequences of feeding artificial milks to babies as a first choice" (Gaskin 3). Her assumption that the reader already is convinced that human milk is better than any alternative is evident throughout the rest of the introduction and book. Nevertheless, Gaskin recognizes the importance of thinking beyond her reader: she knows her reader will want to breastfeed and she knows that most readers will also know many people who have not been able to or chosen not to breastfeed. The note on etiquette expresses a sort of compassion not evident in many discussions of infant feeding practices. Gaskin is also the only one to directly refer to the World Health Organization (WHO) ranking of safety of milks, which places "artificial milk formulas" as the last choice,[2] not to be avoided altogether, but used only when truly needed. She also points out that it is much easier to start breastfeeding and later switch to a human milk substitute than to try to re-lactate if the substitutes cause issues. Gaskin definitely sees breastfeeding as the normal mode of infant feeding and focuses on ways to create a breastfeeding culture.

In *Breastfeeding Made Simple*, Nancy Mohrbacher and Kathleen-Kendall-Tackett refer to breastfeeding as the "biological norm for mothers and babies" (3). This claim is

[2] The order of the list according to Gaskin is "first, the baby's mother's milk taken directly by the baby from the mother's breast; second, the baby's mother's milk taken from a bottle; third, the milk of another mother; and last, bottle-feeding of artificial milk formulas" (Gaskin 5).

introduced by discussing the "Babies were born to be breastfed" campaign by the Ad Council. They introduce the campaign and then continue on explaining why this would be a campaign would be "an important public-health initiative" (Mohrbacher and Kendall-Tackett 3). Discussed as support are health outcomes for mothers and babies and other developmental factors for babies. Mohrbacher and Kendall-Tackett refer to formula as a "human milk substitute." This word choice could either be an attempt to include groups who use other foods instead of commercial formula or it could be re-iterating the fact that human milk is the normal food for human babies and anything else is simply trying to go in its place. The second option is more likely considering the strong focus on breastfeeding being the norm for babies, with there being risks to or "negative outcomes" for mother and baby by not breastfeeding (Mohrbacher and Kendall-Tackett 8). Mohrbacher and Kendall-Tackett also address the fact that there are many aspects of human milk that have yet to be identified, and "our lack of knowledge is reason enough to avoid man-made substitutes unless absolutely necessary" (Mohrbacher and Kendall-Tackett 8). Emphasized throughout the book is this mindset that formula should be a last resort option and not used lightly if long-term breastfeeding is a goal. The main difference, however, in how Mohrbacher and Kendall-Tackett frame infant feeding choices is in their focus on breastfeeding as a relationship, not simply an infant feeding practice. The seven natural laws of breastfeeding that they lay out for the reader are "the 'secrets' nobody told you about breastfeeding" (Mohrbacher and Kendall-Tackett 2). The laws focus on principles such as mother-baby togetherness and figuring out what works for each pair, not looking at sweeping generalizations.

The Womanly Art of Breastfeeding presents another set of views on infant feeding practices. In the "Welcome!" chapter, Mary Ann Cahill presents the most dramatic statement by labeling *any* bottle-feeding as "artificial infant feeding" (Wiessinger, West, and Pitman xv). While Diane Wiessinger, Diana West, and Teresa Pitman may not have used such strong wording throughout the rest of the book, this "Welcome!" sets a very clear boundary of how breastfeeding should be seen as the norm. Just as in *Breastfeeding Made Simple*, artificial human milks are framed as a risk to baby and mother, not breastfeeding as having benefits. This again makes it clear that breastfeeding should be the normal standard used when discussing infant and maternal health outcomes. The sense that breastfeeding is the human norm can also be seen throughout the book with phrases such as "long ago" used to preface statements about behavior or situations that many parents and infants experience. Most of the authors discussed do not reference their choices in terms referring to different infant feeding methods. Wiessinger, West, and Pitman do briefly address that they use "breastfeeding" and "nursing" interchangeably throughout their book because nursing "doesn't imply that it's just a feeding method . . . it means a connection that's more than just the milk" (xxi). Their comments on term choice are the most detailed of any of the books, in this area and in others. These comments in particular highlight how they value the relationship of breastfeeding as much as the product.

The ways that these books address infant feeding practices, especially in the introductory passages, is hugely important in looking at how breastfeeding is placed culturally. While these books are available in multiple countries, these editions are

primarily aimed at readers in the United States. Whether or not the authors think of breastfeeding as the normal way of infant feeding or if bottle-feeding is seen as prevalent changes the tactics used in addressing the reader. It is fairly safe to assume, as Gaskin does, that the readers will have some interest in breastfeeding if they are reading one of these books, what about the people in their community? Issues regarding the larger cultural and social aspects of breastfeeding will be addressed in chapter four, but it is important to note how these choices in framing infant feeding choices can influence the reader early on. The simple difference in referring to the benefits of breastfeeding or the risks of human milk substitutes immediately places one choice as the norm and the other as abnormal.

The choice to refer to risks of human milk substitutes employs fear-based persuasion to convince women that may be on-the-fence to decide that breastfeeding is worth a try. While this is an effective, or at least popular, tactic in many public health campaigns, this can also make women feel as if the authors don't trust that they have their child's best interest at heart.[3] Relying on fear or guilt to convince them that breastfeeding is the best choice could create an exterior motivation, such as the women fearing judgment if they do not breastfeed. This motivation is not often enough to get through common breastfeeding issues, such as nipple pain. There are more factors beyond the possible health effects involved in the choice between different infant feeding

[3] For more information of maternal guilt and breastfeeding promotion, see Taylor and Wallace

practices that these authors do not always address. Many of these factors are highlighted in future sections of this paper.

One aspect of these factors that can be looked at immediately is how the introduction or early sections of these books address possible benefits or risks of breastfeeding other than health outcomes. Addressing benefits is a focus of each introduction, with the health factors taking up the most space. The authors all discuss the cost benefits of breastfeeding. The high costs of formula and bottles is highlighted, as well as the likely extra expenses for doctor's visits. Wiessinger, West, and Pitman claim that "the money you don't spend on formula in a year could pay for a high-end appliance" (13). Mohrbacher and Kendall-Tackett as well as Huggins discuss the emotional needs between parent and child and the close bonds that can be formed through breastfeeding, as well as the way that breastfeeding becomes less work as it is practiced, while bottle-feeding remains the same amount of work (Mohrbacher and Kendall-Tackett 104). Huggins is the one to best highlight other factors in the intro. Sadly this is still only one line: "Your outlook depends on many things—the value you place on breastfeeding, how your partner feels about it, how your friends have fed their babies, your lifestyle, and your feelings about yourself and your body" (Huggins 2). The factors listed are all important in making infant feeding choices, but none are addressed in depth or referred to as being addressed later.

Gaskin specifies some additional practical reasons that breastfeeding can be advantageous. She spends a significant amount of time (and an appendix) detailing different human milk substitute recalls. She notes how careful parents must be in paying

attention to formula recalls to make sure that the products they are purchasing are as safe as possible. On a larger level, she also discusses the environmental impact of manufacturing, shipping, and packaging human milk substitutes and bottles. She provides a detailed analysis, borrowed from the World Alliance for Breastfeeding Action, of the amounts of paper, tin, plastic, rubber, silicone, glass, and other natural resources needed per year for the use of human milk substitutes (Gaskin 11-12). The last benefit highlighted be Gaskin, as well as Wiessinger, West and Pitman, is the convenience and ease of breastfeeding in times of crisis, such as natural disasters. Gaskin mentions a mother who was able to sustain her four-year-old and seven-month-old children for over a week when they became stranded in a snow storm (Gaskin 13-14). In times of natural disaster it can be difficult to find food or clean water. Finding food for an infant can be even more difficult.

Weaning, Exclusivity, and Solid Foods

One debate among breastfeeding supporters and mothers is how long mothers should breastfeed. According to the 2012 statement by the American Academy of Pediatrics (AAP) recommends: "exclusive breastfeeding for about 6 months, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant" (AAP e832). The World Health Organization (WHO) states: "Exclusive breastfeeding is recommended up to 6 months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond." While the authors of each book mention the recommendations of these organizations in some way, the advice that they give does not always match up. Each of the books does recommend

waiting until the child is at least six months old and showing signs of readiness (sitting up, head control, reaching for food) before introducing solid foods.

Huggins acknowledges that roughly half of the women who intend to begin breastfeeding stop by the time their infant is six weeks old. While this is attributed largely to lack of support, there is no other mention of the length of breastfeeding until discussing older children. Huggins remarks that if a child is still breastfeeding at one year of age, they will most likely continue until two. There is less importance placed on breastfeeding toddlers, as there are only eight pages containing information on breastfeeding past one year. Her discussion of introducing solid foods is not separated but placed along with other developmental milestones that occur around six months of age. Huggins highlights that human milk does not lessen in importance and solids should be withheld until the child is ready, especially since "offering solids prematurely means replacing breast milk, which is nutritionally perfect, with foods that are nutritionally incomplete" (257). While Huggins places importance on breastfeeding in addition to solid foods after this stage, she does not emphasize a recommended age or weaning, simply "when both the child and the mother are ready for it" (291). She does note that weaning is often hastened by criticism from family, friends, or health care professionals. Huggins does also recommend *not* weaning quickly or during times of change and stress, such as moving or starting a new child care.

Wiessinger, West, and Pitman have a very different approach from Huggins. They have the largest section on nursing a toddler by far out of these books. It is clear at many points that they assume their reader will intend to breastfeed for at least a year, and that

most will succeed in reaching this goal. While this is never stated overtly, there are no statements such as "if you've made it this long" or anything to hint at the idea that weaning will occur before the toddler years. This is an interesting assumption considering only twenty-five percent of women who begin nursing are still doing so at a year (IFPS II, Table 3.3). Wiessinger, West, and Pitman do however provide specific information on weaning at different ages (starting at "under six months old") and how the benefits can change for the infant depending on the age (Wiessinger, West, and Pitman 328-331). They highlight, as do Mohrbacher and Kendall-Tackett and Gaskin, the research of Kathy Dettwyler which found that the "expected weaning range for humans was between two and a half and seven years" (Wiessinger, West, and Pitman 203). Wiessinger, West, and Pitman provide a separate chapter on the introduction of solids. They discuss in fair detail the method of solids introduction called "Baby Led Weaning," made popular by Gill Rapley and Tracey Murkett's book *Baby Led Weaning: Helping Your Baby to Love Good Food*.

Gaskin highlights that "there is no 'best' age to wean a baby" (220). She recognizes that age of weaning is largely dependent upon cultural expectations and the resources available to the family. Weaning is encouraged to take place when it best fits the needs of the specific family. Gaskin takes the least amount of space discussing weaning. She also does not refer to the "expert" guidelines mentioned above in her chapter on weaning; this information is all presented in the introduction in the context of breastfeeding recommendations. She also does not spend much time discussing the introduction of solid foods into the child's diet either. Gaskin states that she hopes to be

seen as a moderate on the issue of weaning, as there must be a balance between picking an age to wean at and letting a child breastfeed for an unrestricted amount of time (220-221).

Mohrbacher and Kendall-Tackett address the cultural timing of weaning as well. They recognize that the average age of weaning in the United States is between six and twelve months, while as a species, the average is closer to two to four years. They emphasize that the information they provide on ages of weaning are not meant to imply that everyone should breastfeed for the same length but to support those who choose to breastfeed past the cultural norm. Weaning, to them "is a process" that "may be abrupt or gradual, taking days, weeks, months, or even years" (Mohrbacher and Kendall-Tackett 155). Their discussion of weaning also includes the introduction of solid foods. This includes an emphasis on the fact that solids should not immediately become the main part of the child's diet, but they should remain supplementary until at least nine months of age. They also provide details on using the "Baby Led Weaning" approach.

The discussions of length and exclusivity of breastfeeding show how each of the authors assumes that women will have control over the choices in when and how to wean. Outside of a child choosing to wean, there are multiple factors included in weaning. Factors listed as NOT important in deciding to wean are critiques of friends and family, an arbitrary limit that one set at birth and now isn't sure about, or developmental milestones (such as talking or getting teeth). While these may all be concerns of breastfeeding women at some point, weaning should only happen when both mother and

child are ready or there is an actual need for weaning, such as the mother starting chemotherapy.

Milk Sharing

Milk sharing is when a child receives human milk that is not provided by their gestational parent. Using "gestational parent" in this definition is a conscious choice to blur the line of who a parent is. Would an adoptive mother who nurses her baby be considered to be sharing milk? What if the milk an adopted baby is being nourished with came from the gestational parent? What if the child has two mothers whom both breastfeed? Milk sharing of one sort or another has taken place in many cultures. Whether with the use of wet nurses or grandmothers or aunts breastfeeding when a mother could not, milk sharing has been an important part of human history. There are a lot of questions surrounding milk sharing that are difficult to answer and not many individuals or organizations are willing to address them.

Only one of these books address milk sharing in any detail or in any way that could normalize it. Mohrbacher and Kendall-Tackett do not reference milk sharing. When discussing –breast supplementer options, they refer to filling the supplementer "with your milk or formula," not mentioning that many women who use an at-breast supplementer do so with donated milk (Mohrbacher and Kendall-Tackett 294). Wiessinger, West, and Pitman suggest that milk sharing is an option if pasteurized human milk can be obtained from a licensed milk bank. Their stance on not recommending is more understandable as they represent La Leche League International, who has been very wary of recommending milk sharing most likely for legal, liability reasons. They do

suggest donating milk to a milk bank in the case of baby's death as a way to ease the emotional pain of loss and slowly decrease milk output. Huggins has a reference to various milk banks across the United States as part of an Appendix. Her remarks do not come across as supportive of milk sharing however, with comments such as "don't expect donations to last long" implying that it is too much work for many women to be willing to pump extra milk to donate (Huggins 105). None of these books mention peer-to-peer milk sharing either with donated milk or breastfeeding the baby of a friend or family member.

Gaskin, on the other hand, spends a considerable amount of space (an entire chapter) to milk sharing and its history. Gaskin refers to milk sharing as "shared nursing" or "wet nursing" depending on the context. She discusses historical reasons for milk sharing and how it can still be used today in a variety of situations. Casual shared nursing is not common in urbanized societies anymore, but Gaskin thinks "When women have strong friendships, trust one another, are healthy, and live close together, breastfeeding one another's children occasionally can be convenient and helpful" (227). Think of being able to leave a small child with a close friend or aunt for a few hours and not having to leave a bottle of expressed milk, knowing that the caregiver could breastfeed the child if needed. One aspect of milk sharing, that she admits she was surprised to find occurring, was grandmothers in other areas breastfeeding their grandchildren routinely. Sometimes this was because of the death of the mother but often it was simply a case of making life easier: if the mother was busy or working, the child did not need to wait to be fed. However, this is the same as the example above. Having a close caregiver who is able to

breastfeed when the mother is not can create so many possibilities for flexible schedules. Gaskin also discusses instances on The Farm where shared nursing was used to heal emotional wounds after the loss of a child. Two specific examples were given where women who has lost an infant were able to help another woman at The Farm breastfeed her child or children in the one case of twins. One woman discusses the importance of being able to nourish, care for, and cuddle an infant after she had lost hers, and how this arrangement helped her begin the healing process (Gaskin 228-229). Gaskin also shares stories of her own experiences with shared nursing while on speaking tours or when unable to take her young child with when attending a birth. Gaskin remarks upon the lack of support milk sharing gets by organizations such as La Leche League since there is a small risk for certain babies and mothers with specific health issues. She admits that shared nursing is a part of the "forgotten knowledge" many still search for and how this forgotten knowledge highlights how little some individuals know about of what their body can be capable.

Milk sharing is one aspect of breastfeeding that has gained considerable growth in the years since these books were published. With the founding of organizations such as Human Milk for Human Babies (HM4HB), a peer-to-peer milk sharing network, many more parents are able to consider human milk an option for their child. It is important also to remember that milk sharing is much more common in other areas of the world than it is in the United States, especially in more rural areas that don't have easy access to the supplies necessary for human milk substitutes. Milk sharing in rural communities has historically been a way of sharing the labor of the community while still caring for the

children. It is possible that milk sharing is growing in acceptance once again. In March of 2015, The Guardian published a piece by a mother whose friend offered to breastfeed her baby when she was having problems and how this opportunity changed her whole mothering experience and helped her be able to breastfeed successfully herself.[4]

Other Factors in Determining Infant Feeding Practices

The infant feeding practices described above constitute a significant portion of the decisions required in caring for young child. What feeding practice will be used and for what length of time can influence future decisions as well. Even daily decision can be influenced by different feeding practices, such as what supplies are necessary to run a few short errands? Not every woman or family is able to make choices regarding infant feeding in the same way. Infant feeding practices are determined by a multitude of factors. Specific factors influence the ease with which each method is available. Examining the ways in which these additional factors can play into choices can clarify the changes that need to be made socially in order for there to be a true choice for each woman and family.

Addressed here were some of the milestones and choices available. Each milestone reached or obstacle encountered presents a new opportunity to reconsider the choices made (or sometimes forced) for each family. In the following chapters, the factors that influence these decisions will be elucidated further. The next chapter,

[4] For the whole article, see: http://www.theguardian.com/lifeandstyle/2015/mar/14/my-friend-breastfed-my-baby-elisa-albert

Biological Factors and Treatment of Lactation will address factors that can address breastfeeding such as health care access and physical issues of the woman or child. Which issues are addressed, the health care options discussed, and the tone of the discussion all influence which readers will connect more with the authors or feel excluded.

CHAPTER III

BIOLOGICAL ASPECTS AND TREATMENT OF LACTATION

Lactation is often referred to as a biologically natural occurrence, especially among breastfeeding supporters. It is seen as something all women are made to do. Social and cultural customs are what prevent many mothers from being able to successfully breastfeed, not physical problems. As seen in the previous chapter, choices in infant feeding practices vary greatly. The choices available create a plethora of options for each new parent. Here we will look at how factors such as milk supply, use of medications, alcohol, or tobacco, issues that can occur while breastfeeding, and support or lack of support from health care providers can influence the choices one is able to make in regards to infant feeding.

Each of the books covered here talk about breastfeeding in this way. Nancy Mohrbacher and Kathleen Kendall-Tackett discuss breastfeeding as something mothers and babies are "hardwired" to do. They emphasize the natural instincts of mothers and babies and how these instincts lead to successful breastfeeding. Diane Wiessinger, Diana West, and Theresa Pitman state that breastfeeding is "the way you're naturally designed to begin your mothering experience" (Wiessinger, West, and Pitman 5). Many of the anecdotes included in *The Womanly Art of Breastfeeding* highlight the naturalness of breastfeeding. The "Welcome!" chapter by Mary Ann Cahill emphasizes "The Story" of breastfeeding and how this "Story" has been passed down woman to woman for

generations. Ina May Gaskin says that breastfeeding is natural if we allow it to be, meaning if cultural and social norms don't get in the way. She discusses the high breastfeeding rate at The Farm as a direct result of them eliminating many of the normal barriers to successful breastfeeding, as well as the necessity it presented in the early days without electricity or running water. She touts the body's "innate ability" to produce milk (Gaskin 17).

These authors all believe that there is a natural aspect of breastfeeding. This natural aspect can be hindered by a lack of understanding of how women's bodies work and what sort of support is needed for breastfeeding to be a reasonable choice for all women. The differences in the ways the authors talk about problems that can occur while breastfeeding provide insight into just how "natural" breastfeeding is shown to be.

Related to how breastfeeding is viewed is how breastfeeding is treated by health care professionals. The healthcare options that each person has access to vary greatly by income, geographic location, and insurance coverage. The choices given to an individual in their care may be vast or slim depending on the individual care provider and the dynamics of their relationship. There can even be legal barriers to finding the desired care, with some states still outlawing practices such as home birth. Another issue on health care is finding health practitioners that will admit to not knowing everything. Many pediatricians for example, know little about breastfeeding but will still try to persuade parents to listen to their advice.

The lack of information many health professionals have about lactation is an issue highlighted by each of the authors. Jack Newman, in the foreword to *Breastfeeding Made*

Simple, states "we are taught as pediatricians, for example, that a baby is sick unless proved otherwise" (Mohrbacher and Kendall Tackett xi). This sort of faulty thinking can lead to advising changes in habits that don't need to be changed. Each of the authors state that the women breastfeeding, other women that have breastfed, and lactation consultants should be the authority on infant feeding, not physicians. By placing trust in the mothers to do what is best for their child(ren), the support needed for breastfeeding to be successful is reinforced.

Pregnancy and Birth

Circumstances during pregnancy, birth, and immediately following birth can have huge effects of the success of a breastfeeding relationship. Birth setting as well as who is present during labor and at the birth can change the birth experience from one that is stressful to one that is supportive. Each of these books discuss birth circumstances in a different way but with similar suggestions.

One factor related to birth circumstances that all the authors, except Mohrbacher and Kendall-Tackett[5], address is finding a hospital or birth center that is certified as "Baby-Friendly." The Baby-Friendly Hospital Initiative was developed by the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) in 1991 as part of an international effort to create a set of protocols for hospitals to improve

[5] Mohrbacher and Kendall-Tackett do however discuss the WHO Code and formula promotion in relation to factors that can interfere with breastfeeding.

maternity services, especially related to increasing breastfeeding rates. The protocols, as follow, are called the "Ten Steps to Successful Breastfeeding":

> 1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
> 2. Train all health care staff in the skills necessary to implement this policy.
> 3. Inform all pregnant women about the benefits and management of breastfeeding.
> 4. Help mothers initiate breastfeeding within one hour of birth.
> 5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
> 6. Give infants no food or drink other than breast-milk, unless medically indicated.
> 7. Practice rooming in - allow mothers and infants to remain together 24 hours a day.
> 8. Encourage breastfeeding on demand.
> 9. Give no pacifiers or artificial nipples to breastfeeding infants.
> 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center. (Baby-Friendly USA)

Hospitals that apply for Baby-Friendly status must not only apply these Ten Steps but must also adhere to the International Code of Marketing of Breast Milk Substitutes, developed by the WHO and UNICEF in 1981. This code, often referred to simply as the WHO Code, is intended to limit the ways breast milk substitutes may be marketed. It does not restrict the availability of these substitutes. The WHO code suggests that there should be no direct marketing of human milk substitutes to the general public, specifically not to pregnant women or new mothers. There should not be any free samples or coupons sent to these women either. In addition, the WHO code suggests that health care providers should not display advertisements, samples, or discounts for these products either. This includes the sample bags often given to mothers when discharged from a hospital after giving birth. While these are only a few aspects of the code, they are

the most directly relevant to this discussion. It is important to note that the United States was the only country in the world to vote *against* the WHO code.

Gaskin has probably the most in depth discussion of pregnancy and birth, which makes sense because she is primarily a midwife. She devotes a chapter to discussing birth circumstances and the effects they can have. Before that, she also spends time discussing the effects of the hormones oxytocin, prolactin and beta-endorphin during pregnancy and labor in bonding and milk production. Oxytocin plays one of the largest roles in both labor and breastfeeding, as it "not only stimulates the muscles of the uterus to expel the baby at the culmination of labor, [but] it also stimulates the muscles of the breast to expel milk during nursing" (Gaskin 19). Oxytocin also helps to reduce pain and stress and cause feelings of love and attachment, especially from pleasant physical touch. Beta-endorphin is a hormone that works to relieve pain, with properties "similar to those of morphine, heroin, and meperidine" (Gaskin 23). Beta-endorphin also "facilitates the release of the hormone prolactin during labor" (Gaskin 23). Remaining present in high levels in the mother for about three days after birth, beta-endorphin is always present in breast milk, which is thought to explain why babies often have a "blissful expression" after breastfeeding (Gaskin 23). Prolactin, which "means *for milk* in Latin," is the hormone that prepares the "woman's breasts for lactation by causing the maturation and proliferation of the mammary ducts and alveoli" and triggers the production of milk (Gaskin 24). Prolactin also "creates a tendency 'to direct the effects of the love hormone toward babies'" (Gaskin 24). Prolactin is one hormone that rises in women and men whose partners are pregnant or who have a new child at home. Gaskin discusses how

certain medications given during birth, especially epidurals and Pitocin (artificial oxytocin), can cause delays in bonding and milk production by changing the release of these hormones. She highly recommends having a doula present to help the birth proceed according to the woman's desires and to advocate for the woman, as "studies have found that women with labor support had shorter labors and much less need for pain medication, intravenous oxytocin augmentation, forceps, vacuum extraction, and cesarean section than women who labored without this care" (Gaskin 53). The language used by Gaskin places the woman largely in control of her birth circumstances. She pushes for ease of mobility during labor and for choosing one's own labor position. She assumes that the least amount of control allowed during labor would be the ability to choose a doula or other support person to be present during labor and birth. Her experiences with birth are

Mohrbacher and Kendall-Tackett title their first chapter "Your Baby's Birth," but it is not the same sort of discussion of birth and labor as the other authors. Most of the discussion in this chapter focuses on circumstances *after* birth. Interestingly, the main discussion of birth takes place in one of the sections on "When the System Breaks Down." They assume that the birth will take place in a hospital and do not mention home birth at all. Assuming hospital birth could be a large reason that they concentrate on how things can go other than as planned, as they recognize that "many of the routines followed in hospitals today were created during a time when formula feeding was the norm" (Mohrbacher and Kendall-Tackett 29). Their discussion in this section focuses around medications offered or recommended during labor and how separation after birth

can affect bonding and milk production. Difficult births are briefly addressed in the "Special Situations" section. They discuss some circumstances that promote and encourage breastfeeding success but discuss these as more of personal problems than as systemic problems that can hinder breastfeeding. There is a level of control given to the mother over what medications are used during labor and certain conditions afterwards, such as rooming in or when the first bath takes place. Mohrbacher and Kendall-Tackett address the role of oxytocin as Gaskin does, but they do so on the context of why skin-to-skin contact is important, not in the context of labor and birth.

Huggins discusses pregnancy and birth in the first chapter, titled "Preparations During Pregnancy". She advises on how to plan for a "normal" birth and how some interventions can influence breastfeeding later. Her labeling of some births as "normal" and others as "complicated" could greatly ostracize women who are having trouble coping with their birth circumstances. Huggins labels a complicated birth as "often end[ing] with the separation of mother and baby," "doesn't begins naturally but is induced," and probably "the late onset of milk production" (Huggins 18). While these statements are meant to encourage a woman to be able to make informed choices about labor and birth, they also negate the circumstances when interventions are necessary. There is no discussion for how to overcome unexpected obstacles during labor and birth that may hinder breastfeeding, only signs that something may be wrong. She also assumes that the mother will be able to confidently discuss various options with her care provider and be able to make mutually agreed upon decisions. Huggins suggests that birth will take place at a hospital or possibly at an independent birth center. Home births are

briefly mentioned in the section on postpartum setting. Discussed in the birth chapter are pain relief options during labor, caesarian section, and induction. Her focus is largely on planning for the circumstances immediately following a normal birth.

Wiessinger, West, and Pitman also provide a few detailed chapters on pregnancy, labor, and birth circumstances. The authors emphasize how different interventions during labor and birth can disrupt the natural bodily sequences that are meant to transition the body from pregnancy to lactation. They discuss different options of birth location and why one might prefer to choose a hospital, birth center, or home birth. The comment they make that "the first intervention in modern birth is leaving home" places home birth as the best setting for low-risk pregnancies (Wiessinger, West, and Pitman 51). Promoting home birth means promoting midwives as well. While home births are generally safe in low-risk circumstances, the tone of their statement creates judgment of low-risk mothers who do not chose this option. Care providers are discussed in the same way, providing general information on the differences between midwives, obstetricians, and family practitioners. They also highlight the possible side effects of medications given during labor and immediately postpartum on both the mother and the child. By laying out the information as they do, it seems that they think the mother will have control over choosing the care provider that best fits her situation, as well as choosing birth circumstances.

Problems While Breastfeeding: When Things Don't Go as Planned

The authors of all of these books address common breastfeeding difficulties such as physical problems with the infant or breast or milk supply worries. How these issues

and others are discussed, however, differs greatly between the books. There are a number of issues that are covered by all of the authors. Engorgement is when the breasts become painfully full of milk. This is a fairly common issue in the first few weeks, but it is often easily resolved with frequent breastfeeding sessions. Mastitis, infection of the breast, is discussed as a common problem following engorgement of the breasts or plugged ducts. Plugged ducts occur when milk is not thoroughly removed from an area of the breast and gets stuck. Sometimes a bit of skin has grown over the opening of the duct. Alternating nursing positions can help prevent plugged ducts and applying heat before nursing can release them. Thrush is a yeast infection that can occur in both the mother and baby. It is identified by pain in the breast while breastfeeding, white patches in the baby's mouth, or particularly painful diaper rash. Tongue tie is when the baby is not able to latch on to the breast well either because their frenulum is too short or they have too high of a palate for the length of the frenulum. It is very easily fixed by snipping the frenulum to allow for freer tongue movement. The procedure is fairly painless when done early and can prevent further problems while breastfeeding, as well as later in life. Other issues are discussed by the various authors as well, these are just some of the most common.

Mohrbacher and Kendall-Tackett refer to problems encountered while breastfeeding the same way they discuss breastfeeding all along: as a relationship. They don't refer to breastfeeding issues as problems, but rather they say "when the system breaks down". There are "challenges" to breastfeeding as well as "special situations" but never problems. By widely framing breastfeeding in this way, the idea that breastfeeding is a natural relationship between mother and child is reinforced. These terms are chosen

to specifically remind the reader that problems should not be expected with good preparation. They state that "breastfeeding can be simple, especially if you know the tricks" (Mohrbacher and Kendall-Tackett 1). At the same time, they recognize that "while breastfeeding is natural . . . breastfeeding instruction affects your behavior," and issue that is discussed more in relation to milk supply (Mohrbacher and Kendall-Tackett 19). The naturalness of breastfeeding is again reinforced by addressing that any physical pain experienced while breastfeeding is a sign that something needs to be altered: "more than a twinge at the beginning of the first week or two means that an adjustment is needed" Mohrbacher and Kendall-Tackett 241). Serious pain is addressed in relation to issues such as thrush or mastitis and in relation to abrupt weaning. By framing pain as a signal that something needs to be adjusted and help should be sought, Mohrbacher and Kendall-Tackett provide the reader with knowledge that can help prevent further more serious issues. In the Infant Feeding Practices Survey II (IFPS II), pain was indicated in the first two weeks by 75% of women; however, most rated the pain low on the scale (Table 2.36, 2.37).

Huggins takes a nearly opposite approach in how she addresses breastfeeding concerns. Her tone throughout the entire book is much more medically or technically based than the other authors, which could stem from her background as a registered nurse. She discusses the "treatment" of concerns, specifically in the "Survival Guides" presented at the end of some chapters or sections. There is a lot of repetition in the discussion of "treatment" options, as the information in the "Survival Guides" is often covered in the main chapter, although not always in the same detail. Huggins states that

her purpose in writing this book was "to provide mothers with a practical guide for easy reference throughout the nursing period" (Huggins viii). Her recommendations often refer to other sections and are designed for the reader to be able to read just the section that applies to the specific situation. Huggins discusses breast pain and nipple pain separately. Breast pain is attributed to engorgement or possibly to the sudden refilling of the breasts in the first few weeks. It could also be related to plugged ducts. Huggins recognizes that nipple tenderness can be common in the first few days of nursing, but serious pain will "require treatment beyond simple comfort measures" (Huggins 66). Nipple pain is differentiated between traumatized nipples and irritated nipples. Traumatized nipples are described as "cracks, blisters, and abrasions [which] usually result because a baby is improperly positioned for nursing" (Huggins 67). Irritated nipples, on the other hand, "are reddened and sometimes swollen, and generally they burn" (Huggins 69). Irritated nipples are discussed in terms of more serious problems, such as thrush or nipple dermatitis.

Wiessinger, West, and Pitman discuss throughout the book problems or issues that may occur while breastfeeding, especially if there is a certain time in relation to the age of the baby that these issues typically occur. They use "problems" or "issues" in the "Tech Support" chapter, but not in headings in the main chapters. Instead they use headings such as "Concerns You May Have" to address issues that are often raised by women at La Leche League meetings. The issues are all discussed as possible to overcome, even if the setbacks seem severe. The "Tech Support" chapter at the end of the book covers many issues or concerns in depth, ranging from thrush or mastitis questions,

to supply questions, to the use of certain medications. They state early "Nipple sensitivity is common in the early days. But if breastfeeding actually hurts, that's your body's signal to change something" (Wiessinger, West, and Pitman 15). They emphasize in the beginning of the "Tech Support" chapter that even with the best planning problems can arise and at these times help should be sought to fix the current issues and help prevent future ones. The separation of the "Tech Support" chapter from the rest of the book can leave the impression that these are not issues that everyone experiences, so not everyone will need to read about all of them. By mentioning various issues throughout, readers can be assured that their concerns will be covered. By leaving the bulk of the information for the end chapter, it is easy for readers who are not having these problems to skip past.

Gaskin spends the shortest portion of time on problems that can occur while breastfeeding of all the books surveyed and contains this information all in a chapter titled "Problem-Solving During the First Week". This chapter covers common concerns such as engorgement, thrush, cracked nipples, plugged milk ducts, and mastitis, as well as problems that baby may have such as tongue tie, poor tongue habits, or breast refusal. She states that "nipple soreness is not a condition that you should try to tolerated" (Gaskin 125). It is a sign that something isn't quite right and the cause needs to be found. The way she addresses issues suggests a certain level of confidence in a woman's ability to breastfeed without encountering many of these common problems.

Milk Supply

One of the most common sources of anxiety for women who are beginning to breastfeed is the supply of milk they are able to produce. It is one of the first assumptions

a health professional might make about an infant's weight gain, and it is one of the main reasons given for early weaning and introduction of formula. Roughly 50% of women in the IFPS II reported not having enough milk as a reason for weaning between birth and when their infant was 8 months old and roughly 40% list not having enough milk as a reason for introducing formula in this time (Table 3.37, 3.49). Therefore how milk supply is addressed in these books can help to elucidate who is being targeted: women who are confident in their knowledge or women who are nervous about their body's ability to produce enough milk. There is also a difference between when the authors suggest that milk is supposed to "come in," which could cause alarm in some women who expect it to happen earlier than it needs to. What is meant by milk "coming in" is that the milk switches from colostrum to mature milk and increases greatly in amount. In reality roughly 65% of women will have their milk "come in" by the end of the third day. However, another 20% will not until the fourth day or later and still be able to breastfeed (IFPS II, TABLE 2.32).

Two of the most commonly cited reasons for milk supply problems by each of the authors are a lack of support or lack of reliable information on breastfeeding. Many health care professionals are not well trained in breastfeeding and can give advice that can be extremely harmful in developing and maintaining a full milk supply. Suggestions such as sticking to a strict feeding schedule, only allowing a certain amount of time per feeding, or waiting a minimum amount of time between feedings can be more harmful than helpful since each woman's body requires different amounts of stimulation in sustaining or establishing a milk supply. This bad advice leads to the main problems

associated with a low milk supply: infrequent feedings or insufficient draining of the breasts. Along the same lines, support of the woman's decision to breastfeed is very important. Roughly 80% of women in the IFPS II stated that the opinion on infant feeding of their doctor and/or their baby's doctor was important to them. Nearly 70% of women rated their partner's infant feeding opinion as very important to their decision, with another 20% rating the opinion as somewhat important (Table 1.34). Without the proper support, it is unlikely the women will be able to achieve her breastfeeding goals and may never breastfeed, even if she wanted to originally. The Surgeon General's Call to Action to Support Breastfeeding from 2011 recognized the importance of support for mothers as well. The first few actions they list as important are:

> 1. Give mothers the support they need to breastfeed their babies. . . 2. Develop programs to educate fathers and grandmothers about breastfeeding. . . 3. Strengthen programs that provide mother-to-mother support and peer counseling. . . 4. Use community-based organizations to promote and support breastfeeding. (38, 39, 40, 41)

It is encouraging to see a national report on breastfeeding that addresses the concerns breastfeeding educators are worried about.

Huggins is the only author to present human milk as scarce. Through discussions of "insurance pumping," and focus on pumping in general, she presents a sense that milk supply problems are common and are likely to happen to most women. As discussed above, a significant percentage of women report having a low milk supply, but there is no way to verify if these women had low supply issues that were not fixable. She repeatedly mentions milk supply problems in almost every chapter. For example, in her chapter on

the first week, Huggins provides a list of signs of adequate milk intake. There are seven signs listed here, such as how frequent and long nursing sessions last and the number of diapers a baby is dirtying per day. However, the list has no reference for by what day these signs should be evident. Specific signs state that they should be present by a certain day, but the list as a whole is vague. One of the signs listed here is "*Your milk has come in by the third day after birth*," which is the shortest amount of time listed by any books (Huggins 50, emphasis original). Following this list with a section titled "Babies who may not get enough" sets the reader up to think that low milk supply or an underfed baby are concerns that should be at the forefront of expectations and of major concern. Low milk supply is a major focus for Huggins. The factors she identifies as contributing to low milk supply are lack of support and reliable information, hypoplasia, and PCOS (polycystic ovarian syndrome).

Gaskin discusses milk production as an abundance: lack of milk is a problem that should not occur. In fact, when explaining challenges while beginning breastfeeding, she addresses having more than enough milk and does not address lack of enough milk. This same approach is taken in subsequent chapters as well. Gaskin addresses complications or circumstances that can hinder milk production, not that a women will on her own be unable to produce enough milk. The main factors she finds that can hinder a milk supply are trying to feed on a schedule and a high stress environment, as well as previous breast surgeries that may have severed the milk ducts. Gaskin shares the experience of one mother, who was told by a pediatrician and lactation consultant that her five-day-old son was not getting enough milk, despite the fact that she had milk dripping from her breasts

after nursing. This mother claimed that the stress and fright of that day caused her milk to dry up. It was only after taking a day to recover, relax, and restore a more normal balance to her day that she was able to start lactating again (Gaskin 31). Gaskin admits that this situation is unlikely to happen, as most lactation consultants, and hopefully pediatricians, should recognize that breasts dripping with milk are producing enough and that at five-days-old most babies have not regained their birth weight yet. Gaskin suggests that it takes normally one to five days before a woman's milk will "come in" after birth.

Mohrbacher and Kendall-Tackett suggest that milk supply will not be an issue if a woman knows her breast storage capacity and how often she must breastfeed to maintain an abundant supply. By "breast storage capacity" they mean "the most milk your breasts hold during the day" (Mohrbacher and Kendall-Tackett 138). Since fuller breasts make milk more slowly than drained breasts, women with a smaller breast storage capacity will need to breastfeed or express milk more often than women with a larger breast storage capacity. They discuss that most women have issues with low milk supply when they have been given poor breastfeeding advice, such as strict scheduling, waiting too long between feedings, or not allowing enough time for each feeding, as discussed above. Mohrbacher and Kendall-Tackett again stress the importance of a close relationship with baby in being able to read feeding cues and find the right feeding rhythm. They suggest that a woman's milk usually "comes in" three to four days after birth. However, they specifically say that the milk "increases" at this time and does not "come in," as some women are confused by this phrase and assume that they are not producing any milk at all

until this point. This may lead to unnecessary supplementation with human milk substitutes early on (Mohrbacher and Kendall-Tackett 90).

Wiessinger, West, and Pitman offer the most positive outlook on milk supply and most problems are deemed very easy to fix. They say that although low milk supply is a common to worry about, most women are able to make plenty of milk. They mention that most readers will know either know someone or have experienced supply problems themselves but that many of these issues are able to be solved if provided with the correct resources. Problems are assumed to stem mostly from a poor start to breastfeeding and to receiving incorrect advice. They suggest that a woman's milk will "come in" in "the first few days" after birth but that it really phases in over the first two weeks (Wiessinger, West, and Pitman 105, 7). Wiessinger, West, and Pitman also provide a large discussion of "Alternate Routes" to breastfeeding. In this section, they include options such as exclusive pumping, premature babies, and maternal or infant health complications.

Specific circumstances discussed as part of milk supply are re-lactation, induced lactation, and spontaneous lactation. Induced lactation is getting one's body to lactate without ever being pregnant. Re-lactation is re-instigating lactation after one has stopped or significantly slowed lactation previously. Wiessinger, West, and Pitman, as well as Huggins, include sections on induced lactation and re-lactation. Induced lactation and re-lactation are most common with adoptive mothers, but are used in other situations as well. Wiessinger, West, and Pitman discuss how induced lactation or re-lactation can be used by adoptive mothers, families who use a surrogate, or female partners who wish to breastfeed as well. Huggins provides details of the Newman-Goldfarb protocols for

inducing a milk supply with hormonal birth control and milk expression. The protocol calls for specific doses of hormonal birth control pills, in differing amounts depending on the time one has to prepare. The birth control is intended to mimic the hormonal changes the body goes through during pregnancy. Milk expression, by hand, pump, or an infant, is then started toward the end of the protocol to send messages to the breasts to make milk. Mohrbacher and Kendall-Tackett provide little mention of adoptive mothers, and they offer no advice on induced lactation or re-lactation.

Gaskin does not address adoptive mothers or offer specific techniques for inducing a milk supply without giving birth, but she is the only one to discuss the re-lactation of grandmothers in particular and spontaneous lactation. Spontaneous lactation is when a woman begins to lactate without having been pregnant or trying to induce lactation. She shares examples of women who have started lactating when presented with the right hormonal and emotional triggers, such as caring for an infant that is deeply loved or working in a maternity ward. While this is an extremely rare occurrence, it is a phenomenon that most women, and health care providers, do not know is possible and can cause concern for some individuals. Gaskin states that "it seems that most medical professionals no longer recognize that a healthy young woman with an extraordinary sympathy for babies can lactate spontaneously from nonpathological changes in her hormone levels" (245).

Medications, Alcohol, and Tobacco Use

The use of medications while breastfeeding is not always an issue that is easy to find information on. Most of the authors of each of these books recommend investing in a

copy of Thomas Hale's *Medications and Mother's Milk* if any medications are needed. Huggins refers to a guide on medications by Dr. Phillip O. Anderson and LactMed, an online database he developed. The books indicate that to avoid legal liabilities, most drug manufacturer will dissuade breastfeeding mothers from taking their medications, even if they have been shown to be generally safe. Therefore, if a doctor is using the *Physicians' Desk Reference* to determine if a medication is safe for a breastfeeding woman, their information may not be accurate (Mohrbacher and Kendall-Tackett 231). How medications, as well as the use of tobacco or alcohol, are addressed in these books can also help construct an idea of who the books are aimed to reach.

Mohrbacher and Kendall-Tackett emphasize discussing any herbal supplements or medication with a doctor or health professional before beginning to take them. Self-diagnosing and treating ailments can be dangerous, especially when it can affect another person. They provide information on general guidelines for certain medications and herbal supplements, but again say that "the safest course is to tell your health care providers about everything both you and your baby take" (Mohrbacher and Kendall-Tackett 231). These authors also emphasize that weaning is not necessary to take most medications, as "for most medications, your baby is only exposed to a very small amount of what you take (often less than 1 percent of your dose)" (Mohrbacher and Kendall-Tackett 230). Medications and herbal supplements are discussed in the context of everyday life and are included with comments about choosing a birth control method and supplements that may be recommended for a child.

Gaskin and Huggins each provide a detailed list of medications and herbal supplements that are commonly used by women, along with how and if they are recommended while breastfeeding in an Appendix. Huggins also provides examples of circumstances that could prompt the use of certain medications. In many of these circumstances, such as discussing thrush or medication to assist in milk supply, she lists the names of specific medications that can be taken. Her discussion of specific medications and supplements contradicts the approach of Mohrbacher and Kendall-Tackett by providing more information for an individual to be able to suggest certain treatments to a health provider or search out medications on their own.

Wiessinger, West, and Pitman mention different medications throughout the book and also in the "Tech Support" chapter to coincide with specific issues. They provide information on medications for specific situations. Their discussions of medications often are in the context of certain concerns, such as needing to undergo chemotherapy or starting to take anti-depressants. Some of these discussions are in the context of everyday issues and some are related to special circumstances one might encounter. One important note that they make is that if the woman is hospitalized for any reason, they can ask to talk to a lactation consultant working in the maternity ward to help make decisions about medications. In relation to medications and weaning, they assure the reader that "It's very rare for a medical procedure or surgery to require even temporary weaning" (Wiessinger, West, and Pitman 323). By having a base knowledge ahead of time, it is easier to make informed decisions when talking to a health care provider about treatment options.

In regards to smoking tobacco products, all of the authors agree that it is best if the woman stop smoking. Mohrbacher and Kendall-Tackett, as well as Wiessinger, West, and Pitman, all suggest that breastfeeding is still best for a child, even if the mother is a smoker. It is generally agreed by the authors that "the benefits of human milk far outweigh any risk associated with nicotine exposure" for the child (Mohrbacher and Kendall-Tackett 222). The authors of all of the books highlight that smoking should never take place around an infant and that one should try to avoid smoking as much as possible. Wiessinger, West, and Pitman and Huggins discuss the dangers of smoking and co-sleeping. They recommend that anyone who smokes not share a sleep space with an infant, and that especially there is no smoking in the room where the child sleeps. Additionally, Wiessinger, West, and Pitman mention that nicotine can lower milk supply.

The authors all agree as well that alcohol consumption is okay while breastfeeding as long as it is in moderation. Most note that in a 120 pound woman, one standard drink should be out of the system in 2-3 hours (Mohrbacher and Kendall-Tackett 222). One suggestion is to try to breastfeed right before having a drink or to have a drink during the child's longest sleep stretch. Occasional small alcohol exposure is not a concern for most infants. Wiessinger, West, and Pitman and Huggins also warn against consuming alcohol before co-sleeping as this too can make it harder to rouse oneself during the night.

Other non-prescription medications are not a focus of the books. Mohrbacher and Kendall-Tackett mention caffeine consumption briefly. They suggest that moderate caffeine consumption, one or two cups of coffee for example, should not cause problems

(Mohrbacher and Kendall-Tackett 222). Gaskin provides a bit more information in her Appendix on medications. She addresses the use of cannabis, heroin, and cocaine. Cocaine and heroin are listed as highly addictive and to be avoided while breastfeeding. Cannabis, however, is listed as controversial. Gaskin states: "Although this controversial herb is listed as contraindicated by the American Academy of Pediatrics, Dr. Hale puts it in a low-risk category, with the dose received being 'insufficient to produce significant side effects in the infant'" (Gaskin 292). Although the statements by Gaskin on each of these substances is short, cannabis is portrayed as the least harmful compared to alcohol, tobacco, cocaine, or heroin. The way her statement is worded presents Dr. Hale as the authority on the subject, not the American Academy of Pediatrics. There is no other mention of mothers with addictions throughout these books.

Beyond Biology

Biological aspects of breastfeeding, and the treatment of lactation by health care professionals, plays a large part in the initiation of breastfeeding and the success in the first few months. How breastfeeding troubles are handled can determine whether a breastfeeding relationship will be able to last. But while biological aspects of breastfeeding and their treatment can play a part in breastfeeding, so can factors related to social context.

The next chapter will cover the contextual issues related to breastfeeding. Issues such as partners, community support, and social perceptions of breastfeeding will be addressed. These issues play a large part in determining whether and how long a woman will breastfeed. If one grew up around only bottle-feeding, there are many

misconceptions that can be present from the start. By looking closer at the social context of a person's life, influencing factors can be deduced.

CHAPTER IV

SOCIAL CONTEXT

The context within which an individual lives greatly influences the choices available to that individual. Whether or not an individual has a partner, what type of employment the person has, what sort of community one lives in all change how that person views the choices in their life. In looking at *The Womanly art of Breastfeeding, Ina May's Guide to Breastfeeding, Breastfeeding Made Simple,* and *The Nursing Mother's Companion*, the choices the authors make in addressing these contextual questions supply the most vivid picture of who is expected to be reading these books. Not only the terms chosen in discussing these areas, but also the tone and context of the term choices change the meanings behind the concepts being presented and may work to exclude certain readers. The contextual areas that will be looked at most closely here are partners and support systems, economics and employment, the commercialization of breastfeeding, and community dynamics. These aspects of a person's life help detail what social context the person may be in and what sorts of influences there will be upon decisions such as breastfeeding.

Partners/Support Systems

Support systems are highlighted to a different degree in each of these books, as discussed in the previous chapter in relation to milk supply. Support is deemed key for successful breastfeeding, ranging from partner support, to friends or family, to local

groups, to online forums. The types of support that are assumed to be present versus those which are discussed in a more optional way dictate who the authors assume the reader to be. Whether or not the reader is assumed to have partner, what sort of partner is implied, and the sexual identity of the reader are all related to how discussions of partners are addressed and to who exactly the reader may be.

Ina May Gaskin references partners and support systems the least directly of any of the books. While her whole discussion is framed by her experience living on The Farm and mothering with full support there, her direct discussion of support systems is surprisingly lacking. There is also a brief section titled "Father's Feelings" in which she emphasizes the importance of partner support in the decision to breastfeed (Gaskin 184-186). Although she uses the term "partner" often in this section, she follows "partner" with terms such as "men," "he," and "dads" thereby presenting the reader as part of a heterosexual couple. The terms "mom" and "dad" are also used repeatedly together. Gaskin does not assume the reader to be married and mentions single mothers briefly. However when she does refer to the reader as having a partner, it is done in ways which assume the partner is most likely the father of the child. A specific example is when talking about the purchase of certain items in preparation for the baby, she jokes "dads can use slings too" in convincing the reader of their usefulness (Gaskin 42). One important difference in Gaskin's discussion, which will be discussed in more detail later, is how she emphasizes that support needs to be present at a societal level so that personal support is not hard to find.

Kathleen Huggins places a lot of importance on having a good support system. As discussed earlier, she places lack of support as one of the biggest problems women face in reaching their breastfeeding goals. She provides a list of support groups that can be helpful in the Appendix, as well as mentioning specific groups at different times throughout the book. Family, friends, and partners can all be part of a good support system. It is important, however, to gauge the support some individuals will be able to give ahead of time, and accept invitations of help "only if you feel they will make a positive contribution and be supportive of your nursing" (Huggins 33). Good support can make breastfeeding problems seem more bearable, but skeptical observers can make situations much worse. While Huggins generally uses the term "partner," she tends to use "dad" or male pronouns when directly talking about partners. In the section on "Making Love," she accompanies "partner" with entirely male pronouns (Huggins 251). Partners are mainly addressed in the context of sexual relationships, with those relationships largely being referred to in heterosexual terms.

Diane Wiessinger, Diana West, and Theresa Pitman spend the most amount of time addressing support persons and partners. They highly emphasize peer support, including repeated references to the forums available on the La Leche League International website as well as in person La Leche League Meetings. The book itself is described as a "La Leche League meeting in a book" (Wiessinger, West, and Pitman 4). Support not only from partners but from community and peer sources is reiterated as an important aspect of breastfeeding throughout. They do address single mothers as well, highlighting that finding a friend or family member willing to act as a partner at times can

be extraordinarily helpful. They are also the only writers to address the use of the term "partner" throughout the book. In the introduction, they include an explanation of this choice:

> The world you're living in also has more varied family structures. So we use the word *partner* in this edition to mean the person who shares your home, your life, and the care of your baby, whether that's a husband, wife, boyfriend, girlfriend, or significant other. Or you may have parents, friends, family members, or roommates whose presence is important to you and your child. (Wiessinger, West, and Pitman xxii)

In keeping with this statement, they use "partner" consistently throughout the book and even use "he or she" when using pronouns referring to partners. The only times partners are given a specific identity is in the context of personal anecdotes. The discussions of sex still have a heteronormative feel to them at times, but these authors do a far better job than the others to remain inclusive to multiple situations in their language. One way that the authors highlight a partner being useful is in teaching the baby about safe relationships with others. Since the mother-baby relationship is so centered around breastfeeding for so long, "partners have the key role of teaching the baby that love sometimes comes without food" (Wiessinger, West, and Pitman 32). There are also "tear sheet toolkit" pages included at the end specifically designed for partners and grandparents to know how to support the mother and baby post-partum. These pages list suggestions for helping a new mother in ways that can encouraging breastfeeding, such as grocery shopping or washing dishes, leaving the mother to spend more time with her baby.

Nancy Mohrbacher and Kathleen Kendall-Tackett don't address partners often. Most references are in telling specific stories. They highlight the mother-baby relationship above all else. The language they use is not nearly as heteronormative as the previous authors as they use "partner" most often, with "spouse" used occasionally. Partners are addressed as a background item and not a topic that is focused on specifically. Support persons in general are not part of the direct mother-baby relationship, so they are not given the attention.

Discussions of support persons are key to all the books except Mohrbacher and Kendall-Tackett. As a whole, the authors try in some way to be inclusive of different family structures with the use of "partner", but only Wiessinger, West, and Pitman really emphasize and stick with this effort. Closely related to partners and support systems, although not discussed together in these books, is the economic status of the reader and possibly employment status. The size and make-up of a family helps determine who needs to or will be able to work outside the home and in what capacity.

Economics and Employment

The economic status of the mother is sometimes related to whether or not she has a partner. If a breastfeeding mother has a partner that is able to support their family on one income, it makes it easy for her to stay home if she wishes or to at least stay home long enough to establish a good breastfeeding relationship. Some families are able to create flexible schedules so that one parent is always home with the child(ren). Some families have extended family members who are willing to help with childcare. However, there is more to economic status than simply whether or not one is employed and how.

Economic status can determine which health care options are available, what resources can be accessed, such as ease of access to technology, and even how women are treated by health care workers.

Technology is often seen as universally accessible now. Especially in countries such as the United States, many resources for patients are provided as web-based resources. Gaskin is the only author to not include references to a website of her own for more information than is provided in the book. The others all repeatedly reference accessing their website for more information on certain topics. Wiessinger, West, and Pitman refer the reader to alternate websites for more information often, but they also provide titles of books and videos that may be helpful. The emphasis they place on being able to find community though online forums, however, assumes that the reader will have easy and regular access to the internet.

Employment

The mother's employment is discussed in each of these books. Some discuss work in relation to milk expression and some discuss it in relation to being away from baby for any reason. The discussions of employment vary in tone and content, with varying aspects addressed by each author. Including a section on work outside the home or being away from baby recognizes that many women need or want to work. This was an issue many women were upset that early editions of *The Womanly Art of Breastfeeding* did not include. There is something to say that each of these books do include working women as an important portion of their readership.

Gaskin includes a chapter on work titled "If You Have a Job Outside Your Home". This chapter is not solely focused on milk expression but on many aspects of returning to work and being regularly separated from baby. Leaving baby is discussed as a part of life and nothing abnormal. Gaskin is careful to include the potential impact of discussing plans to breastfeed and pumping arrangements with employers before the baby is born to assure that the transition back to working can be as smooth as possible. She refers the reader to look through the "Business Case for Breastfeeding" toolkits, created by the U.S. Department of Health and Human Services[6]. There is a toolkit for employees, business managers, and easy steps for supporting breastfeeding employees. Gaskin addresses how emotional going back to work and leaving baby for the first time can be. At the same time, most of her language around employment suggests that it is a choice the mother is able to make and not necessarily an economic requirement. She states that ideally, "you will have at least six weeks after giving birth before you return to the workplace" but lengths from a few weeks to a year or longer are discussed at varying times with mentions of different policies and laws regarding maternity leave (Gaskin 153). Overall, Gaskin's chapter is one of the most to the point, practical approaches to returning to work.

Huggins addresses work both in relation to pumping and to being away from baby. The chapter she includes specifically on pumping addresses how often and how much a women may need to pump depending on work schedule and age of baby. This

[6] More information available at:
http://mchb.hrsa.gov/pregnancyandbeyond/breastfeeding/

chapter also goes in depth on what type and model of pump a woman may prefer. The chapter on separation from baby suggests making arrangements ahead of time for pumping and possibly flexible work schedules, such as varying hours or working from home part time. Huggins does also provide a link to the "Business Case for Breastfeeding" information as well as the United States Breastfeeding Committee website for additional information that can be given to employers when discussing returning to work. She also suggests looking at the possibility of having baby brought to the mother during the day to breastfeed. These options are discussed in the context of work or school for the mother. Although Huggins recognizes that there may be financial need for working and/or taking a short maternity leave, she also assumes that the mother will be able to make some sort of flexible work or school arrangement. Suggestions include working from home, working or going to school part-time instead of full-time, job sharing, or arranging flexible work hours. In relation to length of maternity leave, Huggins recommends taking 16 weeks off of work and recognizes that the Family Medical Leave Act only provides 12 weeks. She recognizes that while "there may be no question in your mind that you will be returning to work or school after your baby is born, you are lucky if you have some flexibility in determining the length of your maternity leave" (Huggins 238). At the same time, she seems to assume that most women will be able to negotiate time off, pumping time, and a schedule that works for them. These assumptions present the mother who works as having a job that is secure enough and/or pays well enough for these options to be realistic.

Mohrbacher and Kendall-Tackett place employment in the context of daily life with baby. The decision of whether or not to work is deemed the woman's choice to make: "The question of whether to work outside the home is one that any mothers wrestle with" (Mohrbacher and Kendall-Tackett 214). They recommend looking at options such as part-time, flex-time, job-sharing, or having someone bring the baby to the mother to feed, as the other authors do. Also recommended is choosing breastfeeding goals ahead of time, such as whether the reader wants to maintain feeding only breastmilk for the child or if supplementing with human milk substitutes to ease the pumping time is an option. The "Business Case for Breastfeeding" is again recommended in talking to employers before returning to work to make the transition smoother. As they deem the decision of whether or not to work the choice of the mother, Mohrbacher and Kendall-Tackett also disregard women who need to work for income or who are in jobs that don't give them negotiating power. For maternity leave, they recommend taking 3 months home with baby for the best chance of retaining a good milk supply.

Wiessinger, West, and Pitman discuss employment in relation to being away from baby in general. They address the planning of a pumping schedule ahead of time and the realization that the transition back to work may not go as planned. Their suggestion is to look at what options are available for arranging a schedule that works best to meet the family's needs. Options such as job sharing, slightly different hours, and a different career are offered. They do address that some women are able to make choices when it comes to employment and children, while some women must work for financial reasons. However, they also offer examples of women who needed to work that were able to work

out a schedule that suited them. One mother talks about being able to switch her part-time hours from five days per week to four days per week, leaving her more time to spend at home with her son, as well as attend La Leche League meetings (Wiessinger, West, and Pitman 273). Wiessinger, West, and Pitman simply recommend staying home on maternity leave for as long as possible. They recognize that not every country or area provides sufficient maternity leave but to take advantage of whatever is available. They also suggest looking into other options such as extended unpaid leave if feasible or cashing in an inheritance early if available to finance a longer leave. While these options are unlikely to work out for many, they highlight the importance these authors place on being able to have a long enough break from work to establish breastfeeding.

Overall, lower-income women are not widely addressed by these books. The options given for work arrangements generally are applicable to positions in which the woman would have a decent level of control over her own schedule or at least enough power in her position to be able to negotiate her working conditions. This really comes down to a case-by-case basis for why better support is needed for mothers on a larger scale. If only certain mothers are going to be able to make the choices they see best when it comes to caring for their children, how is that promoting growth and equity overall? While employment equality is not a focus of these books, the content provided in relation to employment provides examples of why this is a topic that needs to be addressed more broadly in relation to parenting.

Commercialization of Breastfeeding

As a subcategory of economic status lies commercial or consumerist suggestions related to breastfeeding and infant care. What products are recommended, suggested, or stated to be necessary for new mothers? How do the recommendations present assumptions about what the mothers should be able to afford? The different suggestions of each book not only provide insight into what is expected to care for young infants but also the different views the authors take on child care.

Huggins has by far the greatest emphasis on material needs. She discusses options for nursing bras, breast pumps, chairs, nursing stools, car seats, and diapers. The largest consumerist focus of hers is the breast pump. Not only is there a detailed section on the act of pumping breastmilk, but she includes an in depth analysis of specific models and brands. This analysis categorizes breast pumps into types such as clinical or hospital grade, near clinical grade, and manual. She even provides specific information on how each pump rates in terms of cycles per minute as well as pressure. The way pumps are discussed by Huggins suggests that every mother NEEDS a pump. She states that "even many women who are planning to stay home with their babies see a pump as a necessity, for occasional separations or to allow their partners to participate in feedings" (Huggins 195). Whether for providing milk when away from baby or for increasing or insuring a good supply, a breast pump is the main focus of the material portion of this book.

Mohrbacher and Kendall-Tackett have a few suggestions for purchases that may be helpful as well. They discuss two different brands of breast pumps as being suitable for most mothers and very reliable. They discuss how different pumps are better for

different occasions. Not everyone will need the same pump and some mothers may not need one at all. They also recommend buying a sling to help carry baby around. Slings are suggested especially for making going out of the house easier and to keep hands free while at home. There is not one specific type of sling recommended. The last item that they say many mothers consider buying is specially designed nursing clothing. Available from a variety of retailers, nursing clothing can be useful for mothers who are nervous about breastfeeding in public, but is not deemed necessary.

Gaskin and Wiessinger, West, and Pitman refer to the fewest purchases. All of these authors highly recommend a sling, just as Mohrbacher and Kendall-Tackett do. They also suggest that some women may want a pump, but that breast pumps are not necessary in all circumstances. Gaskin recommends looking into a good nursing bra for added comfort. She also discusses choosing between cloth diapers and disposable diapers, but she does not give an ultimate judgment about which is the better option.

Each of these recommended purchases puts pressure on families with limited resources to provide items that may or may not be necessary for them. While some items are more practical to worry about, items such as car seats don't need to be included in conversations about breastfeeding. Huggins lengthy review of different breast pumps can also be overwhelming to go over. While it would be a helpful reference in determining the difference between a few breast pumps, if her guide is the first place one goes to look, the expansiveness of her discussion can be more stressful than helpful. Overall, each of the writers or writer groups has insight to share into what is now recommended or considered necessary for mothers to have while breastfeeding.

Community

The type of community in which one breastfeeds can play a huge role in length, exclusivity, and thoughts on breastfeeding. From issues on breastfeeding in public, to legal protection, to expectations of others, breastfeeding can be a volatile act in certain communities. This is one area in which the authors vary significantly in approach. Some address social context in depth while others skim over it. The approach taken towards social context and the time spent discussing it elucidate the views of the different authors. The largest issue discussed by these authors is the visibility of breastfeeding, specifically breastfeeding in public. Breastfeeding in public is an issue that has been in the news fairly frequently. Mothers in many areas are asked to cover up or leave an area because they are breastfeeding. One of the most highly publicized instances was when a mother was refused access to a dressing room at a Victoria Secret store, after making a purchase, when she wanted privacy to breastfeed her baby.[7] Celebrities have also been supporting breastfeeding more publicly, such as Olivia Wilde's recent photo shoot with Glamour magazine.[8]

Huggins doesn't spend much time discussing social context. The biggest issue related to social context that Huggins covers is nursing in public. Her comments focus on covering and discreet nursing. She suggests that "learning to nurse discreetly and without embarrassment will put most people at ease" (Huggins 235). This comment presents

[7] http://www.huffingtonpost.com/2014/01/16/victorias-secret-breastfeeding-mom-_n_4611310.html

[8] http://www.glamour.com/fashion/2014/08/olivia-wilde-glamour-september-2014-cover-photos/4

breastfeeding as something that many will worry about being embarrassed by and something that is not experienced as the norm. The large focus placed on privacy and discretion while breastfeeding complies with many societal views in the United States. These views may be slowly changing, but they are evident in the mothers who are asked to leave businesses or cover up while breastfeeding in public, such as the story mentioned above. Huggins does not address the legal protection of breastfeeding in most states or give advice on how to combat negative comments. She mentions that family and friends may have differing views when it comes to breastfeeding, but she does not go beyond to discuss ways the topic could be addressed.

Mohrbacher and Kendall-Tackett provide a bit more on breastfeeding in public, but they really address social views much more than Huggins does. They address the fact that being able to breastfeed discretely may make some women more comfortable while breastfeeding in public, but they do not suggest this as something that all women must do. They even state directly that "there's nothing indecent about feeding your baby" (Mohrbacher and Kendall-Tackett 210). Mohrbacher and Kendall-Tackett also provide a web address that can be used to look up the specific laws regarding breastfeeding in public in different states. This website covers laws regarding whether a mother can be asked to leave a place while breastfeeding as well as laws regarding indecent exposure charges while breastfeeding. They suggest that simply knowing the legal protections one has can provide a lot of confidence in breastfeeding in public. Not only do Mohrbacher and Kendall-Tackett address cultural context and the role it can play in breastfeeding, but they include an entire chapter on history and culture. These cultural influences are labeled

largely as part of "What Interferes With the Laws" (185-203). They address how changes in parenting behaviors and cultural expectations created new problems for mothers. This is specifically related to the advent of "scientific mothering" in the early 20th century. Because of these changes, advice of others can often be skewed by expectations that are not at all realistic for most human babies.

Wiessinger, West, and Pitman mostly address breastfeeding in public and leave more of the social context to the anecdotal inserts. They highlight that breastfeeding in public needs to be visible on a large scale in order for breastfeeding to become normalized again. This discussion is placed in one of the earliest chapters, discussing realities of life with baby from 2-6 weeks. They provide tips for what types of clothing can make breastfeeding in public easier and how to find a good spot to sit and be comfortable. They also discuss the ease that breastfeeding can bring to travelling with a baby. While they do not address legal protections of breastfeeding in public specifically, they do note that they "know of no province, state, or country that prohibits it, and there are many that specifically protect this natural right of mothers and babies" (Wiessinger, West, and Pitman 144). They also suggest a few methods of avoiding unwanted attention while breastfeeding, such as looking around with a friendly expression and simply being comfortable with one's self. The discussion of social expectations is largely constrained to the anecdotal stories, but these anecdotes provide good examples of how social context can influence a mother's wishes.

Gaskin is by far the most invested in addressing the social context of breastfeeding. She devotes multiple chapters to different topics that she feels need to be

addressed. Her discussion of breastfeeding in public is a part of a larger discussion of "nipplephobia" or "irrational fear, fascination, attraction, repulsion, guilt, and confusion provoked by seeing an adult female nipple (or even the illusion of seeing one)" (Gaskin 266). This term is used to name the "disease" that perpetuates an unhealthy obsession with adult female nipples and their exposure. Gaskin addresses the "insane" prevalence of the idea that breastfeeding should need to be discrete or hidden simply because there could be an adult female nipple visible at some point. She believes that people need to see women breastfeeding for it to not be such a big deal. While she does not reference legal protections at all, she does note many social differences between countries in Europe and the Middle East and those of views on breastfeeding in the United States. Her advice for dealing with resistance to breastfeeding in public is simply that breastfeeding should have no resistance. If someone makes a negative or rude comment, it is their problem, not the mothers. Gaskin addresses culture at length in regards to knowledge and acceptance of breastfeeding. Her chapter "Shared Nursing, Wet Nursing, and Forgotten Love" covers topics such as induced lactation and spontaneous lactation. She admits that she never knew women could continue to lactate long beyond their childbearing years until she witnessed it first hand in multiple other cultures. She shares how so much knowledge has been lost about breastfeeding by it being deemed a taboo topic. She relates this loss of knowledge to the increase of nipplephobia and aversions to breastfeeding as well. Phenomena that are not biologically abnormal are not known to be possible because no one is willing to talk about them.

One area that only a few of the books address is the promotion of human milk substitutes. Human milk substitutes marketing is a much more regulated practice in most of the world outside of the United States. Gaskin provides and explanation of the WHO code (referred to earlier in relation to Baby Friendly hospitals) detailing recommendations on human milk substitutes marketing. The United States is one of the only countries to not sign this global document which prohibits direct marketing of human milk substitutes to families. Mohrbacher and Kendall-Tackett address the promotion of human milk substitutes in their book as well. Gaskin, however, goes on to include an appendix dedicated to discussing human milk substitutes recalls, a topic that many do not want to address. The visibility and availability of human milk substitutes in the community is a factor in whether or not women decide to feed their child(ren) human milk substitutes. The more human milk substitutes are promoted and advertised as being able to "solve" certain "problems" that babies have or contain more similar ingredients to breastmilk, the more open women are to using these human milk substitutes. Bernice Hausman is quoted by Mohrbacher and Kendall-Tackett on this topic: "Problems are addressed though the purchase of goods. . . Thus one goal of formula promotion materials is to identify baby behaviors as problems that can be solved through a specific, informed purchase" (Hausman qtd in Mohrbacher and Kendall-Tackett 199). Hausman points out a key problem with direct marketing of human milk substitutes. If these marketing campaigns can convince parents that normal baby behaviors are problematic, they can sell their goods as "solutions" to these "problems."

Social context is possibly the most important factor in getting more mothers to breastfeed and in normalizing breastfeeding. Changing societal views is the first step towards making employment options more flexible, getting more hospitals recognized as baby-friendly, and at making breastfeeding once again the norm. These authors have different approaches, but the knowledge that they share about their cultural and social context provides a base to start making changes from. The final chapter will bring together the issues discussed in these chapters, raise a few more issues, and discuss options of where this discussion can lead.

CHAPTER V

WHERE DO WE GO FROM HERE?

After looking at the specific topics covered by Ina May Gaskin, Kathleen Huggins, Nancy Mohrbacher and Kathleen Kendall-Tackett, and Diane Wiessinger, Diana West, and Theresa Pitman, there are a few more technical aspects to the denoting of audience that have not yet been discussed and which need to be. A few of these aspects will be covered here. Issues such as the point of view used and how the reader is referenced, certain style choices of the authors, and how evidence is used and what is counted as evidence are issues that will be addressed. Unfortunately the discussion of the images used in these books and visual rhetoric is out of reach.

It should be noted that there has not been a discussion of the images used by these books. While this was originally intended to be a part of the project, the images became too big of an aspect to deal with properly in this space. Visual rhetoric is a field in its own. Questions of who is portrayed, what body parts, and whether photographs or drawings are used are just a few of the questions that need to be asked. Do the images include women and babies breastfeeding together who are different races? Do any images include anyone that is not cisgender? Who is given visibility in these books? Even the images chosen for the covers of these books. Have they changed with different editions of the books? These questions and many more are ones that need to be asked. There was

unfortunately not the space here to do so in a way that would sufficiently start the conversation.

Certain style choices made by the authors work to include or exclude certain individuals as well. Huggins, for example, often uses qualifiers such as "good" or "unnecessary" when talking about certain behaviors or concerns. In instances such as the labeling of some concerns as "unnecessary," readers who have or had these concerns might feel belittled by the author. At the same time, Huggins uses a lot of repetition to make finding the appropriate information quick and easy for readers who are looking for a specific topic and not a book to read cover to cover. Mohrbacher and Kendall-Tackett use the seven laws they lay out to help explain suggestions made later. They also tend to use personal examples and analogies to help create a better understanding with the reader. Gaskin focuses a lot more on creating a breastfeeding culture than the other authors, with less time spent on particular technical aspects. She works to create a place where all women are fully supported in their breastfeeding. Wiessinger, West, and Pitman use phrases such as "long ago" to present breastfeeding as something that has always happened and should continue. This places breastfeeding as essential to human existence instead of something to be hidden or not discussed. The connection to the past is initiated in the foreword by Mary Ann Cahill, who discusses "The Story" of breastfeeding, which is the way breastfeeding information was passed on woman to woman traditionally. She frames La Leche League and *The Womanly Art of Breastfeeding* as THE continuation of "The Story," and the reason breastfeeding rates have continued to slowly climb since the 1960s. The idea of breastfeeding as a shared connection is evident in each of the books.

These specific choices by the authors change the tone of the books in subtle ways that will appeal to those who think or process information in similar ways. Some readers will prefer the straight-forward approach of Huggins, while others will prefer the many personal stories of Wiessinger, West, and Pitman. These stylistic choices work to set the tone of the books. Tone is one of the aspects that sets the books apart from one another more than anything to a prospective reader who is trying to choose which book to purchase. The differences in tone also reflect the personalities of the authors.

The use of evidence in each of these books differed widely and also affected the tone. Each of the authors use personal anecdotes to clarify points, bring in a personal connection, or share other experiences. This is done in a slightly different way in each book. While personal anecdotes are a type of evidence, the way there are used in the texts is different from the way other types of evidence, such as research or expert opinions, are used. Each author also uses these various other types of evidence. The choices made regarding evidence reveal assumptions made about the imagined audience. Using stricter versions of in-text citation might appeal more to a reader who has a higher level of education and has had to use those types of citation themselves. Personal anecdotes appeal more to the emotions of the reader. These different forms of evidence will be addressed separately.

Huggins uses the fewest personal anecdotes. They are included in-text and are often only a line or two that is intended to make a connection with the reader. She doesn't focus as much on creating a sense of community with other breastfeeding women, so anecdotes are not as central to her approach.

Mohrbacher and Kendall-Tackett use personal stories of specific mothers to explain how easily some issues can occur, even with well-intended advice. Their anecdotes are also used in-text and infrequently. They also use specific examples of other cultures or regions who have traditions that are useful to the conversation. For example, they discuss the !Kung and how their babies rarely if ever cry. The babies in this tribe are held almost constantly since there is often no safe place for them to be put down. They also tend to have toddlers more independent than toddlers in the United States. (Mohrbacher and Kendall Tackett 193-194). This is one example used to explain how some advice given by friends or health care professionals can be proved untrue by looking outside the immediate cultural context.

Gaskin provides many personal anecdotes, both in-text and separated out in text boxes. The anecdotes used by Gaskin are primarily examples of situations she witnessed or from families that she had known. These anecdotes provide emotional connection with the situations as well as unique solutions to certain issues. A particularly powerful anecdote includes the perspectives of two mothers who worked together to nourish twins. The first mother's child had died soon after birth while the mother of the twins was simply overwhelmed. These two women were able to arrange a setup that both worked to care for the twins well and help the mother heal who had lost her own child (Gaskin 228-229). Gaskin's writing is very personal in tone, not shying away from sharing personal aspects of her life.

Wiessinger, West, and Pitman use personal anecdotes frequently as examples of the topics at hand. These anecdotes are almost always set apart in a text box. The

anecdotes used by these authors tend to have a positive spin, even when discussing situations that didn't turn out as the person had hoped. For example, Lynette discusses feeling pressured to wean her son once he turned one. She felt extreme pressure and guilt in breastfeeding at that point, and she encouraged him to wean just before he turned two. Although she spends half of the anecdote describing how upset the whole process made her, knowing that neither her nor her son were really ready to wean at that point, the anecdote ends with a hopeful line about finding a La Leche League group and now feeling supported if she would chose to have another child (Wiessinger, West, and Pitman 325-326). Anecdotes such as these are surely meant to be uplifting, but can cause some readers to perceive *The Womanly Art of Breastfeeding* as too emotionally driven or sappy. The different uses of anecdotes in these books will appeal to the different personalities traits of the readers more than trying to appeal to specific demographic groups.

One specific format choice that differs in each of these books is how the authors use evidence. The books differ not only in how they present evidence, but also how references are presented. Whether the authors use in-text citations, footnotes, or a reference list at the end of the book, each book has a different setup. How evidence is presented can appeal to different types of readers in different ways as well.

Huggins uses the least amount of evidence. She doesn't generally denote references in context, and there are very few in-text citations. Interestingly, one of the few times she does include an in-text citation, it is in relation to car seats (Huggins 57). While she lists all the references at the end of the book, a lack of in-text citations of any

sort can make it harder for the reader to look up further information. At the same time, readers who are not well-versed in citation rules might not think twice about not having that information in-text. Many readers will probably not ever look at the references used unless looking for more information on a specific topic. Huggins does sometimes list the names of organizations, researchers, or important individuals when discussing specific information relevant to the organization or individual. Often, however, she simply states "a study" or "recent studies" when presenting evidence. She does list other books specifically in relation to certain topics, such as sleep training methods. The lack of in-text citations or references creates a sense of confidence in Huggins' writing, as if she knows all the answers herself and doesn't need others to support her. Her tone often matches this perception. The writing is very confident and there is not often a sense that her advice will not work for everyone.

Gaskin provides evidence in multiple forms. As mentioned earlier, she uses many personal anecdotes as evidence. In addition, she includes endnotes with specific reference information. The use of endnotes helps a reader to know exactly where to go to look for more information on a certain topic. In addition to the endnotes, Gaskin also references specific studies and researchers when providing information about a topic or study in general. There is a good balance of personal experience and research included to support the claims Gaskin makes. She does admit as well when she is sharing information that is her opinion or personal preference.

Mohrbacher and Kendall-Tackett use research and personal stories to support the information presented. They use in-text parenthetical citations throughout the book.

Regular citations of studies and information from different organizations is shared to support claims or provide examples. There are also multiple personal stories or cultural examples to illustrate points. Mohrbacher and Kendall-Tackett write about relationships and back it up with a lot of research. While the parenthetical citations change the flow of the book to more of an academic volume, the rest of the book remains personally directed.

Wiessinger, West, and Pitman start their book stating "breastfeeding has always been something that women learn from one another" (xxii). They discuss that while they provide references and use modern science and research, they back up their information with real experiences of mothers. While they do not include in-text citations, the references are organized by page number, including the line from the text that is supported by the reference. This provides a helpful guide for readers to be able to look up more information on specific topics, without having to know how to decipher more structured in-text citation methods. Wiessinger, West, and Pitman also provide text-boxes listing additional books, articles, videos, or websites that can provide more information of certain topics. As discussed earlier, they also use the most personal anecdotes. The balance that is created by the detailed list of references and the personal anecdotes creates a sense of reliability in the information presented.

The authors of each of these books use evidence in a different way. The different citation choices are distinct and once again provide options for readers. How many readers pay attention to references or would make a choice based on them is unknown. However, it seems that only readers with a certain level of education may know how to

use parenthetical citations, while some of the other methods chosen could be more accessible to a wider base.

The Breastfeeding Woman

Gaskin, Huggins, Mohrbacher and Kendall-Tackett, and Wiessinger, West, and Pitman, present different ideas of who the breastfeeding women may be. How can their ideas be put together so that a clearer picture of who their audience is can be framed? Essentially, who is the breastfeeding woman? Who is left out of the conversation? From the analysis conducted here, it seems that the "Breastfeeding Woman" would be a heterosexual, cisgender, economically stable woman in a committed relationship. Racial qualities could be deduced by looking at very specific details. Racial disparities are evident in studies of breastfeeding rates. While the books do not address racial differences, inferences can be made about what racial groups are expected as readers by the other demographic markers. The main groups of potential readers that are excluded are economically lower-class readers, readers who are employed in positions where they have little control over scheduling, breaks, or time off, single mothers, non-cisgender readers, and non-heterosexual readers. There could be improvement in the treatment of these groups in many cases by simply offering additional resources. While this is merely a first step, by addressing that these groups too are important in conversations on breastfeeding, there can continue to be more attention paid to being inclusive.

Economically lower-class readers and those in low-control employment positions are glanced over at multiple points in these books. There are few resources provided for readers who may be looking for financial help. Whether it be more information on WIC

programs, information on how to apply for food stamps, or way that child care expenses can be reduced, there is an opportunity to direct families to resources in these books that is not being taken advantage of. By addressing employment but leaving out many of those who have little choice in their employment, these individuals are ignored once again. According to the National Poverty Center, families headed by single mothers have the highest poverty rates. With this data widely available, it is amazing that not one of these books tries to address additional support options. The authors each tout the economic savings of breastfeeding and how this can help families. But without providing information on how breastfeeding can work in situations where employment or child care arrangements are not flexible, many readers or potential readers are once again left without support.

As discussed in Chapter 4, not only are the readers referred to using female pronouns, but partners are almost exclusively referred to with male pronouns. Not only does this create the assumption that the reader will have some sort of partner to help with child care and household responsibilities, but it also implies that the reader is in a heterosexual relationship. This again excludes multiple groups of readers. Wiessinger, West, and Pitman can be an example of how to better include readers. They not only use the term "partner" reliably and without associating it with male pronouns, but they explain that "partner" can be any support person. There is still room for improvement in *The Womanly Art of Breastfeeding*, but these authors do a far better job of not excluding readers based on sexuality. One good next step for any of the authors would be to include personal anecdotes from one of these groups. Maybe include the experience of a female

partner who decided to breastfeed even if she did not carry the child. Or include the story of a trans* parent who is breastfeeding. The personal anecdotes, already a part of all of these books, would be a simple and influential way to welcome experiences from a wider group of individuals.

Each of these books has a unique tone and style that will appeal to a different personality group. This type of differentiation is important in breastfeeding books to be able to reach a large audience. Now is the time for these books to continue this effort and not only appeal to different personality groups but different demographics as well. Breastfeeding rates are on the rise in the U.S., but this will only continue if the conversations regarding breastfeeding are open to all who are interested. While social change is often slow, it can speed up with different groups working toward common goals together. By addressing larger groups of lactating individuals, not only will breastfeeding rates and support rise, but so will the members of these groups.

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