

Preface

Why Breastfeeding?

IN CHICAGO, A counselor at a federal women, infants, and children (WIC) clinic laments the tragedy of teenaged mothers choosing to go to school instead of breastfeeding their babies.¹ The director of the neonatal intensive care unit at DC General Hospital tells mothers of infants with runny noses that the babies would not be sick if they breastfed.² And an anthropology professor argues that infant formula producers, “just like tobacco companies, produce a product that is harmful to people’s short and long-term health.”³ Meanwhile, in Congress, Representative Carol Maloney has introduced legislation to amend the 1964 Civil Rights Act to include various protections for breastfeeding, and Senator Tom Harkin has proposed that warning labels, similar to the Surgeon General’s warning on cigarette packages, be affixed to formula containers.⁴ How did we arrive at a place in the United States where formula, which nourishes millions of healthy babies every year, can be likened to nicotine? Where breastfeeding her baby can be considered more important to a teenaged mother than getting an education? Where, without evidence, a doctor feels professionally and morally justified telling bottle-feeding mothers that *not* breastfeeding essentially *causes* babies’ illnesses or that breastfed babies do not get sick? These are the questions that drive this book.

Hyperbole is commonplace in the world of breastfeeding advocacy, and it is staked on an overwhelming consensus that breastfeeding is the optimal form of nutrition for virtually all babies everywhere.⁵ According to the most recent policy statement of the American Academy of Pediatrics (AAP), the “diverse and compelling advantages for infants, mothers, families, and society from breastfeeding and use of human milk for infant feeding include health, nutritional, immunologic, developmental, psychologic, social, economic, and environmental benefits.”⁶ Infant-feeding studies frequently begin with a reference to breastfeeding’s well-known advantages, and in 2009, a director at the U.S. Department of Health and Human

Services' Agency for Health Care Research and Quality announced that "the debate over the relative value of breastfeeding compared with artificial means of feeding is over, as the data are unequivocal in favor of breastfeeding."⁷ Even formula companies, which have a vested interest in reducing breastfeeding rates, explicitly state that human milk is the nutritional "gold standard" and advertise their products as "closest to breastfeeding." In the chaos of conflicting opinions about caffeine, epidurals, cosleeping, and practically every facet of pregnancy, childbirth, and child care, the hegemony of the "breast is best" message in public discourse is remarkable.

It is all the more so because the science behind the consensus is deeply problematic. While compelling evidence indicates that breastfeeding reduces babies' risk for various gastrointestinal (GI) infections, medical journals are otherwise replete with contradictory conclusions about breastfeeding's impact: for every piece of research linking it to better health, another finds it to be irrelevant, weakly significant, or inextricably tied to factors that are difficult to measure with the standard tools of science. While many of these studies describe a correlation between breastfeeding and more desirable outcomes—for example, some studies have found that breastfed babies have fewer respiratory infections—they rarely control adequately for what scientists call "confounding variables," factors that have not been examined but could be affecting the outcome. Perhaps most troubling, breastfeeding cannot be distinguished from the decision to breastfeed, which could represent a more comprehensive commitment to healthy living that itself is likely to have a positive impact on children's health. If mothers who breastfeed also wash their hands more frequently, keep their babies from crowded places, and expose them to fewer viruses, is it breastfeeding or careful hygiene that produces fewer infections?

Furthermore, despite numerous theories, scientists have been largely unable to demonstrate *how* breast milk works in a baby's body to protect or promote health.⁸ In instances like this, in which the "exposure" (breast milk) and the "confounder" (the choice to breastfeed) are highly correlated and the biological processes by which the exposure has salutary effects have not been identified, determining causality is especially challenging. When studies find an association between breastfeeding and reduced risks, therefore, it is not at all clear that one causes the other, and the conclusion that breastfeeding confers health benefits is far less certain than its proponents contend. Indeed, a great deal of evidence suggests that the difference between breastfeeding and bottle feeding has little impact on the overwhelming majority of infants in the developed world.⁹

I did not set out to tell a story about science. Rather, I began this project to understand why feminists had not paid much attention to breastfeeding as a social process. Both the AAP and La Leche League International, the world's largest breastfeeding support organization, advise that babies in "the early weeks" should breastfeed eight to twelve times a day, which effectively means that new mothers will find themselves feeding nearly every other hour.¹⁰ Even when babies begin to feed less often, breastfeeding requires an all-encompassing physical and emotional commitment from mothers. Why, I wondered, had feminists not grappled with infant feeding to the extent that they had with so many other aspects of reproduction and child care?¹¹ That "breast is best" I never questioned. My plan was to spend a few days reading the medical literature to learn precisely what science had determined to be breastfeeding's health benefits before I returned my focus to feminism.

As days turned into months, it became clear to me that feminism's relationship with breastfeeding was only one dimension of a much broader and more perplexing set of questions: Why, when the scientific evidence is weak and inconsistent, do almost all "experts" agree on breastfeeding's superiority? In the absence of compelling medical evidence, how have scientists, doctors, powerful interest groups, and the general public come to be persuaded that breastfeeding is one of the most important gifts a mother can give to her child? What does public discourse on infant feeding in America tell us about the relationship between mothers and children as well as about broader social practices that, at least at first glance, have nothing to do with women or motherhood? Why has breastfeeding become a potent, almost sacrosanct symbol, despite serious flaws in the scientific rationale for its health benefits?¹²

Breastfeeding literally embodies popular unease about risk, health, and motherhood; it serves as a repository for numerous cultural anxieties, many of which have little to do with infant feeding *per se*. In this book, I try to convey the range of these concerns and how they converge in various expert conversations about breastfeeding. To do so, I use a variety of scholarly literatures, from social theory, cultural studies, and media studies to infant-feeding science, epidemiology, and health policy, each with its own vocabulary, rules, and assumptions. I have tried to avoid overly technical language and to offer examples when my analysis seems especially abstract, but melding such diverse approaches has been an enormous challenge, one that, I suspect, will not be entirely lost on readers. It is, nonetheless, only by disentangling the sprawling roots of American

public discourse on breastfeeding that we can begin to understand their equally far-reaching consequences.

This is a book about what I call a “risk culture,” broadly speaking. It is also about health risks and, more specifically, the risks related to breastfeeding; about cultural expectations of mothers and how they shape personal and social meanings of breastfeeding; about rules and routines in epidemiological research and the development of medical knowledge; and about how risk, motherhood, and science coalesce in the social construction of healthy citizens. I pay particular attention to the various individuals and institutions, many with the most altruistic intentions, that contribute to the misrepresentation of breastfeeding as essential to babies’ short- and long-term health: the scientists who conduct, publish, and review infant feeding research; the doctors, government institutions, and interest groups that proclaim breast milk’s advantages for women, babies, and America; and the various media that translate scientific research for the public. My primary concern is with how women’s infant-feeding choices are framed by people and institutions perceived to be authoritative. Experts formulate recommendations in cultural, professional, and political environments that make certain accounts of breastfeeding more compelling than others, and it is these contexts that form the subject of this book.

For example, conversations about breastfeeding reflect long-standing ideas about gender and motherhood. In the spirit of Gloria Steinem’s infamous musings about how women’s monthly periods would be represented “if men could menstruate,”¹³ we might fantasize about what breastfeeding would mean if men, instead of women, had functioning mammary glands.¹⁴ Scientists might assure men that bottle feeding helped babies connect to multiple caretakers, a process of horizontal bonding essential to normal psychological development. Formula might be lauded as evidence of man’s conquest of nature and mastery over his body. Supplemental nursing systems, which involve taping a tube to one’s nipple to help a baby “latch on,” might never have been invented (and if they had, they probably would be denigrated for violating men’s bodies and personal autonomy). Where Steinem imagined men embracing menstruation as the essence of their superiority, we might envision them dismissing lactation as quaint and unnecessary, rather like churning one’s own butter or making paper. In other words, representations of biological practices reflect unequal distributions of power, and the significance of breastfeeding in America has its roots in long-held assumptions about femininity and masculinity.

Breastfeeding also is grounded in deep-seated beliefs about mothering. From the last decades of the twentieth century to the present, the notion of “good enough” mothering has been replaced by “exclusive motherhood,” “intensive mothering,” and “the new momism,”¹⁵ or what I have termed “total motherhood.” Like the new momism, total motherhood requires mothers to be experts in everything their children might encounter, to become lay pediatricians, psychologists, consumer products safety inspectors, toxicologists, and educators.¹⁶ Mothers must not only protect their children from immediate threats but are also expected to predict and prevent any circumstance that might interfere with putatively normal development.¹⁷ Total motherhood is a moral code in which mothers are exhorted to optimize every aspect of children’s lives, beginning with the womb. Its practice is frequently cast as a trade-off between what mothers might like and what babies and children must have, a choice that frames public discourse on breastfeeding. And when mothers have “wants”—such as a sense of bodily, emotional, and psychological autonomy—but children have “needs”—such as an environment in which anything less than optimal is framed as perilous—good mothering is defined as behavior that reduces even infinitesimal or poorly understood risks to offspring, regardless of the potential cost to the mother. The distinction disappears between what children *need* and what *might enhance* their physical, intellectual, and emotional development. Mothers are held responsible for matters well outside their control, and they are told in various ways that they must eliminate even minute, ultimately ineradicable, potential threats to their children’s well-being.

What makes breastfeeding especially powerful is how it resonates in ways that have nothing to do with gender, mothering, or infant feeding *per se*. Common assumptions about women and maternal bodies are crucial to understanding representations of breastfeeding; but expectations of mothers take shape in much more diverse social contexts, and breastfeeding has been invested with so much meaning precisely because it resonates so broadly.¹⁸ In American public discourse, breastfeeding is a trope in causes ranging from environmental progressivism to religious fundamentalism. It is invoked by those who believe that what is “natural”—breastfeeding is perceived to be an organic process—is inherently best, but it also confirms the authority of science: research purports to demonstrate that breast milk is nutritionally optimal. It is embraced by grassroots women’s health advocates as well as by institutional medicine, or the scientists, doctors, and medical associations that health activists have

long mistrusted. It serves liberal, radical, and cultural feminist ends at the same time that it appeals to non- and even antifeminists. Like manna from heaven, said to taste like whatever the person eating it desires, breastfeeding appears to have virtually unlimited meaning. To be sure, bottle feeding also has rhetorical appeal, but breastfeeding reverberates across seemingly unbridgeable divides.

What links many of these discussions is what I call a “risk culture,” a pervasive anxiety about the future that drives many people to build their lives around reducing all conceivable risks. What they eat, how they raise their children, and which cars they drive—nowadays so many decisions seem designed to diminish risk and optimize the future. Scientists and various other experts produce a constant stream of information about everything from health and relationships to the economy and the environment, and their advice is subject to constant revision. One day people are advised to eat more fish, and the next they are warned to avoid the environmental toxins that contaminate natural habitats. The quantity and scope of this information, however inconsistent, create a widespread but false impression that the wisdom to make perfect choices is available to everyone and that all risks, particularly health risks, can be prevented with proper calculation. Public discussions about risk are infused with an ethic of neoliberalism: scientists, doctors, and government institutions emphasize individual responsibility, and good citizens are idealized as those who take care of themselves and exercise personal control. A neoliberal risk culture is, in short, a personal responsibility culture. As I discuss at length, however, risks are omnipresent and ever present, and behavior that is risk averse in one domain is likely to create new risks in others. Choices also are socially constrained, and people without social or economic resources often are unable to behave in ways that the experts have deemed to be responsible.

Risks, moreover, can be minimized or exaggerated, and which risks we pay attention to at any given moment—which ones preoccupy experts and lay people alike—frequently depends on cultural values. In the United States, health risks, and particularly those that individuals bear the responsibility to manage, command abundant attention. This is perhaps most apparent in the nonstop barrage of information telling people how a healthy diet can protect against obesity, diabetes, heart disease, and countless other illnesses. Risks to children, and especially threats conceptualized as mothers’ obligation to reduce, are prominent in public discourse as well. Indeed, while my concept of total motherhood owes much to earlier

notions of the new momism and exclusive or intensive motherhood, what distinguishes it is precisely this emphasis on risk, or the insistence that mothers eliminate all risk to children at any cost. Breastfeeding, in which mothers are personally responsible for reducing health risks to babies by controlling the production and consumption of their food, is the epitome of total motherhood in a neoliberal risk culture.

What follows, therefore, is much more than an analysis of breastfeeding. It is a study of weak science, an investigation into how cherished but unsubstantiated beliefs about health become conventional wisdom. It is an exposé of motherhood and the collective fantasy that mothers can and should produce perfect children. It also is an inquiry into cultural values and the responsibility that citizens place on themselves and others, a parable of middle-class America's preference for individual instead of communal solutions to a wide array of problems, including those that have social or biological causes and those whose origin and development we simply do not understand. At its core, this is a story about how ordinary citizens, increasingly anxious in a progressively more complicated world, rely on these values to manage an unrelenting barrage of information whose complexity far exceeds any one person's capacity to grasp.

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