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Infant feeding: take politics and moralism out of the maternity ward

This century, scholars working in the social sciences and humanities in the UK and in other countries have published interesting research that considers a set of important questions about infant feeding. This work has sought to consider the rationales behind policy developments, the experience of mums and dads as they feed their new babies, and the relation between infant feeding policies and practices and wider norms and values in society and culture regarding motherhood and fatherhood. One point to emerge from this body of work is that infant feeding policy is now better described as breastfeeding promotion policy. In other words, one single objective only has come to dominate policy making; namely increasing the rate and duration of breastfeeding. Policy thus appears less concerned (if concerned at all) with developing a context that seeks to assist and support individual parents, than with modifying the attitudes and behaviour of parents in general, in relation to the policy ideal of six months' exclusive breastfeeding. In turn, this scholarship points to at least three problems associated with breastfeeding promotion strategies, as they have evolved in recent years.

1. *Misrepresentation of the causes of social problems, with far too much emphasis placed on the significance of the infant feeding practices of individual mothers*

Messages routinely communicated about breastfeeding connect the practice with what appears to some social scientists to be a bewildering array of complex social problems. Breastfeeding is not only promoted as a direct route to vastly improved physical health in mothers and future generations in all manner of ways. (And here the practice of listing major health problems in information for pregnant women and new mothers with no reference to the strength of the evidence, or proper discussion of relative risk according to feeding practice, has been criticised). It is also presented as definitively connected to the mental and emotional health of mothers and children; to social inequality in society (implying that social inequality will somehow decrease if more women breastfeed); to 'environmental problems'; and, in the claim that current policy reflects what mothers themselves want, to the empowerment of women.

Evidence suggests, however, that such hyperbole regarding the dramatic effects of exclusive breastfeeding for society *in toto* has in fact failed to do much to increase breastfeeding rates. What politicising breastfeeding by connecting it to large social and political problems in this way has done

is generate harm of two kinds. It has spread confusion about the causes of social ills by over-estimating their relation to the individual behaviour of mothers, and it has encouraged a situation where many mothers experience being placed under pressure to feed their baby according to the priorities of others, rather than their own.

2. *A growing association between methods of infant feeding and moralised ideas about 'good motherhood' with important negative consequences*

Policy today eschews the use of categories that could be accused of stigmatising mothers; for example mothers who do not breastfeed for the recommended length of time are no longer overtly represented as selfish or ignorant, as they have been at points in the past. Nonetheless, the idea that there is a moral context for infant feeding is upheld by virtually all studies about maternal experience. The literature shows that many mothers internalise the idea that how babies are fed is a legitimate measure of the quality of motherhood, and they consciously or unconsciously judge other mothers accordingly. Thus, departing in feeding practice from what is 'best' is not experienced as acceptable and uncontroversial on pragmatic grounds. Rather it is associated with what sociologists call 'identity work', whereby mothers have to carry out demanding emotional and communication work to defend themselves to others. The moralisation of infant feeding is for this reason detrimental for mothers, however they feed their babies; it makes motherhood into much harder work than it needs to be. It is also damaging for the wider society. Informal solidarity between mothers appears to be impacted upon negatively by the moralisation of infant feeding, and relations between mothers and healthcare professionals also appear to be negatively influenced.

3. *A large 'reality gap' between maternal experience and policy presumptions, which undermines the ethic of choice*

Mothers feed their babies in a range of ways and for most women this includes formula feeding before six months. Studies of women's infant feeding experiences have illuminated the numerous health and mothering considerations that lead to this outcome; there is a wealth of evidence about all of this. Yet studies that have examined official information provided about infant feeding have found that almost no genuine consideration is given to this area of maternal experience. 'Reasons' for formula feeding are certainly discussed, but only in so far as they are construed as barriers to be overcome in the

interests of reaching breastfeeding targets, and this has important consequences for the way 'choice' in infant feeding has come to be defined. It has thus been detected that while policies seeking to foster informed choice should provide women with a fair and honest account of alternatives, 'choice' in infant feeding methods is no longer actual, meaning individual mothers might legitimately decide between two alternatives each with benefits. There is, rather, a context of what has been termed 'constrained choice' because the alternative to breastfeeding is predominantly represented in very negative ways. While this approach is deemed 'evidence-based' it has been argued that it is one-sided. It primarily reflects a growing and problematic gap between what is represented as 'scientific fact' on the one hand, and the lived reality of feeding babies for mothers on the other.

Policy makers appear guided by the certainty that 'more of the same' will make things better for mothers, families and society. In contrast, the case outlined here suggests the need for serious discussion that takes into account the findings of intelligent, well-designed research and commentary. The following suggestions for the future of policy are made in conclusion, with the aim of fostering discussion of this kind:

1. Infant feeding should be depoliticised. Policy in this area should cease to connect mothers' infant feeding practices with solving large social and health problems and should instead aim to support individual mothers to feed their babies in the way that makes most sense for them and their families.
2. Policy should treat infant feeding as an issue in its own terms. Active efforts need to be made to separate infant feeding from morally charged ideas and rhetoric about motherhood. Policy making needs to be disentangled from campaigns and initiatives that are about promoting a particular orientation towards motherhood and family life.
3. Policy makers should aim to promote an ethos

and practice whereby choice really means choice. Mothers should be provided with properly balanced information about all feeding methods as a matter of course by the NHS.

Further reading

<http://blogs.kent.ac.uk/parentingculturestudies/>

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