

## Feeding children in the new parenting culture

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One of the things that I have found most interesting about the public and professional response to Joan's book is the focus on the potential consequences of its publication rather than on its content or argument. The author is criticised for breaking ranks – for raising the very possibility that the science underpinning the assertion that breast is best might not be quite as secure as we had thought. This is perhaps ironic – given the centrality of falsifiability to our very definition of science and the rapidity with which risk assessments and associated advice are in fact revised. The overriding concern seems to be that undermining the categorical assertion that breast is best, on the one hand, and breast is easy, on the other, will undo all the painstaking effort which has gone into persuading women that the responsible choice for the good mother is to breast feed her baby – irrespective of the personal consequences.

It is perhaps typical of the kinds of risk discourse that Joan discusses in her book that they resist complexity – the central concern is to produce a clear and categorical statement of the best thing to do. There is an intolerance of nuance or debate – and a fear that any admission of less than perfect knowledge will lead lay people into error.

We are urged to avoid rocking the boat lest admitting uncertainty or complexity dilutes the message which goes out to poor or ignorant mothers or mothers in developing countries. Entertaining doubt or complexity is seen threatening to public health – what is required is clear and unequivocal assertions of truth. The message boards linked to various magazine articles associated with the publication of Joan's book were pretty vitriolic at times. Joan has been likened to an advocate of cold fusion, a holocaust denier, a 1950s doctor advocating the benefits of smoking and so on. Interestingly, it was rare for these critics to engage with the substance of Joan's argument – indeed many of them proudly declared that they hadn't and wouldn't read the book. On the rare occasions that posts went beyond the categorical assertion that Breast IS Best, the most sophisticated arguments were along the lines of 'breast feeding's natural it must be best', 'breast feeding is every baby's right' or 'breast feeding must be best because the WHO says it is'. There was almost no attempt to

engage with the core argument that correlation does not equal causation and that it is simply not possible to control statistically for the decision to breast feed itself when one is comparing outcomes for breast fed and formula fed babies.

But what are the consequences of these attempts to protect us from uncertainty, ambiguity and nuance? In the case of breast feeding, it results in the kind of dilemma described by one of the women in my own study when she said 'You've got to breast feed or you're some kind of monster'. It contributes to a context in which no risk, however small, is deemed acceptable, if that risk is borne by the baby whose interests the mother is called to prioritise whatever the personal cost – where an attempt to contextualise or weigh up the relative costs to an individual mother of breast feeding against any potential risks to the baby are off-limits and plunge the woman into a kind of moral jeopardy. The obdurate nature of that moral jeopardy is evident in one of the posts to a discussion board arising from Joan's book:

We 'breast is best' people aren't saying formula feeding mothers are bad mothers. We are simply saying that breast IS best, because it IS BEST. It's what babies were designed to eat. Trying to normalize it isn't trying to make you feel bad or guilty, you are doing that all on your own.

More than that, I would argue that this refusal to open up the discussion is, even in its own terms, counter-productive. If the desire to limit debate and deny the experience of the many women who report that they find breast feeding difficult, distressing and unpleasant grows out of a concern to protect women from influences that would dissuade them from breast feeding, then I would argue that it isn't working. It's true, of course, that, in the UK, we have seen some increase in the numbers of women who initiate breast feeding over the last two decades – the latest data suggest that something over three quarters of women start breast feeding.

As I have argued elsewhere, the intersection of discourses around risk, motherhood and expert knowledge make it very difficult for women to justify or excuse (either to themselves or to others) a decision to formula feed their babies before those babies are actually born. It's not surprising, therefore, that, when asked in advance, women indicate that they will

breast feed. However, it's also true that breast feeding rates decline very rapidly. By the end of the first week, less than half of mothers are exclusively breast feeding their babies and the percentage of women who are breast feeding continues to drop off quite markedly over the next few weeks. In other words, while the majority of mothers initially follow the categorical advice to breast feed their babies, only a minority continue to do so for more than a few weeks.

So how are we to understand this shift in behaviour? The longitudinal qualitative study of mothers' decisions around infant feeding which I carried out a number of years ago casts some light on this. When they were interviewed antenatally, most of the mothers framed their decision to breast feed in terms of the expert view that formula feeding is a risky behaviour which could render their babies vulnerable to future health problems – in other words, they embraced and endorsed the expert assessments of risk which Joan calls into question in her book. When we went back to interview them after their babies were born, however, the frame of reference within which the women presented their feeding decisions had changed markedly. They now defended their feeding decisions by reference to their own empirical observations rather than expert calculations of risk. They substituted knowledge derived from their experience for that based on statistics. The future orientation of risk calculations was superseded by a here and now concern to ensure the baby's contentment. Putting the baby's interests first was now framed not in terms of conforming to expert advice about risk but in practical knowledge contextualised in the circumstances in which the women carried out their feeding work.

Having said that, it's important to note that the down-playing of statistical risk calculations did not herald the disappearance of what Joan points to as the ideology of total motherhood. Indeed the women's talk about their decision to move to formula feeding could be read as attempts to realign that behaviour with that ideology. Here the kinds of things that the mothers did not say were particularly significant. None of these mothers challenged the notion that they bore the primary responsibility for their babies' short or long-term welfare. None questioned the fundamental assumption that their babies' welfare was paramount and that they should, in all circumstances prioritise the baby's interests, whatever the personal costs. None pointed to the socio-structural conditions under which their feeding work was carried out. Rather all of these women endorsed the ideology of

total motherhood while, at the same time, arguing that their feeding practices could be reconciled with that ideology despite their departure from feeding practices predicated upon expert epidemiological estimates of risk.

I welcome Joan's opening up the debate about the strength or otherwise of current expert assertions about the risks of formula feeding. I accept her argument that the dominance of such expert positions is grounded in the intersection between the ideology of motherhood and the dynamics of neo-liberal preoccupation with personal responsibility and risk.

However, I suspect that whatever the success of Joan's critique of epidemiological research on breast feeding turns out to be, these broader discursive fields will continue to position good mothers as those who prioritise even the smallest alleged benefit to their children, irrespective of context, personal cost or potential contribution of others.

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