

‘You are going to be a wonderful breast-feeder’: Mothers, midwives and the micro-politics of infant-feeding

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Infant feeding: Social, political and economic context

- Body of evidence on health benefits of breastfeeding for both mothers and infants (Kramer et al, 2001; 2002; Protheroe et. al, 2003)
- Political prioritization of breastfeeding as a means of ameliorating health inequalities
- Rates remain low, particularly in disadvantaged groups. Mothers who are most likely to initiate breastfeeding:
 - have higher educational attainment
 - less likely to smoke
 - older (50% of under 20s initiate breastfeeding compared to 76% overall)
- WHO and DH recommendations exclusive breastfeeding up to 6 mths:
 - By 6 weeks 52% of those who started have stopped.
 - At 6 mths only 2% of infants are exclusively breastfed and only 1/4 partially.
 - Biggest fall off is in the first 4 days of an infants life (IFS, 2005)

Infant feeding and the politics of 'choice'

- The technologised 'production-line' in which women commence infant-feeding (Dykes, 2005)
- Cultural and intergenerational factors (Lee and Bristow, 1999)
- Inadequate training and knowledge of health care professionals
- Little research on how information and advice is routinely managed at the level of the consultation. The tensions that midwives may experience between:
 - Providing woman-centred care
 - A (constantly shifting) policy agenda which promotes breastfeeding as a realistic goal for most mothers
 - A socio-cultural context where artificial feeding is the norm
 - In the wider socio-political context which suggests 'choice' and individual responsibility but in which infant feeding choices are a 'measure of motherhood' (Blum, 1999; Kukla, 2006)

Breastfeeding & the role of the midwife: Policy solutions and contradictions?

- ‘Ten Steps to Successful Breastfeeding’ (WHO/ UNICEF, 1998)
 - ‘**Inform** all pregnant about the benefits and management of breastfeeding’
 - ‘**Show** mothers how to breastfeed..’
 - ‘**Encourage breastfeeding on demand**’
- NICE Guidance on postnatal care (2006)
 - Importance of **information, advice and support** for breastfeeding
 - ‘Women and their families should be treated with kindness, respect and dignityThe **views, beliefs and values** of the **woman, her partner and her family** in relation to her care and that of her baby should be **sought and respected** at all times.
- ‘**to promote informed choice and support women in their chosen method of infant feeding**’ (RCM position statement 2004)

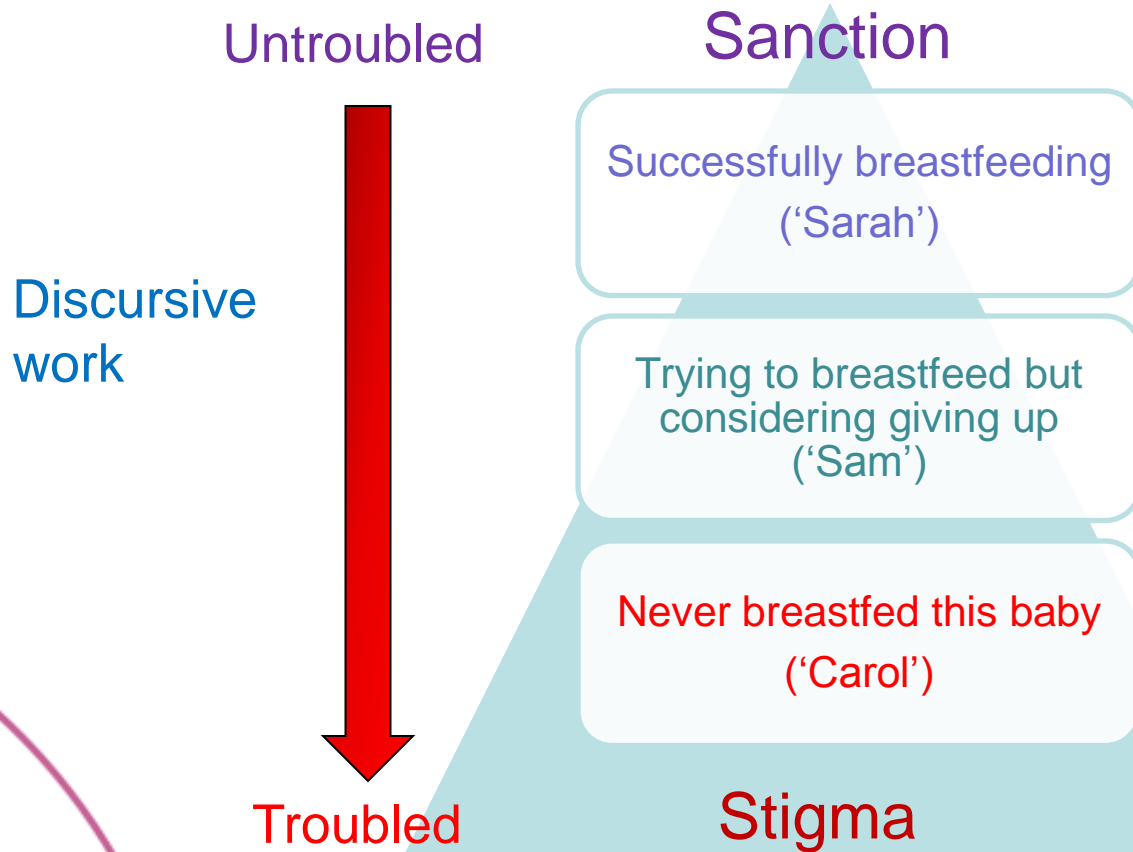
Aims

- How do midwives & mothers talk about infant feeding choices during routine postnatal care
 - In ways which supports mothers decision-making (which may be to not breastfeed)
 - Meet policy priorities (through promoting breastfeeding)
 - In a social and political context where ‘breast is best’ but the majority of women do not exclusively breastfeed
 - At a time when women are ‘giving up’
 - What are the implications for woman-centred care and women’s embodied knowledge?

Methods & Analytic framework

- Analysis of researcher-generated video of 30 home (n=19) and hospital (n= 11) postnatal consultations (22 mothers, 17 midwives)
- Modified form of conversation analysis (Heath, 1986; Goodwin, 2001) and discursive analysis (Reynolds and Taylor, 2005)
- ‘What’ and ‘how’ of interaction.
- How turns at talk are allocated; the ways in which questions, statements etc ‘condition’ particular responses.
- The mediating role of gaze and gesture.
- How dominant cultural ideas (e.g. about what constitutes appropriate mothering) get taken up and/or resisted and construct particular maternal identities.

Moral work: Sanctioned and stigmatized identities



Un-troubled Identities: 'you're going to be a wonderful breast feeder' (Sarah)

1 **M** I don't like to (.) ur: interrupt you when you are feeding so beautifully
c -----
((baby, pursed lips))

((M puts down notes)) (2.3)
((midwife))

c ////////////////
2 **C** I was just-I don't-How do you know if he's actually taking anything (in) (.)

3 **M** well he certainly looks as if he is he looks so happy
c -----
((baby))

4 **M** u^m (.) he's getting colostrum of course at the moment (.) you haven't
c -----

5 **C** [um:

6 **M** got gallons there of course but I mean you know
c -----
((midwife))

7 **C** it does look like it ahahah
c ((briefly to own chest, to midwife then back to baby during laugh))

8 **M** you're going to be a wonderful breast feeder
c -----

S8 (Sarah)Continued

- 16 M how **did you get to be so good ahah**
17 C is it normally-are there normally problems
18 M **well I mean sometimes people do have problems getting the**
19 **breast feeding initiated but you don't seem to**
20 **be having any problems at all you're doing brilliantly**
[
no::^
- 21 M
22 C sometimes the babies have a problem too don't th^e:y (.)
23 but he see::ms (trails off)
(0.5)
- 24 M **ye^ah^**
25 C I mean like I thought they were supposed to take more of the::
(0.9)
- 26 M **well yes (.) they are supposed**
[]
27 C the oralee in ()
28 M **to take the areola in (to their mouth)**
[
29 C he looks as if
30 M **but in fact you know he's actually doing**
[
31 C (he' just got it in)
32 M **quite nicely(.) he's not nipple sucking_ he's taking a lot in (.)**
33 M sorry am I interrupting you (.) with your breakfast
34 M **he's got the nipple there but you know before I was**
35 M **watching before I interrupted you (.) he was fastened**
36 M **beautifully (1.0) he's got he's got plenty of the areola in**
37 M **(normally when he's) *sucking***
(1.8)
- 38 M **and what happens (0.4) the (0.8) nipple actually (0.5)**
39 M **goes to the back of the baby's tongue (slowly)**
(.)
- 40 M ***he's really good* (.) so what he actually does is gather it**
41 M **into his mouth when you breast feed (he's marvellous)**

If it goes on like this I'm going to give up (S22)

- 1 **M:** Are you you're putting her on and she's going on alright is she
2 C: Yeah she's going on alright last night she wouldn't settle um and I
3 tried to feed and she was gettin in a state so I did make up a bottle of
SMA
5 **M:** Oh right
6 C: Um and I gave her that
7 **M:** *That's a shame you've got all that ahaa*
8 C: That's right yeah
((laughter))
8 C: But she was getting frustrated and um
((mother gets up to let dog in))
9 **M:** Yeah
10 C: She had fed off of me but then um
11 **M:** Was it that you were so full that she couldn't get anything
12 C: I think so yeah because I did I bought some um nipple shields on the
13 way home as well because the midwife had suggested them because
14 she didn't have a lot to latch onto anyway so um I bought some of
15 those to um you know on the way home and she's a lot better with 16
those
17 **M:** *Oh right*
18 C: Um but I think I was so full even then
19 **M:** Yeah

.....

66 **M** And you know she might feed every 2 hours one day and then
67 she'll gradually sort herself out and (Inaudible)
68 C: Because last night I mean -Whistler- go and lie down- I um I mean
69 last night I put towels under the sheet because I mean I was
70 actually saturated
71 **M:** (Inaudible, dog barking)
72 C: Um and I thought well it ain't getting on the mattress um and I
73 thought well if I'm going to be like this I was going to give up you
74 know like breastfeeding because I can't you know
75 **M:** Oh no don't do that

Contested Maternal Identities ('Carol')

- 51 M Are you feedin' her (.2) yourself breastfeeding
[]
- 52 C no
- 53 M bottle-feeding yes
[]
- 54 C bottle-feeding yes
- 55 M right**
(1.2)
- 56 M That's what you planned to do was it?**
- 57 C Yes
[]
- 58 M yeah^
- 59 C it's never really appealed to me
- 60 M ^ fair enough^ she'll survive alright love**
- 61 C That's it (quickly) she's doin fine
- 62 M and what are you givin' her SMA, Cow and Gate?
[]
- 63 C um
- 64 C oyster *is it oyster*
- 65 M Oster-
- 66 C -Oster?
- 67 M yeah**
(1.5) ((Smiling at baby))
- 68 M she's lovely**
- 69 M I'll leave her asleep for a bit

Negotiating 'deficient identities'

- Mothers who decide not to breastfeed must do additional discursive work to avoid the 'moral jeopardy' implied in deciding to formula feed.
- Midwives may convey cultural ideas about bottle-feeding as a deficient maternal choice in the way they question and respond to women
- This may be problematic for definitions of woman-centred care

Discussion & Conclusion

- These data illustrate the social context in which midwives are operating
- Women have ideas and expectations about how they are going to feed their infants and about what works for them which may not fit with governmental priorities
- Supporting women's decision making and promoting breastfeeding is complex (if not impossible)
- This may be hugely difficult in a cultural context in which, 'breast is best' and a marker of successful mothering but one in which breastfeeding may be experienced and embodied as difficult