

Formula feeding infants is a viable way to provide nourishment to newborn babies. Jay Hoeker, an emeritus pediatrics specialist at Mayo Clinic, says, “When prepared as directed [...] infant formula supports healthy babies who have typical dietary needs.”¹ Nivin Todd, an obstetrician and gynecologist that writes for WebMD, states that, “Whichever way you choose to feed your baby -- breast milk, formula, or a combination of both -- the most important thing is that your baby is well fed, well cared for, and loved.”² While this is not a presentation about the scientific literature on formula feeding, I want to make clear that formula feeding newborn babies is not an act of malnourishment. Yet, as most of us know, the decision to breastfeed or formula feed a newborn baby is a highly contested one. Mothers are often made to feel ashamed when they choose to formula feed. (and) Politicians and hospitals have implemented policies to forcefully encourage new mothers to breastfeed, even when mothers express that they do not want to do so. These pro-breastfeeding institutional efforts have even been understood as crucial means through which a state can “have healthier children, healthier mothers, and a healthier population as a whole,” as Stephanie Chafee, registered nurse and wife of the former Senator of Rhode Island, once stated.³ If formula feeding is a viable way to nourish a newborn baby, then why do we see the diverse group of (and I quote) “feminists *and* fundamentalists, hippies *and* yuppies, as well as physicians *and* politicians” - or “lactivists”⁴ to use scholar Courtney Jung’s term - espousing such strong pro-breastfeeding sentiments across the country? What I hope to have made clear is that the

¹ Mayo Clinic Staff. “Breast-Feeding vs. Formula-Feeding: What's Best?” *Mayo Clinic*, Mayo Foundation for Medical Education and Research, 10 Apr. 2018,

www.mayoclinic.org/healthy-lifestyle/infant-and-toddler-health/in-depth/breast-feeding/art-20047898.

²“Breastfeeding vs. Formula Feeding.” Edited by Nivin Todd, *WebMD*, WebMD, 8 July 2018, www.webmd.com/baby/breastfeeding-vs-formula-feeding#2.

³DyBuncio, Monica. “Free Infant Formula for New Moms? R.I. Says No.” *CBS News*, CBS Interactive, 29 Nov. 2011, www.cbsnews.com/news/free-infant-formula-for-new-moms-ri-says-no-57332908/.

⁴Gottlieb, Lori. “Lactivism,” by Courtney Jung.” *The New York Times*, The New York Times, 14 Dec. 2015, www.nytimes.com/2015/12/20/books/review/lactivism-by-courtney-jung.html.

widespread policing of the decision to breastfeed or formula feed cannot simply be explained by saying that lactivists are concerned with the health of newborn babies and mothers. There must be another reason that the decision to breastfeed or formula feed is of such institutional concern. My research sought to think this through.

In order to do this, I turned to the years of 2011 and 2012- a time where states were implementing policies that limited mothers' access to formula in hospitals. As a brief overview of the time period, by November 2011, all of the hospitals in Rhode Island voluntarily banned the then widespread practice of giving out bags of free name brand formula with instructions on how to properly prepare the formula to new mothers. Massachusetts hospitals followed suit in July 2012. Around the same time, New York City took a different approach in which then Governor Michael Bloomberg implemented a program called Latch On NYC. Latch On NYC mandated that New York City hospitals lock formula in parts of hospitals that were difficult to access. If mothers requested formula, they had to receive a counseling session from a nurse on why they should not formula feed, sign a form stating that they know the risks of not breastfeeding, and the nurse would then have to go retrieve the formula from where it was locked away. There was a large amount of informational and critical media coverage about these pro-breastfeeding policies in newspaper articles, Op Eds, and blog posts. I analyzed 17 of these texts- some of which were from more nationally read news outlets such as the New York Times, CNN , and CBS News. I also, analyzed texts from smaller sources such as the Atlanta Blackstar, the Washington Times, and a blog titled "Birth Story". I noted reoccurring themes in the discourse that these objects generated about breastfeeding and non-breastfeeding mothers- or in other words I analyzed how breastfeeding and formula feeding mothers were talked about, depicted, or morally judged.

The two ways that mothers were figured by the lactivist position that I will discuss today are one: the mother that just grabs formula in her moments of fatigue or laziness, and two: the mother that *actually* needs formula milk. I will argue that these discursive moves collectively push aside the wants of the bodies that are being discussed - the mothers' - as well as create a mechanism through which mothers are morally judged. Ultimately, this discourse works to dehumanize women within the institution of healthcare.

Dr. Bobbi Phillip a lactivist pediatrician a part of MotherBaby Summit - a organization that puts on conferences that (and I quote) “share information about optimal mother-baby care and breastfeeding”⁵ - noted that, “Many women may still turn to formula during those first sleep-deprived weeks after they leave the hospital if they are having trouble nursing”⁶. This acknowledgement of early motherhood as a tiring experience was not unique to Dr. Phillips, but was also often noted by other lactivists, including New York City’s former Mayor Bloomberg. This logic actually served as the foundation for his Latch On NYC campaign. He sought to dissuade women and nurses from obtaining formula during the moments of physical and mental exhaustion that follow labor and delivery, by making it harder to obtain the formula. What’s interesting about this rhetoric is that this is one of the ways that lactivists talk about formula feeding in a way that does not seem like it’s explicitly demonizing formula feeding. However, I argue that the widespread discussion of formula feeding as an act that mothers consider in moments of fatigue, actually creates a discourse in which formula feeding and weak mothering get collapsed onto each other. Breaking this down a bit, this discursive move implies that when a woman is tired, she thinks about formula

⁵ <http://motherbabysummit.com/>

⁶ CBS News. “Mayor Bloomberg’s Infant Formula Plan Aimed at Promoting Breast-Feeding in NYC Hospitals.” *CBS News*, CBS Interactive, 30 July 2012, www.cbsnews.com/news/mayor-bloombergs-infant-formula-plan-aimed-at-promoting-breast-feeding-in-nyc-hospitals/.

feeding. Often times, tiredness has a level of synonymousness with weakness or laziness. Thusly, if we take my previous statement further, this discourse also says that when a woman is in her moments of weakness, she considers formula feeding. Also, the absence of a discussion about fathers in this aspect of breastfeeding discourse *unnecessarily* writes men out of the parental labor that is feeding and nourishing newborn babies. This means that breastfeeding discourse is necessarily a gendered one because it allows men to evade the parental moral judgements that this discourse generates about women. The collapsing of maternal weakness with the act of formula feeding is one of the mechanisms through which breastfeeding discourse places parental moral judgements on to women's - and not men's - bodies.

As I previously mentioned, the second way that mothers were figured in the lactivist position was through the construction of two groups of women, the women that *actually* needed formula versus the women that did not *actually* need formula. Many of the articles that I read, particularly the ones about Latch On NYC, made assertions about how even with these pro-breastfeeding policies in place (and I quote) "Formula will still be available to new mothers who experience difficulties with breast-feeding."³ This quote, and statements of the like, establish that the only women that won't be forcefully encouraged to breastfeed are ones that "experience difficulties with breastfeeding", or in other words, women that *actually* need formula. There are groups of women that squarely fit within the category of those that need formula, such as women that do not produce enough breast milk for their baby. Nonetheless, this binary of women that do versus do not *actually* need to use formula is one that needs to be complicated. So I am going to pose some questions in order to do just that. I think about the woman that works a lot because she has to in order to provide herself and her family with life necessities and thusly chooses to formula feed her baby. Is

she a woman that *needs* formula? What about the woman that works a lot not because she needs to but because she wants to, and doesn't breastfeed because of this? Is she a woman that *needs* formula? Then there's the woman that simply prioritizes other aspects of parenting - such as resting more so that she can maximize the energy that she brings to her parenting, and considering that formula feeding requires less frequent feedings and can also be done by the mother's partner², she consequently chooses not to breastfeed. Is she a woman that *needs* formula? Lastly, what about the woman that just wants to be able to enjoy a glass of wine and spicy food² every now and again, and for that reason she decides not to breastfeed? Is she a woman that *needs* formula? Through these questions, I hope to have established that this dichotomy between women that do and do not *actually* need formula, not only does not fully account for socially determined circumstances in which a woman might need formula, but this dichotomy also does not account for the woman that just wants to formula feed because she prioritizes other aspects of parenting and her lived experience over breastfeeding. This discursive move highlights how often times, breastfeeding discourse is not always grounded within the bodies actually performing the breastfeeding. In other words, the socially determined needs, as well as the desires of mothers are not always centered in this discourse that is necessarily about their bodies. Considering formula feeding is not an act of malnourishment, this lactivist discursive move unnecessarily takes women's desires for their lived experiences as mothers and women out of the discussion. Thusly, this discursive move serves as one of the mechanisms through which women's desires for their own bodies gets decentered in breastfeeding discourse- a discourse that is necessarily about them.

Lastly, I am going to briefly discuss a recurring rhetorical move made by the critics of the lactivist policies during 2011 and 2012. While these critiques were in fact critiques, they also still

positioned breastfeeding as notably better than formula feeding. In doing this, the critiques supported the discursive work that the lactivist policies that they sought to critique, were doing. For example, the following was stated in one of the articles critiquing Latch On NYC, “So despite the Big Brother complaints from critics of Bloomberg's plan, it's hard to argue with doing right by your firstborn child.”⁷ This is ambiguous phrasing, in that it’s unclear if “doing right by your child” refers to physical nourishment, emotional nourishment, or both. In using this ambiguous language to describe the act of breastfeeding, both physical and emotional nourishment get conflated in this discourse. By mixing in pro-breastfeeding sentiments, the critiques of these lactivist policies lose their radical potential.

To conclude, I am going to answer the question that has been lingering in the background of this talk, which is who cares? Why should we care that both lactivist discourse and the critiques of this discourse, create mechanisms through which moral judgements are placed onto women - and not men - and that their desires are decentered in a discourse that is necessarily tethered to their bodies? Well for one, I argue that a discourse that places moral judgements on to women and also actively decenters their desires, is a discourse that dehumanizes women. Considering that breastfeeding discourse happens within and around healthcare institutions, breastfeeding discourse contributes to the dehumanization of women at the institutional level. Elaborating on this, 29 states and Washington, DC do not have maternal mortality review systems - or, infrastructure that guarantees that all maternal deaths are investigated, so as to improve the maternal mortality rates - in place.⁸ In Paula Treichler’s work on the ways in which discourse created the AIDS epidemic as we

⁷Krasny, Jill. “Why Mayor Bloomberg Wants New York Mothers To Breastfeed.” *Business Insider*, Business Insider, 20 June 2012, www.businessinsider.com/why-mayor-bloomberg-wants-new-york-mothers-to-breastfeed-2012-6.

⁸“The U.S. Maternal Health Crisis: 14 Numbers You Need To Know.” Edited by Amnesty International, *Amnesty International USA*, 3 May 2011, www.amnestyusa.org/the-u-s-maternal-health-crisis-14-numbers-you-need-to-know/.

know it, she asserts that, “the very nature of AIDS is constructed through language and in particular through the discourses of medicine and science” or more succinctly, that “meaning is created [through] language”.⁹ I extend this argument to the maternal health crisis in the United States⁸, to say that the nature of this crisis is constructed by any discourse in which women are dehumanized within the institution of healthcare. This is because the way that the healthcare institution views women affects the types of research and policies that are pursued, funded, and prioritized in ways that directly impact the types of protocols available to save women’s lives in delivery rooms. And for this reason, breastfeeding discourse is of particular importance to study in this moment. Thank you.

⁹Treichler, Paula. “AIDS, Homophobia, and Biomedical Discourse: An Epidemic of Signification.” *Cultural Studies*, vol. 1, no. 3, 1987, pp. 263–305. *Google Scholar*, doi:10.1080/09502388700490221.