

The Social History of the American Family: An Encyclopedia

Breastfeeding

Contributors: Cornelia C. Lambert

Editors: Marilyn J. Coleman & Lawrence H. Ganong

Book Title: The Social History of the American Family: An Encyclopedia

Chapter Title: "Breastfeeding"

Pub. Date: 2014

Access Date: July 09, 2015

Publishing Company: SAGE Publications, Inc.

City: Thousand Oaks

Print ISBN: 9781452286167

Online ISBN: 9781452286143

DOI: <http://dx.doi.org/10.4135/9781452286143.n69>

Print pages: 144-148

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<http://dx.doi.org/10.4135/9781452286143.n69>

Before the mid-19th century, women had few alternatives to breastfeeding. If a mother was unable to nurse, wet nurses were the next-best option. Glorification of femininity and motherhood in the 19th century accorded breastfeeding a status so sacred that by the time safe milk substitutes were produced in the 1850s, only families in desperate situations used them. However, the development of professional science-based medicine in the latter part of the 1800s gave medical practitioners the authority to gainsay tradition and Victorian mores; by the Progressive Era, bottle feeding gained widespread cultural support. It was not until around the time of feminism's second wave in the 1960s that American women began to reclaim breastfeeding as a political act and a way to connect with their newborns. After record numbers of women joined the workforce in the 1970s and 1980s, the question of whether or not a mother should breastfeed her infant became politically charged. Recent trends in intensive and attachment motherhood reveal that patterns of extended breastfeeding in modern society are not much different from those of the past: prescriptive advice about breastfeeding reveals just as much about class and racial relations in America as it does about current medical and cultural thinking about what is best for the baby.

Eighteenth and Nineteenth Centuries

Before the development of viable milk substitutes, infant survival depended upon the ability of a woman, usually the mother, to provide suitable nourishment from her breast. In colonial America, maternal breastfeeding was *de rigeur*, and the practice was supported by both Puritan clergy, who saw in the breast God's divine plan for infant nourishment; and by medical theorists, who noted the increased survival rate of babies fed on mothers' milk. During the American Revolution and early republic, motherhood and its attendant duties were also associated with civic virtue.

Families sought substitute nurses in cases where mothers died in childbirth, were incapacitated, or were unable to breastfeed. If friends or family members were not available, families hired wet nurses, typically women from economically marginal populations who took in babies after they had given birth. Ideally, a wet nurse would produce enough milk to support her child (if living) and any she took in; in the worst-case scenario, none of the children received ample nourishment. American families

were less likely than their western European contemporaries to employ wet nurses purely for convenience; nevertheless, most towns had active markets for wet nurses and their services. In the south, wet nursing crossed racial lines, with African American women frequently serving as wet nurses for white children.

Patterns changed in the 19th century with the cultural emphasis on bourgeois domesticity and its special reverence for motherhood. Self-sufficient, breastfeeding mothers came to represent not only Republican virtue, but also piety, submission, and all of the other Victorian-era virtues associated with the “angel in the house.” As leaders of the home, mothers were responsible for the health and character of their children, and because it was generally believed that babies absorbed temperament and milk from their nurses, maternal breastfeeding was the epitome of virtuous motherhood.

Sending an infant to a wet nurse was believed to be potentially hazardous. If a wet nurse was necessary, a hired nurse became part of a proper home's domestic service, leaving her own children, including infants, at home. From the employer's point of view, taking in a wet nurse insured that the child in question received enough milk and was not exposed to the pernicious influences associated with the lower classes. It often meant, however, as Janet Golden writes in *A Social History of Wet Nursing in America*, “trading the life of a poor baby for that of a rich one” because wet nurses had to abandon their children in pursuit of steady employment. Thus, while breastfeeding was practiced by people of all races and classes in 19th-century America, the benefits were mostly accorded to the children whose racial and economic status afforded them consistent quantities of breast milk.

Twentieth Century

At the dawn of the new century, families routinely looked to medical science when faced with questions about infant care. The answers provided by Progressive Era medical professionals changed the course of infant feeding for nearly a century. Infant food began to be manufactured in 1856, but families only used these products in dire situations because in addition to contravening ideological preferences [p. 145 ↓] artificial foods were initially suspicious and frequently expensive. Both the development of pasteurization (in the 1890s) and the development of pediatrics as a medical

specialty convinced mothers that scientists knew best. Clinical practices combined with the growing artificial food industry to render breastfeeding unfashionable and outdated. Physician-assisted births, which became common by the 1930s, generated practices that effectively prevented the early establishment of breastfeeding. Mothers remained in the hospital for a week or more, with their babies kept—and bottle fed—in the nursery. Many believed that breastfeeding permanently disfigured the mother; as late as 1957, renowned pediatrician Benjamin Spock warned his readers about the potential loss of physical beauty associated with nursing.

Spock's *Baby and Child Care*, first published in 1946, formed the backbone of mid-century infant rearing practices. Advocating timed feedings, Spock counseled mothers to switch permanently to bottle feeding if anything—lack of sufficient milk, sore nipples, difficulty expressing milk, or extreme fatigue—complicated nursing for up to four days. Statistical data shows that both initiation and length of time breastfeeding waned over the course of the 1950s and 1960s. By 1970, only 28 percent of new mothers initiated breastfeeding, and only 8 percent were still nursing when the baby reached 3 months of age.

Second Wave Feminism and Beyond

Sociological trends in breastfeeding changed direction once again as a result of a second wave of feminism. While feminists of the suffrage era emphasized the similarities between men and women, and therefore their equality, feminists of the 1960s and 1970s took the opposite tack, emphasizing the unique talents of women. Childbearing and breastfeeding took center stage in political debates about the treatment of women by the medical establishment, the role of women in the workplace, and debates over the best way to raise a child.

Some feminists sought to reclaim the female body and its processes, including childbirth and breastfeeding, from the largely male medical establishment. Women encouraged one another to get to know their bodies and to trust their desires and intuitions. This embodied epistemology emphasized nursing as a solely female, intimate, and yet political activity that only experienced mothers could understand. Support groups and mother-to-mother educational groups formed to provide information about breastfeeding

that many doctors would not. Ironically, the best known lactation support community, La Leche League, was actually founded before the feminist movement, though the two groups came to share many goals. La Leche's book, *The Womanly Art of Breastfeeding* (1958), though not without its critics, became a standard for self-guided mothers, especially those whose mothers and mothers-in-law had not nursed their children. Meanwhile, the medical community responded with the development of certification in lactation consultancy.

Many authors note the paradox that breastfeeding came back into fashion just as women began to make steady gains in workplace equality. By the end of the 20th century, increased numbers of women were choosing to initiate breastfeeding with their newborns, even if their careers complicated that choice in the ensuing months. The Family and Medical [p. 146 ↓] Leave Act (FMLA) of 1993 allows for 12 weeks of unpaid, job-protected leave-of-absence for a new mother; however, not all workplaces have to comply with the law, nor are all employees eligible. If a new mother establishes breastfeeding during the weeks following her baby's birth, she is soon faced with decisions about the continuation of the practice as she returns to work. While federal law dictates that a woman be allowed break time for the expression of her breast milk for up to one year after the birth her child, it does not ensure that all workplaces have appropriately clean and private facilities in which to pump, or access to refrigeration for milk storage.

Louis XIV with his nurse Longuet de la Giraudière. Before the development of baby formulas in the 20th century, a wet nurse was the only alternative to a mother breastfeeding her baby.



Family: An
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Literature from the USDA's Women, Infants, and Children (WIC) program promotes breastfeeding as “free” food for baby, a tempting draw for the low-income mothers for whom WIC services exist. However, Linda Blum, author of *At the Breast*, and other experts note that breastfeeding is only free to those who can sacrifice the income from maternal employment or can afford the extra nutrition, pumps, and bottles necessary to support a comprehensive plan of nursing, pumping, and milk storage. Nevertheless, both critical and autobiographical treatments of motherhood at the beginning of the 21st century show that mothers—especially working mothers—feel an extraordinary amount of pressure to breastfeed. Following the increasing cultural interest in human milk for human babies, the medical establishment turned its attention to discerning breastfeeding's potential benefits in the 1970s. Since then, research has shown that breast milk contributes to healthier babies. Both preterm and full-term babies fed with breast milk for up to six months have fewer ear infections, stronger lungs, more healthy flora in their gastrointestinal systems, and augmented immunologies, just to name a few proven benefits.

Women who choose to breastfeed navigate a strange terrain fraught with mixed messages and counterintuitive consequences. While many doctors, medical practitioners, and the U.S. government counsel that “breast is best,” new mothers leave the hospital with formula samples provided by large international manufacturers. Commitment to breastfeeding limits not only the mother's ability to rejoin her career, but even to enjoy public spaces such as parks, restaurants, and shopping malls. Despite federal laws that protect a woman's right to breastfeed in public (specific protection varies by state), cultural attitudes about the exposure of the female breast make even the most modest public display of nursing a social gamble.

One of the most socially divisive trends to affect motherhood since the late 20th century is that of intensive mothering. As defined by Sharon Hays, author of *The Cultural Contradictions of Motherhood*, intensive mothering is practiced by those who believe that an infant needs uninterrupted attention and protection in the first years of life. This style of child rearing shares a lot in common with attachment parenting (as described by William and Martha Sears) and natural parenting, which combines child rearing with anticapitalist and (pseudo)scientific claims about how early humans might have raised their children. Each of these philosophies centers upon the child's free access to the mother's body for on-demand feeding and comfort.

Intensive mothering is divisive because, as Chris Bobel describes in *The Paradox of Natural Mothering*, extended mother-child contact is only feasible in families where a single breadwinner (father) can support a stay-at-home spouse (mother). Extended breastfeeding depends on the mother's ability to be available to the child every few hours during the first few months of life, and almost as often for months after that. For this reason, the mothers who can provide extensive on-demand breast milk are likely to be middle- and upper-class whites, among other privileged groups.

Taking into account the social trends associated with breastfeeding's recent surge in popularity sheds light on at least one conclusion: A mother's choice to breastfeed concerns a lot more than just her desire to do what is best for her baby.

Cornelia C.Lambert, *University of Oklahoma*

<http://dx.doi.org/10.4135/9781452286143.n69>

See Also:

- [Attachment Parenting](#)
- [Gender Roles](#)
- [Maternity Leaves](#)
- [Mothers in the Workforce](#)
- [Myth of Motherhood](#)
- [Wet Nursing](#)

Further Readings

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