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Breast Is Best and Culture Wars

by Hila J. Spear

The current version of the national health initiative, Healthy People 2010 (2000), includes longstanding objectives to increase breastfeeding among all American women. Specific target goals are: (1.) 75% initiation rate at birth; (2.) 50% duration rate at 6 months of age; and (3.) 25% duration rate at 1 year. According to Centers for Disease Control and Prevention (2006), the 2005 National Immunization Survey revealed that 21 states in the United States reported a 75% breastfeeding initiation rate. Progress has been made. Nevertheless, durations rates continue to fall short, and for many women breastfeeding continues to be a volatile and emotionally charged subject. Therefore, it was not that surprising to witness such a visceral and in some cases hostile reaction to the recent breastfeeding ad campaign sponsored by the Department of Health and Human Services (DHHS). The premise of the ad is that pregnant women wisely avoid engaging in risky behaviors to protect their babies before they are born, so why would they choose to put their babies at risk by not breastfeeding? These advertisements have ignited debate across the country in venues such as the local news, Internet chat rooms, print media, and a variety of network and cable TV broadcasts.

In defense of the ad, Suzanne Haynes, a senior scientific advisor from the DHHS (Rabin 2006) stated, "Just like it's risky to smoke during pregnancy, it's risky not to breastfeed after." Considering the ever-increasing body of scientific evidence that demonstrates the dramatic short- and long-term health benefits of breastfeeding for both mother and child (AAP 2005; Hanson 2004; Oddy 2001), to breastfeed has become more than just a preference or choice, it has become a public health issue. Others have praised the ads regarding the unequivocal advantages of breastfeeding and the superiority of breast milk. Women offended by the ad assert that mothers should not be subjected to insensitive public service announcements about breastfeeding that induce guilt feelings in women who choose not to or who are unable to breastfeed, and stress that mothers have a right to choose how to feed their babies without government interference (Kaplin-Thaler 2006; Vargas, Hoffman, and Varney 2006).

Differing opinions aside, few would debate that breast milk is the best food for human infants. It is also important to acknowledge that there are indeed risks associated with formula feeding. Every mother deserves to be fully informed before making important decisions about how to nourish her child at birth and beyond. Failure on the part of the national public health leadership and health care professionals to clearly inform childbearing women of the multiple health advantages of breastfeeding

ABSTRACT

This brief commentary discusses selected elements of the recent controversy related to the Department of Health and Human Services' breastfeeding ad campaign. Some strategies are offered to further develop and support a breastfeeding-friendly culture and in turn improve breastfeeding rates and related health outcomes for both mothers and their babies.

over formula feeding is unethical and irresponsible. Sadly, in clinics and physician's offices throughout the United States, women continue to receive mixed messages relative to infant nutrition. On one hand, breastfeeding is often described by health providers as the best and preferred infant feeding method; while on the other hand, samples of formula are given during early prenatal visits and soon after mothers give birth (Howard et al. 2000; Spear 2004).

Widespread media coverage of the government advertisement has fueled discussion on another related and very sensitive topic, public breastfeeding. Breasts, sex, and the sexual identity of women are inextricably linked and part of the everyday social consciousness in the United States. Though the nation was stunned when Janet Jackson revealed her breast to millions of families circled around the television enjoying the 2004 Super Bowl, American culture is generally tolerant of viewing the almost or completely exposed female breast in Hollywood productions, magazine advertisements, and on the beach. Yet, in the United States many continue to demonstrate squeamish and less than progressive attitudes toward breastfeeding in public (Glanton 2006; Spear 2006). Breastfeeding is something that should be done in private behind closed doors. Understandably, the breast in western culture is a highly sexualized part of the female anatomy which may make it difficult to separate the sexual aspect of the breast from what it is intended for — provision of the best possible food for developing newborn babies and young children (Saha 2002). Hence, the prevailing American mindset is, "If you must breastfeed your baby, please do not do it in front of me."

For example, one well-publicized case involved a mother who breastfed her baby at a Starbucks located in Maryland. This mother was directed to cease breastfeeding or leave the premises. She left the establishment and

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soon returned with a large group of breastfeeding mothers for a nurse-in demonstration. Because of her activism Starbucks employees were oriented to know that it is not against the law for mothers to breastfeed in public and were instructed to be respectful of women who breastfeed (Chang 2006). Unfortunately, to support their stand against public breastfeeding, I've heard some individuals, including nurses, state that breastfeeding is synonymous with the bodily function of elimination. This further reinforces the notion that if breastfed babies need to eat while away from home, they must be fed while their mothers are secluded in the stalls of public restrooms. Obviously, more needs to be done to educate about the importance and value of breastfeeding in order to break down sociocultural barriers and misperceptions that may sabotage initiation and maintenance of successful breastfeeding behaviors. How can we as nurses and educators do more to promote breastfeeding — and a more breastfeeding-friendly culture? Following are a few suggested strategies:

- Write letters or editorials to your local newspaper in support of breastfeeding and a woman's right to breastfeed in public.
- Encourage mothers when you observe them breastfeeding in public places, let them know that you support them in doing what is best for their babies.
- Volunteer to teach a class on breastfeeding in middle or high school family life, health, or nutrition classes. The benefits and remarkable qualities of breast milk could even be taught in science class as part of the human reproductive system.
- Incorporate more breastfeeding content in prenatal childbirth education courses; all attendees will not be able to take a separate breastfeeding class.
- Offer to be a guest speaker on the topic of breastfeeding in obstetric or community health classes in schools of nursing.
- Become part of your local Mothers of Preschoolers [MOPS] group to provide breastfeeding education, encouragement, and support.
- Know your state laws regarding breastfeeding in public; write legislators to inform them about the value and importance of breastfeeding.
- Campaign for the establishment or improvement of existing breastfeeding support systems for mothers in the workplace setting.

Childbirth educators, lactation educators and consultants, and maternal child nurses who practice in the hospital, public health, or obstetric and pediatric office setting are in key positions to promote breastfeeding and to serve as advocates for both breastfeeding mothers and their offspring. At the very least, the controversial ads have raised the public's awareness of breastfeeding and have generated spirited dialogue. We need to continue to spread the word that breast milk is the gold standard for infant nutrition with the hope that eventually, like

other countries, breastfeeding in the United States will be viewed as a normal, expected, and acceptable lifestyle behavior.

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