The Commodification of Breast Milk and the Breast Milk Industry

By

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ABSTRACT

The opinions expressed about breastfeeding and the nutritional values of breast milk have become polarized. This thesis examines the impact current tension and dialogue surrounding the practice of breastfeeding and breast milk in Canada has had on a woman's autonomy and infant nutrition choices. It is posited that although the 'breast is best' slogan is widely known and often referenced when people discuss infant nutrition choices, there is now a newly emerging focus, namely that providing breast milk to babies is the *only* option. The way in which we discuss infant nutrition choices and the practice of breastfeeding has changed, and there is an increase in the moral regulation of women as a result. From a theoretical point of view, the theory of moral regulation is used as the main theoretical framework to illustrate the impact the 'breast is best' rhetoric has had on infant nutrition choices, and the way in which mothers perceive themselves.

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The idea for this project came from hospital staff following the birth of my first child. Without realizing the impact they would have on my thesis topic, the case room nurses began to lecture me the moment I mentioned I would be formula feeding my new born. The criticisms and suggestions they offered inspired me to look deeper into why a stranger would question so vehemently the infant feeding choices of an educated adult woman in her late 30s.

I am grateful to my husband who supported me along my journey and encouraged me when I wanted to give up. I owe a special debt of thanks to my parents who looked after my children, drove me to the library, and provided me with support during particularly stressful periods.

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> Since prehistoric times, how babies should be fed has been a constant for our species, which is one of the more than 4,600 varieties of milk-producing creatures collectively known as mammals. Each mammal produces its own unique milk, and thus feeding a baby something other than breast milk will always be a deviation from the biological norm for our species. Indeed, breast milk is the only truly universal food uniting all 6 billion of us, irrespective of geography and culture.
>
> J. Akre
> (Akre, 2000, p.549)

> You will be able to nurse the baby. Never think of anything else. Nursing the baby yourself is the 'one best way'
>
> Dr. Helen MacMurchy
> (Nathoo & Ostry, 2009, xi)

Introduction

Opinions from strangers, family members, friends and co-workers about the benefits of breast milk and breastfeeding are widespread in conversations with expectant parents and mothers. Equally clear is that expectations of right and wrong with respect to infant feeding have shifted over time. Opinions that are expressed regarding the breast milk vs. formula debate have become polarized. Furthermore, many in Canada expect women to use breast milk to nurture an infant regardless of circumstance. For example, my research uncovered that in some instances adoptive parents are encouraged to provide their infant with breast milk from an outside source. Adoptive parents who were interviewed felt that they had failed their adopted child nutritionally and emotionally when breast milk and the act of breastfeeding was not made available. One adoptive parent who participated in primary research felt morally regulated to provide breast milk,

rather than formula feed. The 'moral element in moral regulation involves any normative judgment that some conduct is intrinsically bad, wrong or immoral (Hunt, 1999, p. 7). In this thesis the normative judgment involves the conduct of bottle feeding. My research further uncovered that in the past it was generally accepted that a breast milk substitute (such as cow's milk based formula, soy formula, high calorie formulas) (Fraser Health Authority, 2002) would suffice for an adopted infant. Rather than "unite all 6 billion of us," (Akre, 2000) the nature and value of breast milk and the practice of breastfeeding are part of a discussion that divides mothers into two camp groups: good mothers and bad mothers; that are, mothers who use breast milk and mothers who do not, respectively. Today, a mother who chooses *not* to nurse her baby often meets with professional and social disapproval and may be labelled as a bad mother (Kedrowski & Lipscomb, 2008, p. viii). The professional and social disapproval imposed on women who choose to bottle feed indicates that a form of moral regulation exists. Critical to this thesis and within the discussion surrounding breast feeding and use of breast milk lies the theory of moral regulation. Moral regulation is defined as a gradual process of inserting regulation through moral superiority (Hunt, A., 2009, Introductory Lecture).

This chapter lays out the theory and politics of moral regulation and how it applies to the analysis of my research. The chapter is divided into two sections. Section A focuses on the definitions and concepts of the theory and politics of moral regulation and how it applies to the research. This section explores an important feature of moral regulation, which is moral politics. Moral politics creates what Hunt (1999) observes as being moral regulation projects, which I argue exists in the discussion of breast feeding

and the value of breast milk. The creation of breast milk as a commodity is one of the implications of the moral regulation project and, to a lesser extent, the breast feeding industry. It is posited that a cyclical relationship exists between the moral regulation project of encouraging women to breast feed, the commodification of breast milk, the practice of breast feeding and the breast feeding industry (See Illustration 1).

Section B focuses on the aim of the thesis, which outlines the challenges and problems associated with the rhetoric surrounding the practice of breast feeding and use of breast milk. This section will also illuminate the concept of the commodification of breast milk. Now that breast milk is something that is bought, traded and sold on a regular basis, its commodification has implications for moral regulation and the autonomy of choice.

Section A: Theory of Moral Regulation

Moral regulation involves practices whereby some social agents problematise some aspect of conduct, values or culture of others on moral grounds and seek to impose regulation upon them (Hunt, 1999, p. ix). In this thesis, the social agents that problematise the conduct of formula feeding/bottle feeding have been identified and discussed in Chapters V and VI. The social agents include: authors of medical literature, proponents of the demedicalization of child-birth practices, authors of articles that misinform parents, legislators, Internet site designers and bloggers.

One of the prominent features of moral regulation imperative to this research is 'moral politics' where 'there is an irreducible core in which people are mobilized and drawn into action by the passionate conviction that there is something inherently wrong

or immoral about the conduct of others' (Hunt, 1999, p. ix). Moral regulation projects are an interesting and significant form of moral politics in which some people act to problematise the conduct, values or culture of others and seek to impose regulation upon them (Hunt, 1999, p. 1). In this sense, the feature of moral politics aspect of moral regulation is applicable. To illustrate, this thesis will show that there is a massive amount of literature available extolling the health benefits of breast milk. Breastfeeding literature that covers a wide range of topics and issues is overwhelming. It was challenging to find literature that did not discuss the value of breast milk and breastfeeding but, rather, focused on formula or breast milk substitutes. Even when a compendium of breast milk substitutes was found during research, a picture of a breast feeding mother was on the cover page (See Illustration 9). Information (scientific or otherwise) on formula and the health benefits of bottle feeding was difficult to locate in print, or on-line, or in medical journals. In this sense, it is argued that the moral regulation project taking place in Canada is the discussion of breast feeding and value of breast milk, and the way the discussion has changed in the past few decades. The lack of information on bottle feeding or formula may be problematic should an individual need information on infant nutrition choices. Furthermore, it is posited that the over abundance of literature extolling the virtues of breast milk and breast feeding arguably have implications on the moral regulation of women and their choices of infant nutrition.

In order to further demonstrate the impact moral regulation projects have had on Canadian women primary research was conducted. My methodology was to locate participants who were women who were breastfeeding, or had breast fed in the past five or so years and present them with a questionnaire. A short questionnaire (which was

distributed to 25 participants) was developed for two main reasons. First, it was conducted in order to discover both a) some of the reasons mothers who breast feed chose to breast feed, and b) how often each participant purchased a retail item that encouraged and aided their practice of breastfeeding. The second purpose of primary research was to expose a dollar amount that each household spends on the practice of breast feeding, and, in the process, assess the extent to which a link exists between the breastfeeding industry, moral regulation and the practice of breastfeeding. An aim of my thesis was to link moral regulation to choices on infant nutrition.

Hunt found (1999) that there are three major grounds for insisting on the importance of moral regulation. The first is that moral regulation projects are often initiated from below; the primary initiators and agents are frequently not holders of institutional power (p. 1-2). In Canada today, the advocates for breast feeding (who are the actors in the moral regulation project to encourage the practice of breast feeding) are often other mothers who have breast fed (or are breast feeding), 'bloggers', news reporting staff, strangers and friends. Breast feeding advice and the 'breast is best' mantra are no longer the exclusive advice of physicians. This thesis will show how the 'breast is best' discussion is perpetuated in the media, on the Internet and colloquially through a number of means, all insisting the importance of the practice of breast feeding; making bad mothers out of those who do not engage in the practice.

The second ground for illustrating the importance of moral regulation projects is that they provide classic instances of an intimate link between 'the governance of others' and the 'governance of the self' (Hunt, 1999, p.2). An example of how a link between the governance of others and the governance of the self is illustrated by an interview

conducted with Emma Kwasnica of the non-profit organization Eats on Feets during my primary research. The interview was conducted to extrapolate information about the private donation and exchange of breast milk in Canada, and North America. Kwasnica's organization provides women with a social networking page on Facebook so that they can privately exchange and donate their unused supply of breast milk to other women in need. Despite warnings from Health Canada (governance of others) about the possible spread of infection and disease from unpasteurized 'stranger' breast milk, Kwasnica suggests women regulate themselves (governance of the self). Kwasnica states:

> No baby has ever been made sick from another woman's breast milk. It hasn't been documented. Health Canada issues warnings but without any guidelines, they just say not to do it. It is a straight across the board policy of not to do it. This isn't a health issue, it is a personal liability issue. Health Canada issues all of these warnings but it is mostly because of concerns about storage and care, not so much about the health of the mother. Women can pasteurize the breast milk on their own stove top. Even if you are flash pasteurizing very little nutrition is lost. Health Canada just wants to mitigate the risk and has made this a medical issue. The women who use Eats on Feets use each other's pre-natal records and pasteurizing instructions are all on-line (personal communication Kwasnica, December 20, 2010).

Self-governance is not new; forms of self-governance have shifted significantly (Hunt, 1999, p. 4). The interview with Kwasnica illustrates the issue of governance of others and of self. Another link between the governance of others and the governance of the self is located in an historical context.

Historically, bottle feeding an infant was associated with a high infant mortality rate and carried a social stigma during the 18th and early 19th centuries. In response to high mortality rates in North America, Dr. William Buchan wrote *Advice to Mothers on the Subject of Their Own Health* in 1804. Buchan illustrates the connection with the governance of others and the governance of self. The blatant negativity surrounding the

practice of bottle feeding is evidence of an attempt to govern others. Buchan attributed unhappy homes, the breakdown of the family, and marital discord to bottle feeding. Buchan told mothers that "every attempt to disperse it [breast milk] by artificial means, being an act of flagrant rebellion against nature, is as dangerous to the mother herself, to say nothing of her child, as an attempt to procure abortion. The woman who cannot discharge the duties of a mother, ought again and again to be told, that she has no right to become a wife' (Jarrett, 1995, p.280). Mothers who willingly chose not to breastfeed were vilified. Bottle feeding mothers were seen as unnatural and as producers of children with poor moral character. However, bottle feeding was acceptable in cases where the mother had died or could not produce enough milk to sustain the child (Jarrett, 1995, p. 279). In essence, if the mother did not have any choice over her infant nutrition choice her reputation was not hindered. The moral regulation that emulated from these circumstances began a cycle of negative attitudes about bottle feeding, and the effects can be seen today (Jarrett, 1995, p. 279). Although the pattern of vilifying mothers who bottle fed began decades ago, a comparison can be made with current attitudes about bottle feeding. In both eras women's actions were morally regulated and thus any autonomous choice to breastfeed was not autonomous at all.

Finally, Hunt found (1999) that the third ground for insisting on the pertinence of studying moral regulation is that such forms of regulation have become increasingly visible over the last two decades (p. 2). Yet while the form and trappings of current campaigns are different, there is a striking return to some of the prominent themes of late nineteenth-century moral politics (Hunt, 1999, p. 2-3). In addition to the moral regulation of bottle feeding in the late nineteenth century the pendulum has swung back

towards these ideas. In today's society, unless there is a sound medical reason (double mastectomy, HIV/AIDS infected mother), an adoption has taken place, or the parents are in a same-sex relationship, non-breastfeeding mothers have felt a differentiating effect. Some women have felt pressured to breastfeed and some bottle feeding mothers on post-natal wards have felt neglected in comparison (Cooke *et al.*, 2000). The historical condemnation of bottle feeding has contributed to the atmosphere of governance and moral regulation that exists today (Jarrett, 1995, p. 280).

In addition to moral regulation projects, another important feature of moral regulation is the sociology of governance. A powerful claim at the heart of the sociology of governance is that a wide range of social agents are involved in the practices of governing directly at diverse targets (Hunt, 1999, p.5) In this thesis the media, Internet blogs, academics, institutional practices (eg. Case room nurses who encourage mothers to breast feed) engage in governing a woman to breast feed either through mechanisms of guilt, pressure or the mass influx of information that only suggests one side is right...'breast is best'.

Moral regulation involves the deployment of distinctively moral discourses which construct a moralized subject and an object or target which is acted upon by means of moralizing practices. Moral regulation movements form an interconnected web of discourses, symbols and practices exhibiting persistent continuities that stretch across time and place. This thesis illustrates the way in which the moral regulation movement of breast feeding includes mothers, strangers, Internet blogs, mass media, and authors of misinformation, to name a few. The way in which the discussion of breast feeding and value of breast milk is being played out in mass media, Internet sites and other secondary

sources indicate a dimension of moral reform movements that Hunt (1999) refers to as: establishing an 'umbrella effect' whereby they secure support from an array of otherwise diverse political and ideological trends (p. 9).

In conclusion, moral discourses seek to act on conduct that is deemed to be intrinsically bad or wrong. Hunt found (1999) for example, when parents are advised by experts on child-rearing, this is never simply a technical question, but always to a greater or lesser extent, includes a moral component that invests parents with responsibility for the conduct, present and future, of their children (p.7) In this thesis, the advise on breast feeding or use of breast milk proves relevant in Hunt's notion of moral discourse. This thesis will show how Canadian parents are constantly being instructed to use breast milk, or breast feed their child or the child will succumb to a whole host of medical problems (both physical and developmental). This will be made more evident throughout the thesis as I illustrate the large amount of information, from various sources, made available to parents. I refer to Hunt (1999) and his illustration of how to isolate the following elements of moral regulation:

A moralized subject (the parents)

A moralized object or target (the child)

Knowledge (informal or expert)

A discourse within which the knowledge is given a normative content (parents should breast feed or use breast milk at all costs)

A set of practices (breast feeding, or expressing milk for bottle use)

A 'harm' to be avoided or overcome (poor health, behavioural problems) (p.7)

Perhaps the most distinctive feature of moral reform- movements emerged with deployed discourses of moral regulation in the register of 'social transformation'; these movements barely cast a glance backwards over their shoulders (Hunt, 1999, p. 195).

Section B: Aim of Thesis

As a response to the over abundance of discussion, media attention and influx of information on the 'breast is best' campaign, breast feeding and the nutritional value of breast milk the aim of this thesis is to identify challenges and problems associated with the over abundance and the implications the abundance has had on moral regulation. Secondly, an important aspect of breastfeeding and breast milk discussion tends to be under recognized; there are important stakeholders who have a vested interest in a woman initiating breastfeeding.

This thesis identifies the stakeholders and the way in which money is involved in the practice of breastfeeding. My thesis draws particular attention to breast milk as a commodity. Also considered is the extent to which women engage in the breast feeding/ breast milk industry. In this thesis the term breastfeeding industry and breast milk industry will be used interchangeably. For the purpose of this thesis, my definition of the "breast milk industry" is defined as an industry that relies on the sale of retail products, business services or any other good or service that is designed to support and encourage the use of breast milk and/or the practice of breastfeeding. In addition to, and in conjunction with or in response to discussions about breast feeding many women who breast feed are now engaged with some aspect of a breast milk industry, according to the results of my questionnaire. Implications on a woman's choice to breast feed are

reviewed. Most importantly, the focus of this thesis is not on whether or not a woman should provide breast milk to nurture an infant. Rather, the focus is on how the discussion about breastfeeding and breast milk has changed and how the commodification of breast milk and moral regulation shape, to some extent, infant nutrition choices.

This thesis will show that there are several factors that have contributed to the change in the way Canadians are discussing the topic of breastfeeding and the value of breast milk. This thesis will show that women have been exposed to an abundance of breastfeeding literature, the de-medicalization of birth movement; misinformation, international and national legislation and the mass media which have all contributed to the discussion of breast milk and moral regulation.

CHAPTER II
LITERATURE REVIEW

A review of Kedrowski and Lipscomb's book *Breastfeeding Rights in the United States* (2008) is made. Although the focus of this thesis is on breastfeeding rhetoric in Canada and primary research focused on Canadian women, Kedrowski and Lipscomb's book is relevant to my discussion as it emphasizes the challenges women face in general when it comes to breastfeeding and choice which is a main focus of this thesis. Kedrowski and Lipscomb begin with a brief history of reproductive rights in the United States and discuss the many debates and diversity of opinion surrounding reproductive rights. Breastfeeding is loosely tied to reproductive rights and it is in this regard that Kedrowski and Lipscomb's book proves relevant. The authors show the many challenges feminists faced trying to enforce a woman's right to exert control over her body. Feminists were challenged by negative forces such as state policies, husbands, partners and employers who created many barriers that stood in the way of exercising their own physical autonomy (Kedrowski & Lipscomb, 2008, p.5). Kedrowski and Lipscomb's book is relevant for discussion on choice and autonomy. Today, Canadian women face similar challenges as they attempt to exert control over their own bodies when choosing to formula feed and/or breast feed. Regardless of their choice on infant nutrition autonomy is paramount. The authors conclude that there is an overwhelming push to initiate breastfeeding.

A book written by Tasnim Nathoo and Aleck Ostry entitled, *The One Best Way: Breastfeeding History, Politics and Policy in Canada* (2009) explores the intimate and everyday practice of breastfeeding, and how the practice has been shaped by political and

economic interests and social pressures (Nathoo & Ostry, 2009, p. xi). This work is relevant to discussion on the history of breastfeeding practices in Canada and illuminates the politics of the choice of the individual.

An environmental factor, such as tainted breast milk, that may influence a woman's choice is also discussed in breastfeeding literature. Tainted breast milk has always posed challenges for society. Historically, when a child died after being fed by a wet nurse, the wet nurse was not legally allowed to wet-nurse another child (Sussman, 1982). Today, concern for the private distribution of unpasteurized breast milk in Canada is growing. Author Maia Boswell-Penc reviews the issue of tainted breast milk and the environment. Boswell-Penc presents evidence that women are not choosing to avoid breastfeeding because of, for example, a return to work, but rather because they realize not all breast milk is safe. In *Tainted Milk: Breastmilk, Feminism, and the Politics of Environmental Degradation* (2006) Boswell-Penc found that there are unusually high amounts of toxins being discovered in breast milk in North America. For example, Boswell-Penc's study found that by the time a breastfed child is a year old, he/she has ingested the adult lifetime dose of dioxin (Boswell-Penc, 2006, p.12). Known poisons and chemicals have been found in women's breast milk, such as Polychlorinatedbiphenylsether (PCBEs) and Polychlorinatedbiphenyls (PCBs). These poisons cannot be broken down and are used as a defoliant. A defoliant is a product used to rid an area of vegetation. An example of a well- known defoliant is "Agent Orange," used during the Vietnam War. Dioxins have also been found in breast milk at very high levels. Dioxin is used to cool and insulate heated electrical components (Boswell-Penc, 2006, p.12).

Of the articles and books that were reviewed during research, Boswell-Penc's book was one of two that demonstrated a nutritional reason *not* to breast feed. The lack of resources regarding the safety of breast milk may imply that bias in research exists. A thorough examination of tainted breast milk is worthy of review because thorough research would help shape regulatory practices on the private sale and distribution of breast milk, as well as provide a parent with greater insight as they make choices about infant nutrition.

Human Milk in the Modern World (1978), by Derrick Jelliffe and E.F. Patrice Jelliffe, is the second source reviewed for environmental factors that disrupt the health of human breast milk. Not unlike Boswell-Penc, who illustrates the non-visible toxins that enter a woman's breast milk, Jelliffe and Jelliffe discuss the "social toxicants" that are found in many cultures, thereby creating a need for regulation of the sale of breast milk. They also discuss the *desired* regulation of women who breastfeed. The topic of the regulation of women is important for discussion of moral regulation. The two authors discuss mood-changing toxicants such as nicotine, coffee, tea, alcohol (ethanol), marijuana and heroin. Medical and social effects of ingesting toxins are reviewed. In addition to mothers who unknowingly digest dioxins, questions of accountability and social and legal regulation of breast milk distribution by an institution are enormous and complex.

Jelliffe and Jelliffe also show that it is increasingly apparent that Western mainstream medicine has blind spots or areas of failure (D. Jelliffe & E.F Jelliffe, 1978, p.305). Without accurate information on the effects of alcohol consumption and drug and nicotine use on infants who consume breast milk tainted by these substances regulation

will prove difficult. Boswell-Penc found that the LaLeche League (LLL) in the United States (a strong advocacy group that encourages breastfeeding and promotes it as the only way to feed an infant) suggested that making informed infant feeding decisions is a world-wide challenge (Boswell-Penc, 2006, p.55). Boswell-Penc's book illustrates a need for additional policies as well as strict legislation and regulation of wet-nursing and the selling of breast milk. Boswell-Penc's research is relevant for discussion of the impact the breast milk industry has on the economy and society at large.

Similarly, in his book, *Selling Mother's Milk: The Wet Nursing Business in France 1715-1914*" (1982), George D. Sussman discusses attitudes on the sale and distribution of a mother's milk. Sussman provides an historical account of the wet-nursing business in France as well as a discussion of the commodification of breast milk, an unrecognized part of breastfeeding discussion. The discussion Sussman provides on the commodification of breast milk is further enhanced by the article by Werner Sombart (1913), "Luxury and Capitalism." Sombart found that crucial to capitalism was the idea of luxury, and wet-nursing at the beginning of the twentieth century was regarded as such. With an increase in number of women who return to work after childbirth (Kedrowski and Lipscomb, 2008) and the increase in the monetary value of breast milk conditions for an increase in wet-nursing and the sale of human milk are ripe.

The invention of the Internet and web-sites such as Ebay also enable parents to gain access to breast milk. Sussman complements the work of Kedrowksi and Lipscomb by providing an historical view of wet-nursing and the economic challenges that mothers and wet-nurses faced, which influenced their decision to participate in the practice of wet nursing.

A Woman's Experience

Revealed by research in both Canada and the United States, women's experiences with breastfeeding are revealed in Heather McLean's book, *Women's Experience of Breastfeeding* (1990). McLean's book illustrates and examines the experience of breastfeeding from the perspective of those who know it best: women themselves (McLean, 1990, p. 1). McLean's choice of language and selection of case study reflects strong support for breastfeeding. Her book also illustrates the concept of what Kedrowski and Lipscomb (2008) refer to as propaganda. The work McLean has completed in the breastfeeding community reveals that the push to breastfeed in Canada is strong. McLean's research is a valuable resource for illustrating the propaganda and bias in research.

McLean's focus is to influence a return to breastfeeding and increase and improve the experience for all mothers. McLean, however, found a need for more studies that follow women as they breastfeed or bottle feed. As many authors have addressed this same issue, it is apparent that if breastfeeding is going to be regulated socially, legally or otherwise, an emphasis on more research is needed before policy is put into place. By focusing on Canadian women, McLean can illustrate the challenges and processes related to breastfeeding that are unique to Canada. McLean's book provides a relevant contrast to Kedrowski and Lipscomb where research is focused on breastfeeding in the United States.

Commodification of Other Bodily Fluids

"Testing the Limits of Freedom of Contract: the Commercialization of Reproductive Materials and Services" (1994), by authors Michael Treblicock, Melody Martin, Anne Lawson and Penney Lewis, reviews cases for and against the commercialization or "commodifying" of reproductive materials and services. Their research is relevant to the discussion on the commodification of breast milk for a variety of reasons. First, breast milk is loosely tied to reproductive rights, mainly because the practice is often used as a natural contraceptive. According to the International Planned Parenthood Federation's (IPPF) the practice of breastfeeding prevents pregnancy by inhibiting ovulation. When ovulation and fertilization do occur, breastfeeding may inhibit the implantation of a fertilized egg (IPPF, para. 4). In this sense, breastfeeding is linked to reproductive rights. Second, the article illuminates the social, ethical and legal implications of receiving financial remuneration for bodily fluids and whether or not such remuneration plays a role in any increase in reproductive materials and services (Treblicock, Martin, Lawson & Lewis, 1990, p.613). Their work is relevant for my *discussion on the commodity of breast milk and the possible coercive properties of a* bodily fluid which is a commodity.

The article focuses on the technology that enables the commodification of bodily fluids and reproductive services. While the focus of this thesis is the result of commodifying breast milk and the formulation of the breast milk industry, the article by Trebilcock *et al.* is relevant as it illustrates the controversies and possible range of mechanisms that could be adopted to increase the supply of reproductive materials

(Treblicock, Martin, Lawson & Lewis, 1990, p. 613). The article concludes by sketching legal and regulatory regimes with respect to the exchange of reproductive materials and services.

CHAPTER III
METHODOLOGY

Female participants were chosen and presented with a short questionnaire (See Appendix A). The criteria for selection was that participants had to have breast fed one or more infant, had attempted to breast feed and/or used breast milk from another source to nurture their infant. Each participant was presented with a short questionnaire that was designed to accomplish two things. First to identify what influenced each participant in her choice to breast feed/use breast milk to nurture her infant. Second, to identify how much money each participant spent on supporting the practice of breastfeeding and/or use of another breast milk source such as a wet nurse, nursing circle, etc. In an effort to extrapolate what influenced women to breast feed/use breast milk the following question was asked:

What were some of the reasons for your decision to use **breast milk** to nurture your child/ren? **PLEASE CHECK ALL THAT APPLY (you may not be breastfeeding but may be using/have used breast milk)**

Culture _____ Friends' experience _____ Breastfeeding is easy ____
Family help____ Family experience_____ Never though about it _____
Religion_____ Health of baby_____ Clothing options _____
Cost_____ Important to biological mother _____
Pressure from partner_____ Pressure from family_____ Pressure from society____
The accessibility of items to help/support the practice_____

(See Appendix A)

Participants were located at yoga studios, coffee shops, day-cares and federally run daycare drop-in centres. Networking with women who had recently given birth to a child, and/or had a friend that had recently given birth proved successful. After explaining the goal of the research and obtaining consent forms from each participant they were handed a questionnaire that consisted of eleven questions for their review and

completion. Data from 25 participants was collected and all personal information and identities were kept confidential. Each participant was then numbered, beginning with the letter 'N'. The first participant is N-1, and so-on to N-25.

Originally a request was made to conduct research on City of Ottawa property and an application to the Ottawa Public Health Ethics Board (OPH Ethics Board) was made. I would have been given access to women who were breastfeeding (potential participants) at the various breastfeeding drop-in clinics that are operated by the City of Ottawa. Access to approximately 100 women per week at the breastfeeding drop-in clinics was estimated. The number of original participants I had hoped to present questionnaires to was approximately 200. I felt that 200 questionnaires would produce enough data about the amount of money being spent in the breast feeding industry, and illuminate various reasons women chose to breastfeed. Interviews with breast feeding mothers were not conducted due to time constraints and geographical locations. An application to the OPH Ethics Board was submitted in June, 2010. I was initially informed that the application would be "fast tracked" as ethics approval from Carleton University's Research and Ethics Board had already been granted in April, 2010. Permission from the OPH Ethics Board was still not granted by February 2011 after many exhaustive attempts to fulfill requirements. Among other obstacles, the main hurdle with the OPH Ethics Board was proving that the letter of information was acceptable. The OPH Ethics Board felt that the letter of information, which had been approved by Carleton University's Research and Ethics Board, was too lengthy and scholastic for women at the City breastfeeding drop-in clinics to understand. Upon revision, the OPH Ethics Board still maintained that the wording in the letter of information was still too difficult for

participants to understand. Despite informing the OPH Ethics Board that I would be on-site discussing the letter of information and answering any question pertaining to my study the OPH Ethics Board felt that the nature of research was above the literacy level of the participants. Even though I continually informed the OPH Ethics Board that mothers who had already participated in the study had read and understood the letter of information I was forced to present them with a simpler version of the letter of information. The second letter of information was written more colloquially and was eventually accepted. Then copies of my original application to the OPH Ethics Board were lost. It should also be noted that during one particular meeting with the public health nurse the following comment was made: "Mothers that bottle feed are maniacs." I then informed the public health nurse that I personally formula fed both my children and that it was my personal and preferred method of choice for feeding two infants. Shortly after making infant nutrition practices known to the public health nurse, in February 2011, a "new person" on staff was now involved and the process had changed. Thus, I was asked to submit another copy of my application and it was intimated at that time that the entire process may have to re-start. The final correspondence surrounded the issue of supervision. The OPH Ethics Board contended that Professor Alan Hunt was named as a researcher, which he was not. A request to have all of my documents resubmitted with Professor Hunt's signature was then made, despite providing clear evidence that Professor Hunt was named as a supervisor, not researcher. The OPH Ethics Board continued to request that his signature be on all documents. After consulting with Professor Hunt, the application with the OPH Ethics Board was stopped. The very nature

of the topic and the polarization of the debate impeded my research within the City of Ottawa.

To inadvertently be called a "maniac" by a public health nurse indicates the heated nature of the debate. The potential for moral regulation and social pressure may exist after statements such as these are made by a public health nurse. The bureaucratic mess with the City of Ottawa also seemed to underscore the volatile nature of the discussion.

My intention was to present breastfeeding mothers with a short questionnaire that was designed to extrapolate why they chose to breast feed, and how much money each had spent on their practice. In addition to the questionnaires presented to participants that chose to breast feed, research was also focused on the breastfeeding industry and the role the industry may have played in the choices women are making relating to the commodification of breast milk. Interviews with business owners whose retail items, services or advice support the practice of breastfeeding and/or providing breast milk to parents/guardians were conducted. By identifying how much money is spent supporting the practice of breastfeeding, and where these dollars are spent, I can begin to identify who the stakeholders are. A stakeholder is defined as a person or group that has an investment, share, or interest in something, as a business or industry. The purpose of interviewing business owners or persons involved in the breast milk industry relying on women to continue breastfeeding/a parent's use of breast milk was to ascertain how much money is being generated by women choosing to initiate breastfeeding.

CHAPTER IV
BOOB, BUST AND ECHO

Aspects of the Controversy

Controversy has recently emerged in Canada over the feeding of formula and other breast-milk substitutes to newborn children. Each side of the breast-milk versus formula debate justifies the endorsement of their respective infant nutrition choice. Part of the controversy lies with the David-versus-Goliath aspect of the debate. On the 'for breast milk' side, advocates have access to vast amounts of literature that support their view. In addition to the copious quantities of information on breastfeeding, an entire system is set up to support and encourage the practice. The system is composed of health care professionals, government campaigns, a booming retail industry and mass media. My primary research also uncovered that women are not generally presented with information on alternative healthy infant nutrition choices; rather, information must be sought out or stumbled upon (on a pharmaceutical company website, for example).

What is particularly interesting is that both sides do not seem willing or able to consider the arguments of the other side. Indeed, the culture of infant nutrition in Canada is embroiled in a polarized debate. Both sides are passionate and continue to feel compelled to make their voices heard through radio, print media, Internet blogging sites, social-networking sites such as Facebook, and in public spaces. A pattern of repeated assertion and counter-assertion has created a deadlock in the breast-versus-formula conversation.

Breast is Best Discussion

First, the "breast is best" portion of the discussion is arguably the most well known. The expression 'breast is best' is widespread and often used when referring to any topic that relates to breastfeeding. The evolution of the expression began in the early part of the twentieth century when Dr. Helen MacMurchy wrote in Canada's first piece of federal government-sponsored child-care advice literature:

> You will be able to nurse the baby. Never think of anything else. Nursing the baby yourself is the 'one best way' (Nathoo & Ostry, 2009, p. xi).

The 'breast is best' campaign is typically referenced when doctors, friends, family members and strangers discuss the practice of breastfeeding with a soon- to- be mother or parent; the expression seems to have evolved into the argument itself. Today, the 'breast is best' slogan is embedded in Canadian breastfeeding dialogue and infant feeding culture. Research uncovered vast numbers of references to the "breast is best" expression. To find an article or any other source of information on breast milk and its benefits that did not use the 'breast is best' phrase would pose a challenge for a new parent doing research on infant nutrition. Therefore, information on the benefits of bottle feeding proves difficult to locate.

To illustrate that not everyone agrees that breast is in fact best blogger Lollipopgoldstein (2010) from the Internet site Stirrup-Queens writes:

> Any time we name something "best" and ignore all other possibilities, we are being inflammatory. The way we feed someone isn't a car or a computer or a dishwasher — it isn't something quantifiable that lends itself to a ranking system.

> It is a product of circumstance and ability just as much as it is a product of choice (Breast is Not Best section, para. 4).

Since the 1930s, with the emergence of milk banks (which superseded the historical use of wet nurses), there has been increased attention paid to the benefits of breast milk rather than breastfeeding (Nathoo, 2009, p.194). As a result of increased attention being paid to breast milk the 'breast is best' expression is now two-fold. The wording in the expression connotes that ***breastfeeding*** is best, and secondly, the message connotes that breast ***milk*** is the best. Impassioned beliefs about breastfeeding and breast milk do not stand alone. A review of the 'for formula' side of the infant nutrition discussion illustrates the polarity of the debate.

Formula Powered

In 1996, the Canadian Paediatric Society (CPS) released a statement on infant feeding claiming that breast milk alone was not adequate for preterm infants (Nathoo, 2009, p. 191). The CPS compared human donor milk to wet-nursing and argued that the sterilization process that makes human donor milk safe also destroys the properties that make breast milk superior to infant formula. The statement clearly advised against the use of human donor milk and advocated for reallocating resources that were dedicated to human milk banks. Overall, the CPS suggested that infant formula was an appropriate choice for many women who experienced difficulties breastfeeding (Nathoo & Ostry, 2009, p.191).

Uncovering literature that extols the benefits of formula feeding was rare, and it should be acknowledged that advocates for formula feeding are often quoted in the context that they had no choice but to bottle- feed. For example, in a *Globe and Mail* article entitled: "What's wrong with feeding your baby formula?" (2010) written by Wency Leung, a new mother, Alison Evans, describes her experience formula feeding her son Christopher:

> From the day he was born, Alison Evans breastfed her son Christopher with the understanding that breast milk is the most nourishing, natural and healthy thing a mother can feed her baby. So when, at four weeks old, he suddenly began rejecting her milk and stopped gaining weight, Ms. Evans was distraught and uncertain about turning to infant formula (Leung, 2010).

Ms. Evans' feelings illustrate the complex nature of the debate in Canada about formula. According to the author of the article, Wency Leung (2010):

> A greater struggle, however, was dealing with the reaction of strangers who would give her unwanted advice on how and why she should breastfeed instead. Nurses at her local health clinic also gave her disapproving looks when she reached for his bottle (Leung, 2010)

Ms. Evans comments in the article:

> When I went to buy the first case, I cried in the middle of Save-On because I thought 'this is the worst thing ever," Ms. Evans says, "I felt like I was going to be judged - and I was (Leung, 2010).

Below is a comment from the Join the Conversation blog that appeared on line following the publication of the *Globe and Mail* article:

> To choose not to breastfeed because you just don't feel like it is gross. Poor babies. But, if you really can't why feel guilty? This lady said it better than I. Women should not feel guilty if they are **unable** to breastfeed, but they should feel guilty if they are **unwilling** to do so, and they should be intellectually honest enough to know the difference (Join the Conversation section, 2010).

Feeding a child breast milk seems to trump the health and well-being of both the child and mother. Tasnim Nathoo, co-author of *The One Best Way? Breastfeeding History, Politics, and Policy in Canada* found:

> We have all this scientific evidence of all the benefits of breastfeeding, on the other side, all the risks of formula feeding. So when, I think, women choose not to breast feed.....there's a real sense of failure of not being able to live up to this ideal (Leung, 2010).

The 'for formula' side of the discussion tends to focus on parents asking breastfeeding advocates to respect their decision to bottle feed. In essence, my research has uncovered that the 'for formula' side of the debate is a *de facto* argument. i.e. generally speaking, we only notice rhetoric about formula in cases where the mother could not physically breast feed. Mention of a woman arbitrarily deciding to formula feed because she wants is rarely made.

How Infant Nutrition Culture Changed in Canada: Language

While the 'breast is best' slogan is used most often, and is deeply embedded in infant nutrition discussions, semantics in infant feeding culture are changing. New words indicate that the new culture of infant nutrition is reflective of war or conflict. To begin, women and mothers who advocate breastfeeding are often referred to as breastfeeding "activists" (also known as "lactivists") A 'lactivist' is defined as:

> ... someone who considers him/herself an advocate for breastfeeding, whether or not s/he's nursed. Lactivism comes in many forms: choosing to breastfeed, choosing to breastfeed for an extended period of time, choosing to breastfeed in public, choosing to smile at a breastfeeding woman, encouraging other women to breastfeed, educating the public on the benefits of breastfeeding, lobbying for pro-breastfeeding legislation, etc. (Greenberg, 2011).

Secondly, the phrase 'Breastfeeding Nazi' is not uncommon. The expression describes a level of overwhelming and dogmatic conviction that some women have about both the practice of breastfeeding and the benefits of breast milk. Urbandictionary (an on –line dictionary of words defined by readers, reflective of colloquial language and is not an official source but culturally relevant) defines 'breastfeeding Nazi' as:

A breastfeeding mother who condemns bottle feeders in a preachy way' Urbandictionary provided an example:

> Most of the Moms at the La Leche League meeting were nice, but a couple were real breastfeeding Nazis (Urbandictionary Random B section, para. 69 up 29 down).

The term also indicates the massive gulf between the two sides of the debate when used to illustrate a lack of enthusiasm for breastfeeding. During my presentation of questionnaires, and during the question and answer part of my contact with participants it was not uncommon to hear: "At least I am not a breastfeeding Nazi." By default, the expression indicates the polarity of the debate; one is either a breastfeeding Nazi, or one is not. The phrase 'breastfeeding Nazi' is being used colloquially and often. Furthermore, the likelihood that the expression is going to dwindle in usage is doubtful. Use of the Internet enables the term to be used with relative ease and can reach a large segment of the population very quickly. For example, after typing in the key words "breastfeeding nazi", and "breast feeding nazi" into popular search engine Yahoo a blog appeared. In a blog post entitled "5 Things That Make You a Breastfeeding Nazi....and 5 Things That Don't," Miriam Axel-Lute (2009) writes:

> In the interest of lancing the boil I present the following cheat sheet on how not to become a breastfeeding Nazi—and how not to see them where they are not. (5 Things That Make You, para. 2)

On WizBang, a general interest blog site, a posting by Kim Priestap bears the following title: "Now Come the Breastfeeding Nazis." Priestap found that New York City officials banned the distribution of free formula samples and formula promotional materials from gift bags that had been given to new mothers at the 11 hospitals run by New York City's Health and Hospitals Corporation (Priestap, 2008). While the terminology refers to city officials in New York City, Canadian online readers have access to WizBang.

Canadian dialogue on the subject of breastfeeding and breast milk has transformed from a culture of complacency to a culture that accepts catchphrases such as "breastfeeding Nazi," now commonplace in breastfeeding culture.

Public Reaction to Bottle Feeding

Everyday language is becoming more colourful as the debate continues, but public reaction to bottle feeding or formula promotion indicates that infant nutrition culture in Canada is changing. For example, the recent company-wide boycott that was issued against the popular clothing chain Old Navy in September 2010 further illustrates the polarization of the debate as well as a new form of advocacy for breastfeeding. The popular clothing chain launched the sale of a "onesie" (a one-piece infant garment that covers a baby's torso) with the words "Formula Powered" printed on the front (See Illustration 2). The impact of the launch of the Old Navy onesie was swift and

detrimental. Upon discovery of the launch of the onesie, popular Internet site 'Feministing' (2010) showcased the following blog written by blogger Cate Nelson (2010):

> We all know breastfeeding is best for baby.....and mama. Formula simply isn't the healthy option. So, why doesn't Old Navy know it? (Breastfeeding Activists Boycott section, para.2)

Nelson's statement implies that a corporation is responsible for the encouragement and support of the practice of breastfeeding. A woman's right to autonomy and personal choice is not acknowledged. Bridget Tyler (2010) who writes for Internet blog site Kidglue, believe that Nelson, and a score of other bloggers who promote breastfeeding, called for the boycott of the chain because they saw the onesie as a propaganda tool for the formula industry (Health and Parenting section, n.d.). Throughout my research when advertisements or retail products that promote breastfeeding were introduced to consumers, a similar reaction was never made.

Indeed, there are other examples of consumers boycotting corporations that promote bottle feeding. In 1977, Infant Feeding Action Coalition (INFACT) launched a boycott of Nestlé, who had the largest market share of infant formula at the time. INFACT's goal was to force Nestlé to halt all promotion of infant formula, distribution of free samples of health care facilities and parents, promotion to health care workers. In 1978 the boycott had spread to Canada, even though Nestlé did not manufacture infant formula in Canada. While the effects of the boycott cannot be ascertained the boycott is significant for a number of reasons. The issue of infant feeding resulted in the largest support for a boycott ever seen in North America. As a consumer movement, it drew

attention to breastfeeding by focusing on how marketing infant formula affects women's perceptions of their breasts, breast milk and breastfeeding (Nathoo, 2009, p. 117-118), Today, the boycott of Old Navy over an article of clothing draws attention to the strength of opinion in the 'for breast' side of the debate.

"Lactivist", "Nazi", "propaganda tool", "boycott", are language and strategy that are commonly used in war or conflict. Is the new culture of infant feeding mimicking that of war? Impassioned beliefs do not appear out of nowhere. The growth of rhetoric about breastfeeding and the benefits of breast milk are reaching new levels. If consumers are willing to boycott companies that produce 'questionable' baby clothing, to illustrate how women are treated publicly w-hen bottle feeding will not prove difficult. It is within the treatment of women that another change to infant feeding culture is recognized.

New Phenomenon

In addition to semantics and behaviour that reflect a new culture of infant nutrition discussion, a new phenomenon is occurring. In Canada, there is now a strong focus on breast milk as being the only option for infant nutrition. Specifically, for some lactivists, a viable excuse to deny a child breast milk does not exist. Historically, women and parents were 'allowed' to bottle feed under certain circumstances—for example, if the mother died during child-birth, the baby was adopted, or if the mother suffered from a medical condition that precluded her from breastfeeding. With emerging technologies, such as the Internet and social-networking sites such as Facebook, it has become easier to access additional sources of breast milk; these include milk banks, nursing circles, and

donor milk programs. To make an infant nutrition choice that does not include breast milk may be complicating matters for parents who do not have the choice. Through her research, Dr. Ellie Lee, Senior lecturer in social policy at the University of Kent in Britain, found that mothers experienced "moral collapse" when they found themselves unable to breastfeed and some isolated themselves, overwhelmed by shame (Leung, 2010).

To complicate matters, a survey done in 2003 by the Canadian Community Health Survey (CCHS), found that of the 15% of women who did not initiate breastfeeding, 20% stated that a medical condition prevented them from breastfeeding (Millar and Maclean, 2005, p. 25). Women who suffer from a medical condition that precludes them from breastfeeding have been known to feel guilt because of their underlying medical condition. A once acceptable excuse/reason to bottle feed has disappeared into the abyss of the 'breast is best' argument.

In addition to medical barriers, adoption has historically been a valid reason to formula feed. However, Canadian infant-feeding philosophy and culture is changing with respect to bottle-feeding adopted babies. While most people are aware that adoptive mothers or parents are physically unable to breast-feed their newly adopted infant, the attitudes about the nutritional value of breast milk now influence adoptive parents. Adoptive parents are being encouraged to seek the services of a milk bank, wet nurse or nursing circle, or commence a process of re-lactating in order to avoid reliance on formula. Re-lactating is a process by which a woman stimulates the mammary system often and long enough that breast milk is produced.

A participant who took part in primary research illuminates this tension:

> As an adoptive mother who was with her child at birth there were certain factors which emotionally and mentally impacted me and had me feel as though I was failing at motherhood in some way because I could not breast feed.....Living in a smaller, predominantly farming and First Nation, community there is not the access, as in bigger cities, to services i.e. wet nurses or breast milk banks. If there was, however, because of how breastfeeding is perceived within the society at large, one would certainly have felt 'pressured' to access that service. If available one might have even looked into hormonal treatments to assist in developing breast milk without pregnancy in order to feed an adopted baby....For me, it is the emotional impact of breastfeeding messages that actually drives the financial side i.e. I feel that I am not providing adequately for my child, I am failing my child, I must get the best for my child and will spend the money I have for a wet nurse service or to buy breast milk off the Internet (N-7).

Another participant describes her experience after adopting:

> My adopted baby was a week old and we went to our first pediatrician appointment and walked in to greet a few other people in the waiting room. Once I got my baby settled and out of his car seat to hold him while we were to wait for the doctor to call us. A woman sitting alone in the waiting room started to chat with me to ask a few common questions, about how old my baby was and then commented on my physical state as he was a week old and my body didn't look to her as she stated like I just gave birth. I politely thanked her and then she went on and on and on about my physical appearance and then finally stopped when I pulled out a baby bottle to feed my son. She looked at my breasts and said ah no milk coming in...I said oh he loves his bottles and she said oh that's too bad.... It was a very strange experience and what I take away from it is this - people are intrusive when it comes to babies and feel they can ask many personal questions they wouldn't normally and with respect to his bottle, her tone indicated or gave me the impression that it would of been better if he was breastfeeding as opposed to having his bottle (M. Horne, personal communication, February 7, 2011).

The practice of using breast milk is also reinforced by segments of the medical community in cases of adoption. In the Ottawa-based magazine *From Belly to Baby*, Dr. Colleen McQuarrie suggests that, even when adopting, one needs to put in place a support network for breastfeeding practice.

> Infection, fatigue, poor nutrition, and the use of some medications can turn breastfeeding into hard work for both mother and babe, so it is invaluable to have support lined up prior to having your baby so that from the moment they arrive you feel like you are well on your way to being able to deliver your baby's best nutrition to them.
> In closing, if you are currently pregnant, thinking of becoming pregnant, or considering the adoption of a new born, it is very important to set in place the support you need to be successful at best-feeding your baby (McQuarrie, 2008).

Indeed, people who have recently engaged in the discussion of my topic with me acknowledge that there has been a shift from a climate of complacency to a climate where a mother who does not breast feed or provide breast milk from another source (such as a milk bank or wet-nurse) feels guilty, like a failure. Perhaps this can be explained by an article that appeared in the *New York Times.* Dr. Rajalakshmi Lakshman, of Cambridge University, found that women choose to bottle feed:

> ...either because they could not breast feed or because they preferred to bottle feed, frequently experienced a range of negative emotions. These included guilt; worry about the impact on their baby and what healthcare professionals might say; uncertainty about how to proceed; a sense of failure; and anger as a result of feeling under pressure to breastfeed (Style section, para.4)

Why does Canadian culture favour breast milk so reverently over formula? What is significant to explore is the recent strength of opinion on the subject of breastfeeding. Why has breastfeeding become something you *ought* to do, rather than a matter of choice? Although the choice to breastfeed ultimately resides with the nursing mother, authors Kedrowski and Lipscomb (2008) find that the social rhetoric and governmental campaigns that encourage breastfeeding hardly leave a mother with any kind of choice at all (p. vii).

CHAPTER V
INFANT NUTRITION CULTURE CHANGED IN CANADA: WHY THE MOOOOOVEMENT?

Dr. Lee found:

> While research clearly shows the benefits of breastfeeding, the intense demands breastfeeding places on a mother are not captured by the medical studies. The messages mothers receive about breast milk versus formula are 'phenomenally black and white and unequivocal (Leung, 2010).

Uncovering why attitudes are so polarized has implications for infant nutrition. Uncovering how and why a shift in infant culture has taken place will illuminate other issues, such as the autonomy of choice and a woman's body. Awareness of how infant feeding culture has changed may encourage more respect for both autonomy and individual choice. By discovering why changes in infant nutrition culture have occurred, some individuals can either take measures to correct the influencers of change or at the very least, make those factors part of infant nutrition discussion. In order for choice to be autonomous and informed, one should be aware of all aspects of the breastfeeding and breast milk discussion.

Medical Literature

Research has uncovered a significant amount of medical articles on the health benefits of breastfeeding, and very few that discuss formula as being a viable choice. When mention is made of formula, it is generally in the context that a woman had no choice but to resort to formula (i.e. that a medical condition precluded a mother from providing breast milk). The imbalance in the quantity of medical journal articles indicates the medical community has not properly reported on the effects of formula.

Mothers wanting medical advice on formula would have to rely on the advice given to them by their physician.

Indeed, some medical researchers have found that breast milk can be tainted with chemicals (either from environmental pollutants or social pollutants such as smoking and drinking). But, when I discussed the existence of 'negative' literature with study participants, it was not uncommon to hear that they were unaware that toxins could be found in breast milk, nor did interview subjects typically know of any article or book that questioned the mantra 'breast is best.' When some participants shared that they were aware that 'negative breast milk data' existed, they also intimated that they still felt that breastfeeding was still the best option for their infant, regardless of the presence of environmental or social pollutants. There is very little medical academic literature that discusses the benefits of formula or other infant feeding choices. A result may be that women are not enabled to educate themselves with medical literature that would otherwise aid them in their quest for knowledge on infant nutrition choices. Indeed, one factor that is explicitly cited by many infant care providers as the 'reason' for the promotion of breastfeeding is that it is legitimized by science, since several clinical studies have been published since the 1970s that demonstrate the benefits of breastfeeding over formula feeding (Crossley,2009, p.72).

De-Medicalization of Child Birth and the Organic Movement

In the past decade, new forms of activism and social movements concerned with sustainability, anti-corporatism, and food security have incorporated a focus on breastfeeding. Key actors in these movements regard breastfeeding as ecologically

sound, complete and a safe food source. By contrast, they regard infant formula as a contributor to environmental contamination, due to the consumption of materials and production of waste (Nathoo, 2009, p. 193).

As with many areas of science in contemporary western culture, discourses expressing fear of technology gone awry also abound (Crossley, 2009, p.72). Many contemporary social movements—especially the environmental movement—highlight risks associated with modern technology; this has resulted in the proliferation of rhetoric of the 'natural', and has lead to the spread of 'natural' foods, 'natural' clothing and 'natural' medicine. This whole idiom of the 'natural' has surrounded childbirth and child rearing. It has also been a key theme in the 'alternative birth movement' (Crossley, 2009, p.72). The promotion of breastfeeding has constituted part of an attempt to 'demedicalize' life events (such as pregnancy) and to return such processes to the 'rightful moral domain under the control of women themselves' (Crossley, 2009, p.72).

The start of the natural childbirth movement is unofficially attributed to Dr. Grantly Dick Read, a British obstetrician who recognized that women often fare better when birthing at home than when birthing in hospital. He suggested that the fear and pain of childbirth that women experience was reinforced by the hospital environment (Nathoo, 2009, 111). In Canada, interest in breastfeeding was rekindled in the 1960s and early 1970s with the emergence of the natural childbirth movement (hallmarks of which included the Lamaze method and La Leche League) and by "second wave" feminism. Each was part of a societal trend that, on the one hand, questioned faith in scientific medicine and technological advancement, and, on the other hand, emphasized the importance of women's experiences and knowledge. In one way or another, each of

these movements sought to reclaim babies from experts. One of the founding members of La Leche League, Edwina Froehlich, commented, "The babies belonged to the doctors in those days. One of the things we said right from the beginning was, by golly, let's give the baby back to the mother" (Nathoo 2009, p. 111).

These movements also re-emphasized the practice of breastfeeding by valuing the process and experience rather than just the desirable properties of breast milk (Nathoo 2009, p. 111).

Misinformation

The benefits of breastfeeding are warranted based on numerous studies and trials. However, Kedrowski and Lipscomb (2008) find that studies and trials are not controlled (p.viii). Ostensibly for ethical reasons, no researcher or research team has ever randomly assigned babies to breastfeeding and bottle-feeding groups. Kedrowski and Lipscomb (2008) find that studies that tell women what to do contain more propaganda than science (p.viii). Kedrowski and Lipscomb (2008) argue that mothers are, in effect, falling prey to the propaganda about breastfeeding and breast milk as they find that well over half of American mothers initiate breastfeeding (p.viii). In Canada, the rate of women initiating breastfeeding is approximately 85% (Millar & Maclean, 2005).

Moral regulation frequently coexists with other forms of regulation. For example, moral discourses and found closely associated with medical discourses (Hunt, 1999, p. 17). For decades, the medical establishment has pressured mothers to breastfeed their babies, claiming it is the best way to provide newborns with the nutrients they need.

New research suggests otherwise. John Bonnar, writer for blog site Rabble.ca, launched a blog entitled "New Research Intensifies Breastfeeding Controversy" which provides insight into the issue of misinformation. Bonnar (2009) explains:

> Joan Wolf, professor in Women's Studies at Texas A&M University, spent a year and a half poring over the medical literature, analyzing the whole breastfeeding issue. Wolf found that the conclusion is that the evidence we have now is not compelling...It certainly does not justify the rhetoric. The problem with the studies is that it is very hard to separate the benefits of the mother's milk from the benefits of the kind of mother who chooses to breastfeed (New Research Intensifies section, para.4).

Michael Kramer, one of the world's most authoritative sources of breastfeeding research and professor of paediatrics at McGill University, finds:

> The public health breastfeeding promotion information is way out of date. The trouble is, Kramer said, that the breastfeeding lobby is at war with the formula milk industry, and "neither side is being very scientific ... when it becomes a crusade, people are not very rational (New Research Intensifies section, para. 5).

Joan Wolf's 2007 article: "Is Breast Really Best? Risk and Total Motherhood in the National Breastfeeding Awareness Campaign," published in the *Journal of Health Politics, Policy and Law*, also questions the validity of information presented to mothers. Wolf criticizes the National Breastfeeding Awareness Campaign (NBAC), which warns women that bottle feeding their babies puts them at risk of a variety of health problems.

> The NBAC, and particularly its message of fear, neglected fundamental ethical principles regarding evidence quality, message framing, and cultural sensitivity in public health campaigns. The campaign was based on research that is inconsistent, lacks strong associations, and does not account for plausible confounding variables, such as the role of parental behavior, in various health outcomes....only the benefits on gastrointestinal illnesses had been conclusively proven (Wolf, 2007, p.).

In addition, author, biologist, ecologist and breastfeeding advocate, Sandra Steingraber, points out that breast milk commonly violates the United States' Food and

Drug Administration (FDA) levels for poisonous substances in food (Citron-Fink, 2010).However, all baby and infant formula brands that are sold in the United States must meet the minimum nutritional requirements of the Federal Food, Drug and Cosmetic Act (known as the 'Infant Formula Act') and FDA regulations (Iannelli, 2009).

Wolf and Steingraber have indeed questioned the traditional message that breast is best, and their work illustrates an assertion and counter-assertion aspect of breastfeeding discussion in Canada. However, regardless of medical research and interpretation, the infant mortality rate (IMR) in Canada indicates that formula fed babies do not die from being fed a breast milk substitute. With the exception of Japan, Canada has had the most dramatic decline in IMR in the past 35 years. The decline in IMR in Canada comes on the heels of the majority of mothers who initiate breastfeeding after the birth of a child switch to formula after just a few weeks. A recent national survey of 6421 women who gave birth in Canada between 2005 and May 2006 found that 90.3% of sampled women initiated breastfeeding (Fairbrother, 2010, p. 157). However, many women stop breastfeeding within the first month and fewer than half breastfeed for at least six months. Of those that initiated breastfeeding half breastfed exclusively. Thus, only 17% of recent mothers conformed to the current recommendations of the World Health Organization and the Public Health Agency of Canada (Millar & Maclean, 2005, p. 29). When we consider that in 1996, the infant mortality rate in Canada was 5.6 per 1,000 live births. In 1996, 2,051 infants in Canada died before their first birthday. Of these deaths, 1,441 (70%) occurred in the neonatal period and 610 (30%) in the post-neonatal period. The two leading causes of neonatal death were conditions originating in

the perinatal period and congenital anomalies. Respiratory distress syndrome, short gestation and low birth weight, accounted for 62% of neonatal deaths; conditions originating in the perinatal period. Congenital anomalies accounted for 30% of neonatal deaths. Two leading causes of post-neonatal death were sudden infant death syndrome (SIDS) and congenital anomalies, accounting for 26% and 23% of post-neonatal deaths respectively (Bureau of Reproductive and Child Health [BRCH] 2010). The data suggests that there does not seem to be any immediate danger or harm to infants who are formula fed. Part of the rhetoric at the moment is that formula fed infants are more likely to die from SIDS. The American Academy of Pediatrics finds that breastfeeding survival curves show that both partial breastfeeding and exclusive breastfeeding are associated with a reduced risk of sudden infant death syndrome. However, the study was based in Germany and findings are reflective of German statistics, and less than 2000 infants were studied (Vennemann et al., Abstract)

Reviewing the Canadian IMR, however, indicates that an immediate threat to infants who are formula feed in Canada does not exist. Research also indicates that many infants experience digestive problems, obesity, illness and a list of other physical and emotional problems if they are not breast fed. Again, an assertion and counter-assertion aspect of the breastfeeding discussion exists within the dialogue on the overall health of children who are breast fed. Part of the counter-assertion is reviewed in a recent article by Hannah Rosin which appears in the *Atlantic*; it questions the validity of the health benefits of breast milk. Rosin, a mother who breast-fed three children, asserts that she always believed she was protecting her children's health by feeding them this way. In

particular, Rosin had heard that breast-feeding was credited with increasing intelligence and immunity and lowering the risk of allergies and obesity. The first time Rosin questioned these findings was in her paediatrician's waiting room. Rosin asserts:

> I noticed a 2001 issue of the *Journal of the American Medical Association* open to an article about breast-feeding: Conclusions: There are inconsistent associations among breastfeeding, its duration, and the risk of being overweight in young children. Inconsistent? The seed was planted. That night, I did what any sleep-deprived, slightly paranoid mother of a newborn would do. I called my doctor friend for her password to an online medical library, and then sat up and read dozens of studies examining breast-feeding's association with allergies, obesity, leukemia, mother-infant bonding, intelligence, and all the Dr. Sears highlights.
>
> After a couple of hours, the basic pattern became obvious: the medical literature looks nothing like the popular literature. It shows that breast-feeding is probably, maybe, a little better; but it is far from the stampede of evidence that Sears describes..... A couple of studies will show fewer allergies, and then the next one will turn up no difference. Same with mother-infant bonding, IQ, leukemia, cholesterol, diabetes. Even where consensus is mounting, the meta studies—reviews of existing studies—consistently complain about biases, missing evidence, and other major flaws in study design. "The studies do not demonstrate a universal phenomenon, in which one method is superior to another in all instances," concluded one of the first, and still one of the broadest, meta studies, in a 1984 issue of *Pediatrics*, "and they do not support making a mother feel that she is doing psychological harm to her child if she is unable or unwilling to breastfeed." Twenty-five years later, the picture hasn't changed all that much. So how is it that every mother I know has become a breast-feeding fascist? (Rosin, 2009)

Admittedly, Rosin is an authority on neither breastfeeding nor the nutritional value of milk. Her one-woman assessment of the research raises the issue of misinformation.

LEGISLATION

Recently, blog author Javno257 (2010), on the popular Internet site Dalje.com, reports on comments made by Brazilian supermodel (and wife of National Football

League quarterback Tom Brady) Gisele Bundchen. In an interview with *Harper's Bazaar* magazine, Bundchen states:

> Some people think they don't have to breastfeed and I think, 'Are you going to give chemical food to your child when they are so little?' I think there should be a worldwide law that mothers should breast-feed their babies for six months (Entertainment Section, para. 3).

Bundchen suggests that women should somehow be regulated 'worldwide' to breastfeed. Reader reaction from the statement resulted in an apology from Bundchen. However, Bundchen's comment raises the issue of legislation, and how society's values can be reflected in law. How has legislation impacted the infant nutrition culture in Canada? What are the implications for the autonomy of the mother with respect to choice? In this next section a review of International law and Canadian legislation is made in order to further illustrate why breastfeeding discussion and culture has changed.

International Law

> Nobody EVER talks about the baby's rights, you know, that little dependent creature who's forced to drink that toxic concoction of 'formula'. Every baby born on this planet has encoded into every cell of their being, the BIOLOGICAL EXPECTATION to breastfeed for anything up to about the time the milk teeth fall out. EVERY BABY! Isn't it child abuse on the grandest scale to deny them this because a mother can't be 'bothered'? (Inducing Guilt in Bottle Feeding, para. 5)

The above remark from blogger Veronika Sophia Robinson provides a jumping off point for discussion of both breastfeeding rhetoric and legislation. At present, an international body of law attempts to regulate and monitor infant feeding practices. The World Health Organization (WHO) is the directing and coordinating authority for health within the United Nations system and is responsible for providing leadership on global

health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends (WHO, 2011). In the early 1980s The WHO's *International Code of Marketing of Breastmilk Substitutes* (1981) was developed in order to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breast milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution (WHO 1981). Among other reasons, a purpose of the Code is to decrease the number of children who die from formula mixed with unsanitary water, which is often difficult to find in most third world countries. Among other things, the Code requires that parents be informed about the 'health hazards' of unnecessary or improper use of infant formula and other breast milk substitutes (WHO 1981). The legislation outlines, in its 24 pages, both the importance of breastfeeding, and its goal of reviving the practice. The *WHO Code* states:

> Recognizing that the encouragement and protection of breast-feeding is an important part of the health, nutrition and other social measures required to promote healthy growth and development of infants and young children; and that breastfeeding is an important aspect of primary health care;
>
> Considering that, when mothers do not breast-feed, or only do so partially, there is a legitimate market for infant formula and for suitable ingredients from which to prepare it; that all these products should accordingly be made accessible to those who need them through commercial or non-commercial distribution systems; and that they should not be marketed or distributed in ways that may interfere with the protection and promotion of breast-feeding' (WHO, 1981).

In 2004, the Public Health Agency of Canada revised its breastfeeding guidelines to conform to those of the WHO stating:

> Exclusive breast feeding is recommended for the first six months of life, as it provides all the nutrients, growth factors and immunological components a healthy term infant needs (Health Canada, 2004).

While the Code is endorsed by Canada at the World Health Assembly, it is not legislated, and there is no penalty if violated. The Code has impacted breastfeeding discussion in a variety of ways. First and foremost, it reiterates the message that breast milk is best. Secondly, it affects the manner in which pharmaceutical companies promote their breast milk substitutes. In essence, health disclaimers on pharmaceutical companies' websites provide two messages. One, corporate social responsibility is being practiced, and two, breast milk is best. Perhaps the most powerful argument a lactivist can make regarding the value of breast milk is 'even Big Pharma knows breast is best'. Clearly, this represents a very powerful endorsement. For example, on Abbott Pharmaceutical's current website, the company extols the benefits of breast milk while also advertising their brand of formula, Similac. Abbott's current web site states:

> Abbott Nutrition understands and supports the many benefits of breast milk for infants. However, for various reasons, there are women who are unable to breastfeed or choose to supplement breastfeeding with formula. Abbott Nutrition is committed to the development of advanced formulas that support the normal maturation and growth of babies (Product section, para. 1)

Abbott does not mention that they support women who ***exclusively*** formula feed by choice. Abbott Laboratories also declares on its home page:

> Abbott Nutrition supports breastfeeding as the optimal method of feeding infants' (Similac Product section, para.1)

Formula manufacturer Nestlé states on their web site:

> The Miracle baby food made by you. It's the perfect food for your perfect baby, and it's made just by you. Breast milk. Amazing nourishment your body naturally makes, giving your little one everything he needs to grow healthy and strong each and every day (Home page, Breastfeeding section, para. 1).

Nestlé also has a disclaimer beneath their "Good Start Probiotic" product:

'Breast Milk is best for your baby' (Nestlé Home page, para. 1)

Pharmaceutical companies may rely on corporate social responsibility and good marketing practices to project an image of being a good corporate citizen. However, the *WHO Code* is likely responsible, at least in part. Currently, when consumers go to the home page for Nestlé, a pre-screen appears extolling the benefits of breast milk and suggesting a woman contact her health care professional before introducing formula (See Illustration 7).

Mass Media

> Our society is desperately in need of mothers nursing their babies in public openly. We also need books and TV programs featuring breastfeeding mothers. Our children need breastfeeding dolls, not bottle-feeding ones. If a girl grows up thinking that breastfeeding is the normal way to feed a baby, she will be much more likely to try it, and knowing that a lot of women can do it with no difficulty, she'll have more confidence in herself as a nursing mother (Breastfeeding and the Law section, para. 23).

The manner in which women have acquired knowledge and skills about breastfeeding has changed over the past 150 years. Breastfeeding has traditionally fallen under the jurisdiction of scientific medicine (Nathoo, 2009, p.189). Today, a wide range of methods of accessing knowledge and skill are made available to women.

Access to Electronic Communication

Access to electronic communication provides lactivists with more opportunity to influence a woman's choice on infant nutrition. First, electronic communication makes communicating the "breast is best" slogan faster and easier than before. Electronic communication (such as television, radio and the Internet and World Wide Web) has enabled the 'breast is best' campaign to become universal, and rather quickly. Written warnings about the dangers of bottle feeding can also be spread electronically via the Internet. Specifically through blog sites that cater to women and their desire for knowledge on infant feeding. However, it is also within these public spaces that moral regulation is found, and where passionate opinions about breastfeeding are viewed. Magazine editor and blogger Veronika Sophia Robinson (2008) comments:

> One of the most common things which come out of any breastfeeding conversation is that we mustn't *make* bottle feeding mothers feel guilty.
>
> Firstly, NO-ONE but no-one can *make* you feel anything. The choice is always with you as to how you perceive or respond to an issue.
>
> Secondly, guilt is not a feeling, it's a thought.... It's a biological response to show us we're 'off the path'. Guilt is a fabulous thing when we listen to it, rather than suppress it.
>
> Is it so awful (honestly??) for us to remind women that they've put their child in danger? Not to mention the woman's own health and increased risk from breast, ovarian and cervical cancers?
> If you saw a child walking across the motorway about to be knocked over would you just stand there and do nothing? Bottle feeding is no different! Death may not be so immediate, but the consequences can be just as devastating (Make Bottle Feeding Mothers Feel Guilty section, para.7)

When properly used, the media have vast behaviour-changing potential. Behaviour changing potential lies in two important characteristics of electronic media.

First, electronic communication travels immeasurably faster than other forms. Secondly, electronic information allows millions to share and store the same information (Schwartz, 1981, p. 97). Schwartz (1981) also found:

> No one can escape mass media. Mass media will reach all social environments instantly and continually. We too, can put principles inherited from early oral cultures to work in our society by making the anti-social person's relationships too uncomfortable for him to endure (p. 100).

A bottle-feeding woman's 'anti-social' behaviour is often displayed and discussed in chat rooms, blog sites and all forms of mass media; this arguably causes bottle-feeding mothers to feel uncomfortable. Blogging and social-networking sites have enabled the exchange of ideas and opinions to spread quickly and, in some cases, anonymously. The impact the Internet has had on breastfeeding discussion cannot be overstated. Regardless of what side of the breast versus bottle debate a mother is on, constant exposure to a barrage of information that is generally on the 'breast side' of the debate makes it difficult for balanced discussion to take place. Certainly women have agency, and make autonomous choice. However, the impact that the Internet has had on Canadian discussions about breastfeeding is important to review. The culture is changing and it is within the new culture of infant feeding that respect for either side's opinion is not granted. How we relate to each other on the topic of breastfeeding is changing.

Social Networking Sites- Facebook, General Blog Sites

Social networking sites, such as Facebook, enable discussions about breastfeeding practice to become further polarized. The anonymity of the Internet creates a safe place for users to express passionate opinions and views on formula feeding, and conversely,

enables the Internet user to "educate" readers about the benefits of breastfeeding. Social networking sites also provide access to hundreds of thousands of items that support and encourage both breastfeeding and the use of breast milk. For example, breast milk is now being bought and donated privately and more quickly via the Internet. Again, by conducting research on breastfeeding, the Internet is also a good indicator of the one-sidedness of the discussion. A search on the Internet of the words 'baby bottles' reveal the scope and size of the 'for breastfeeding' side of the debate.

During research, when I typed 'baby bottles' into the popular search engine Yahoo, a number of ads for the sale of baby bottles appear. Most of the results that appear under 'baby bottle' are in reference to people buying or selling baby bottles. One 1976 ad appears for a baby bottles (See Illustration 4). When I typed in the word 'formula' into Yahoo's search engine the following appeared:

- Also try: formula 1, formula one, baby formula, formula honda, more...
- Sponsored Results: **Formula** Save on Clothes, Supplies & Toys. Brand Names at Affordable Prices www.ebay.ca
- The **Formula** : Top Quality Vitamins at Low Prices. Save On The **Formula**! Vitamins.Shopzilla.com
- The **Formula** Shop. Compare. Conquer. Save On The **Formula**! BizRate.com search results

1. Formula - Wikipedia, the free encyclopedia
    - In computing|
    - Formulae with prescribed units|
    - References|
    - See also
    - In mathematics, a formula is an entity constructed using the symbols and formation rules of a given logical language. en.wikipedia.org/wiki/Formula
    -
2. Formula 1™ - The Official F1™ Website

    Live timing, video, mobile, tickets, news, results, galleries. www.formula1.com

3. Formula Boats - Renowned Manufacturer of Power Boats

> Manufacturer of competitive performance race and pleasure boats. Providing sponsorship and technical support for in the APBA Factory Class I and II series. www.formulaboats.com

When I placed my mouse over the link entitled 'baby formula' and clicked, again a number of sponsored web sites appeared, similar to those above. Half way down on the screen a web site devoted to information appeared and listed the following:

> Baby Formula
>
> Learn more about the different types of baby formula that you can feed your infant, including cow's milk based, soy and elemental formulas.
>
> Bottle Feeding Tips
> Breastfeeding
> Expert Q&A
>
> Choosing a Baby Formula
> Although breast milk is a clear first place favorite between formula feeding and breastfeeding, few experts will tell you which brand of formula comes in second. Learn about the different brands and new types of baby formula, including those that have added probiotics, prebiotics, and nutrients (Formula section, para. 2).

The term 'breastfeeding' and the statement 'although breast milk is a clear first favorite between formula feeding and breastfeeding' appears in the first section of the web page. Conversely, throughout my research there was rarely, if any mention of bottle feeding or formula feeding in any breast feeding literature that I found.

However, when the search term "breastfeeding" is placed in the same search engine (www.Yahoo.com) a number of websites devoted to breastfeeding appeared (See Illustration 8). Conducting research on the Internet on breast milk or breastfeeding reveals an advantage for the breastfeeding side of the discussion. Indeed, Internet searches for research on bottle-feeding reveals very little on the subject. Parents who

search for information on bottle-feeding may only come across ads for the bottles, or an opportunity to purchase bottles second hand. Another search under the heading 'baby bottles' reveals ads from classified ad websites Kijiji and eBay. Both websites are typically known for selling second hand items of various products. Of the information located on baby bottles, reference to breastfeeding was still made: the information appearing discusses the top six baby bottles, —at the very top of the article; a link still appears for breastfeeding. See below:

> **Top 6 Baby Bottles-** By Robin Elise Weiss, LCCE (Lamaze Childbirth Certified Educator)
>
> **See More About:**
>
> - breastfeeding
> - breast pumps
> - baby shower gifts
> - day care
>
> 'Baby bottles can be used in a variety of ways.....' (Baby Product section, para. 1)

The article continues to list the six best baby bottles, after providing a direct link to information on breastfeeding. Web based information on bottle-feeding (including ones that offer choices of styles and types of baby bottles) often lead to links on breast feeding. The first thing many web browsers will notice from the website Pregnancy.about.com is a link to breastfeeding, followed by a link to breast pumps. When an Internet browser uses the computer mouse and clicks on the breastfeeding link, two pages of additional links to websites providing information on breastfeeding and breast milk appear. At the bottom of page two, 10 more pages of information are offered

(See Illustration 8). With the influx of information on breastfeeding, even when researching baby bottles, the unevenness of information is apparent.

CHAPTER VI
IMPACT: WHO ARE THE OVER THE SHOULDER STAKEHOLDERS?

Business: Milking the Rewards

In the past, many women purchased goods for themselves and their families by shopping from catalogues or bargaining with merchants (Nathoo & Ostry, 2009, p. 77). Eventually, a growing cash economy and mass production began to contribute to new patterns of shopping. Chain stores and supermarkets were increasingly aware of the role of the woman in the household and as a result began to provide appropriate shopping environments (Nathoo & Ostry, 2009, p. 78). The effects of this change can be seen today.

In Canada, businesses that rely exclusively or partially on women initiating breast feeding make up part of the retail landscape. These businesses have become stakeholders. Similarly, the people who own businesses that provide for breastfeeding women and earn profit from the practice have by default become stakeholders. These business owners rely on two important factors. One, women continue to initiate breastfeeding, and two, the continued value of breast milk. I theorize that in response to the 85% of Canadian women who initiate breastfeeding, an entire industry has developed. In Canada, consumers are exposed to thousands of retail items and programs that support and encourage the practice of breastfeeding. For example, in Ottawa, Ontario a well-known lactation consultant charges $80 an hour to help mothers work through breastfeeding challenges (Consultation Services section, para. 1). The discussions of 'breast is best' and the moral regulation of women are influencing the amount of goods and services flooding

the market for breastfeeding moms. Primary research also revealed that 24% of participants were influenced by the availability of items that supported them in their practice. Although the majority of research participants began their practice of breastfeeding for a variety of other reasons, the dollar amount being spent per house hold on accoutrements to support the practice of breastfeeding is of importance. Knowledge of consumer need may have sparked a breastfeeding industry to develop. The breastfeeding industry is discussed further below.

LIFESTYLE INDUSTRY

The 'lifestyle industry' is defined as an industry with its own survival relying on the lifestyle choices people make. For example, choices a woman makes in support of her practice of breastfeeding. Lifestyle choices are enabling the creation and existence of a local and national economy, a lifestyle economy. Throughout research, two main lifestyle industries were identified.

Niche Market

The niche market industry is an industry that relies on the sale and distribution of products or services that specifically support and encourage the practice of breastfeeding, or use of breast milk in infant nutrition. The primary characteristic of the niche market is that consumers are mainly (but not always) lactating women, or women, friends of women, relatives of women, etc. who anticipate that breastfeeding will be initiated after the birth of a child. The initiation of breastfeeding is critical for the niche market to survive, and more specifically, the sale of certain goods or services relies on the initiation

and practice of breastfeeding. As part of the niche market, advertising in this industry focuses on women who are breastfeeding, and/ or considering the practice.

Advertisements that were researched tended to specifically target women who were breastfeeding, even though the item possesses the potential to aid in bottle feeding. One such example is a support pillow that is designed to take the weight off of the mother's arms while feeding her infant. The pillow would enable a parent to formula feed with ease, but the ad specifically targets the breastfeeding mother. In addition, rather than give the item a generic name, the name of the item connotes the use of the breast: The name of the pillow is "My Brest Friend" (See Illustration 5).

In addition to the wide variety of goods and services made available to women who are breastfeeding, the advertising and promotion of items is massive. For example, there are currently close to two million websites offering a wide range of breast pumps (Spangler, News Section, para. 4).

My primary research shows that 99% of participants engaged in the lifestyle 'niche' industry, i.e., participants bought at least one item to help them with their breastfeeding practice. 92% of participants in primary research purchased a breast pump (See Appendix B Question 6). An Internet search of breast pumps revealed that, on average, a breast pump costs approximately $300. When we consider that 23/25 participants purchased a breast pump, the influx of money into the niche lifestyle economy for one product was $6900! Arguably, if the number of women who breast- fed began to fall and become reflective of the numbers on breastfeeding from the 1960s, breast pump sales would drop dramatically. In general, should the number of women who breast feed begin to drop, the sales of goods and services that are distributed in the

niche market that specifically aid, encourage, support and prolong a woman's practice of breastfeeding or use of breast milk would also drop. The survival of companies involved in the niche market would be unlikely. An exact dollar amount is not available to indicate the impact that the niche market has on a national scale. However, data from my 25 questionnaires uncovered the median amount of money that each participant has spent in the niche lifestyle market. Participants who chose to breastfeed spent, on average, $360 on goods or services that were directly linked to the practice of breastfeeding/use of breast milk. Important to note is that this dollar figure is not reflective of ancillary expenses such as healthier choices in the mother's nutrition, and the time spent on breastfeeding an infant. 9 participants in my study indicated that the 'free' cost of breastfeeding was a factor in their decision to breastfeed, yet, all of these participants purchased products to aid them in their practice. Furthermore, regardless if a product or service was purchased, breastfeeding a child is only free if a woman's time is worth nothing. The same applies to bottle feeding. The sale and distribution of niche market items can be influential on a woman's decision to breastfeed. 64% of respondents also indicated that the frequency of use of their purchased product was 'all the time.' Indeed, the niche market is responding to the needs of women who choose to breast feed.

During my research, participants were asked to identify in the questionnaire what accoutrements were purchased that supported or encouraged their practice to breastfeed. The goods and services that participants purchased contributed to the niche lifestyle economy. Such as an item that enables her to travel with ease, breastfeed in public etc.

Question six asked:

1. When you breast- fed (regardless if you only breastfed for a short period of time, or not at all) did you purchase or receive as a gift any of the following retail items:

   (PLEASE CIRCLE ALL THAT APPLY)

   Baby sling
   Nursing bra
   Nursing Pillow
   Breast pump
   Glass Bottles
   Plastic Bottles
   Protective covers for glass bottles to prevent breakage
   Vitamins or supplements to increase/decrease amount of breast milk
   Bottle warmer
   Freezer bags for breast milk
   Padding for bras
   Trendy Breast pump bag/carrying case
   Book on 'how to breast feed' or similar
   Book on how to overcome breastfeeding difficulty
   The services of a lactation consultant
   Video or dvd on how to breastfeed
   Watched YOUTUBE for demonstration video on how to breast feed (usually free of charge)
   Breastfeeding doll
   Magazine subscription with a focus on breastfeeding (eg. From Belly to Baby)
   Literature on Breastfeeding (newspaper, book, magazine, pamphlet)

Other: (List as many items as you can remember that helped, encouraged or supported your decision to breastfeed) And **approximate** cost.

Results of question six are found in their entirety in Appendix C. Results of the questionnaire revealed that niche items were purchased or received as a gift before the birth of the child. Regardless of the length of time each participant chose to breastfeed, the influx of money into the breastfeeding industry had already been made.

With the number of women initiating breastfeeding being high, the niche market will expand. In an interview with Britt Pegan, who owns Ottawa based retail store Milkface, it was suggested that the niche market is indeed growing. Pegan initially began selling items out of her basement boutique. Due to high demand, Pegan now operates two stores in the Ottawa-Gatineau Area. When asked how often she sees repeat customers Pegan replied, "Often." I also asked, "What percentage of your retail items are designed to support/aid/encourage mothers to breast feed?" To which Pegan replied, "98%, and examples might be books, magazines, retail items...and my average sale is $125.00" (personal communication, 2010). While the niche market is a part of a lifestyle industry that I have identified, another lifestyle also contributes to the breast milk industry; the fetish lifestyle industry.

Fetish Lifestyle

The second lifestyle industry that I have identified is the lactation fetish industry. Sexual arousal from suckling on a lactating woman's breast can be felt by persons with a lactation fetish. A lactation fetish may also be known as 'adult nursing' or 'adult suckling'. The lactation fetish lifestyle relies on the continued perception that breastfeeding and the consumption of breast milk is sexually arousing. Not unlike pornography, the lactation fetish lifestyle can be extremely lucrative for two reasons. First, only women can breast feed, and second, only lactating women can provide breast milk. The economy of supply and demand enables women who are engaging in this lifestyle to benefit financially from the distribution of a bodily fluid. People who engage in a lactation fetish lifestyle have been known to pay money to be with a sex

worker or woman who is lactating. It is acknowledged that people engage in the practice of adult nursing/adult suckling, often without making payment. However, research focused on the lactation fetish lifestyle that involves remuneration. Wendy Babcock, Chair of the Bad Date Coalition in Toronto, and Canadian activist for the rights of sex workers, found that a sex worker might charge 'extra' for suckling an adult. The amount of payment varies in geographical locations. Babcock also stated:

> To answer your question, yes many sex workers charge more for lactation as it's a fetish that few sex workers can provide. As for how much they charge? That depends. It depends on whether the sex worker is working in Parkdale for $20 or in a high- rise condo for a few hundred dollars an hour' (personal communication, February 15, 2011).

Babcock has found in her experience that 'lactating sex workers' are mainly female sex workers with children (compared to sex workers that have stimulated their breasts long enough that milk is produced, or have taken pharmaceuticals to induce lactation) Babcock states:

> The primary characteristics of people who work as lactating sex workers are mothers who are breast feeding, or women who have stimulated their breasts (this usually takes 3 months), to produce milk. The men tend to be men of power (lawyers, judges, doctors, CEO's etc), rather than the types of men who are into being dominant or have straight up intercourse (which tend to be men without power). They are men who want to give up their power to a woman and go back to a time when they didn't have power and the stresses. The age group tends to be middle to late age. They are mostly male. And they tend to be white (personal communication, April 5, 2011).

Paying for the services of a lactating sex worker further enhances the monetary value of breast milk, and the impact the psychological value of breast milk possesses is felt in this industry.

Similar to the niche market, the number of advertisements in the fetish lifestyle is massive. Not surprisingly, an Internet search of the words 'lactation fetish' reveals a large number of web sites dedicated to lactation fetishes. At http://www.lactatings.com (last accessed on February 10, 2011) a series of photos appears. The photos depict women and men together in a sexual manner while the man is suckling on the lactating woman's breast. The website provides a menu that gives the reader access to women who are lactating. See below:

Lactatings.com Menu

> 'Are you ready to find lactating tits with milky lactating nipples? You can do a search for milky lactating breasts and big lactating boobs here.'

The website then directs the reader to the reader's favoured link (Lactation section, para.1).

Entrepreneur breast milk economy

By definition an entrepreneur is someone who organizes, operates, and assumes the risk for business ventures (Houghton Mifflin, 1982, p. 437). For the purposes of this thesis the term 'entrepreneur breast milk economy' connotes an economy that organizes and operates the sale and distribution of breast milk for profit. I uncovered articles and ads relating to the sale of breast milk and from these articles one can deduce that an entrepreneurial breast milk economy exists and is growing. Parts of the entrepreneurial economy may be considered 'underground' because of the anonymous identity of some of the sellers. Also, fear of being known to have capitalized on the sale of a bodily fluid

may encourage sellers to keep a low profile. The underground nature of some sales is problematic because of the possibility of spreading disease and infection. Upon the discovery that private sales of breast milk were occurring an article appeared in *Healthzone*, a Canadian Internet-based health and well-being column. The article stated:

> Canadians should avoid obtaining human breast milk for their babies through the Internet or directly from other individuals because of possible health risks'... Health Canada said Thursday in a release. A big concern is that the milk may not have been processed and the medical history of the source of the breast milk may be unknown. The milk could also be contaminated with viruses such as HIV or bacteria that can cause food poisoning, such as Staphylococcus aureus. There could be other problems with the milk. Traces of prescription or non-prescription drugs can be transmitted through human milk or it may not have been stored or handled properly, resulting in spoilage, which in turn could cause illness (Inside Healthzone section, para.1).

My primary research has uncovered that women do sell and donate their breast milk with altruistic intentions. But, despite warnings of the risk of spreading disease and infection women are still engaging in the practice of selling their breast milk for profit. Furthermore, in addition to the risk of the spread of disease, Health Canada warns that nursing an infant may expose them to chemicals that may be present in breast milk (Health Canada, 2011)

The Internet has made selling breast milk faster, easier and anonymous. A recent search on Yahoo.com under the search words 'breast milk for sale' revealed a US website that is exclusively devoted to enabling buyers and sellers of human breast milk to get in contact with each other. The website is known as Only the Breast, located at http://www.onlythebreast.com. The web site states:

> Need natural breast milk for your growing baby? Do you believe breastfeeding is best and want to donate to a fellow Mother? Are you over producing and want to list yours for sale? Looking to make a few extra bucks while clearing out your freezer full of breast milk? Our discrete classifieds system makes it possible to list your breast milk in a clean, safe and private way (Breast Milk Classifies section, para. 1)

Amongst other headings on the home page (such as Buyers' Listings, Donate Breast Milk and Wet Nurses for Babies Only) there is a heading entitled Moms Selling Breast Milk. Under the Moms Selling Breast Milk heading the following appears:

- Moms Selling Breast Milk (776)
  - 0-2 Months (170)
  - 2-6 Months (165)
  - 6-12 Months (62)
  - Discount, $1.00 or less (48)
  - Fat Babies (34)
  - Fresh Breast Milk on Demand (39)
  - Looking to Sell Milk Locally (102)
  - Milk Bank Certified (13)
  - Screened (15)
  - Special Diet (Vegan Etc) (17)
  - Willing to Sell Breast Milk to Men (111) (Breast Milk Classifies section, para. 2)

With globalization and access to refrigerated, overnight-express parcel delivery, Canadian women would be able to advertise and capitalize on their excess breast milk supply. In Canada, on-line classified services, such as Kijiji, prohibit the private sale of breast milk. Kijiji's policy states that advertising bodily fluids for sale on the classified website is not allowed (Halstead, 2010, para. 3) The Canadian government has not banned the export or importation of breast milk from the United States (Bowen, 2010).

The Internet has also enabled the spread of literature on the nutritional value of breast milk thus increasing the monetary value of breast milk. The perception of value has changed. Breast milk is regarded as a 'medical cure all'. For example, many studies

have documented that breastfeeding assures diverse and compelling advantages to infants, mothers, families and society. These include health, nutritional, immunological, developmental, psychological, socio-economic and environmental benefits (Manganaro, 2008, p. 106). Additionally, awareness of the inducement effects that may be associated with payment for bodily fluids is crucial. Scholar and anthropologist Penny Van Esterick found:

> Paradoxically, the more breastfeeding is valued the more it may be embedded in rules and pattern of interactions unconnected to infant feeding. The more we know about all the desirable properties of the product, the greater its potential to be commodified and the more breastfeeding may become regulated or embedded in coercive practices (Nathoo, 2009, p. 194).

Canadians may be hesitant to engage in the practice of selling bodily fluids for profit because of the tainted blood disaster that occurred in Canada in the early 1980s. Unlike the United States, Canada receives its blood products on a donation basis (Health and Medicine, Krever Inquiry section, para. 2 and 15). However, an example of the impact selling bodily fluids has on one's personal finances is reviewed in an article from the United States (US). According to the research undertaken by reporter Heidi Atkin, the US has experienced a rise in blood plasma donations. Donors may earn up to US$300 a month for their blood products (Atkin, 2011). To illustrate the inducement effects of selling bodily fluids Atkin interviewed Justin Thorstrom, a Salt Lake City resident. Atkin found that Thorstrom donated plasma twice a week for an entire year as a college student. Thorstrom suggests that the income received from donating plasma is not significant but that it could certainly help someone who is really strapped for cash. Thorstrom

acknowledged "It might pay your gym membership for the month. It'll pay one of your little monthly bills" (Atkin, 2011).

While Canadians tend to keep bodily fluids out of the capitalist arena there is still a discussion about charging parents for breast milk taking place in Canada. One aspect of the conversation about charging for breast milk is the prospect that financial remuneration may induce the creation of breast milk that would not otherwise have been created (Treblicock, Martin, Lawson, Lewis, 1990, p. 614). Already marginalized groups, such as unwed teen mothers, women who belong to low income households, addicts and substance abusers may enter into the business of selling breast milk for profit and discover opportunities to commence or maintain lactation.

The practice of selling breast milk for profit is also witnessed outside of Canada as well and a trend is growing. The trend involves using breast milk in recipes. In Yahoo Lifestyle (2011) a story about a British company recently made the headlines. In Britain, a company has just recently begun to sell 'Baby Gaga' ice cream, a dessert that is made with human breast milk. Yahoo Lifestyle found (2011) that the company 'Icecreamists' have organized a group of mothers that were looking for a bit of extra cash. 'Icecreamists' now offers money for breast milk – to make ice-cream. The unorthodox ice-cream dessert is served by a costumed Baby Gaga waitress and comes in a martini glass at £14 a dish. Now the company is looking for more women to provide breast milk – and are giving £15 for every ten ounces that are extracted using breast pumps on site. New mother Victoria Hiley, 35, provided the first 30 ounces of milk, and said the concept was a great "recession beater" (Food and Drink section, para.5).

> What's the harm in using my assets for a bit of extra cash? Mrs Hiley said. Mrs Hiley said the ice-cream "melts in your mouth", and added that if adults realized how tasty breast milk was it would encourage more mothers to breastfeed (Food and Drink section, para.6).

Matt O'Connor, 44, who runs Icecreamists, said he thought there had been a very positive response to the dish so far. O'Connor stated, "No one's done anything interesting with ice cream in the last hundred years" (Food and Drink section, para.10). Yahoo Lifestyle (2011) explained that in order uphold health standards the lactating women submitted to a health check, similar to health checks run by hospitals to screen blood donors. Another 13 women have reportedly volunteered to donate their breast milk (Food and Drink section, para.13). The public announcement that one has breast milk for sale enables people to voice their approval and disapproval of the practice. The following comments appeared in the blog after the new story about O'Connor's company Icecreamists appeared on-line:

> From blogger known as Mel:
>
> I could make a killing from this, have permanently big boobs and work from home!!! Ace!!
> Now then, where's my fella!! Get me pregnant now dagnammit!!! This might help all these single mums pay for childcare and get themselves back to work
>
> From blogger known as Marketa:
>
> I still breastfeed my 19 month old son and he loves it! He hates cow's milk and formula milk.
> I tried it and it tastes very sweet and creamy but I certainly wouldn't want to eat an ice cream from my milk..!
>
> From blogger known as Sapphy Jones: That is sick!!!!!
>
> From blogger known as Carol H:

> Breast milk is only meant for babies and there is also the sexual concoctions. A human female's breasts are overtly sexualised in our society. Whereas we don't see drinking the milk of a cow or a goat as distasteful, because (well most of us) don't see them as sexual beings. I'm sure if a man saw another man drinking his wife's breast milk, he would feel as if that man was contesting his exclusivity to her. Or am I looking too deeply. Whatever, doesn't appeal to me in any way at all.

Initially O'Connor had advertised online in order to gather the group of lactating women for his ice cream venture. In an age of electronic communication, procuring women who are lactating, as well as buying breast milk for other uses, has become as easy as clicking a mouse.

Other lactating women are currently providing milk for chefs to use in their recipes. Storchen restaurant (located in Zurich, Switzerland) unveiled a menu that included soups, stews, and sauces made with at least 75% breast milk procured from human donors who are paid in exchange for their milk. Lactating women were paid approximately $5.40 USD for 14 ounces of breast milk. The food control authority in Switzerland was initially confused by the apparent loophole in local legislation regulating the use of human milk and it was not clear whether the owner, Mr. Locher, could actually be banned from serving his specialty human milk dishes.

> Humans as producers of milk are simply not envisaged in the legislation.....They are not on the list of approved species such as cows and sheep, but they are also not on the list of the banned species such as apes and primates, Rolf Etter of the Zurich food control laboratory said (Weird News Section, para.8)

Similarly, in Canada, the trend of consuming human breast milk is noticed with the opening of a 'milk bar' in Toronto, Ontario. The Toronto milk bar gave consumers the chance to sample human breast milk. In Canada, the body of government that regulates the distribution of milk products is the Canadian Food Inspection Agency

(CFIA). The regulations are contained in the *Food and Drugs Act and Regulation* but regulations that deal with breast milk are difficult to enforce.

Reaction to the use of human milk in recipes has intensified the breast milk debate and illuminated the issue of breast milk as a commodity. For example, organization The People for the Ethical Treatment of Animals (PETA) wrote a letter to cofounders of Ben and Jerry's Homemade Inc. (creators of Ben and Jerry's Ice cream products). PETA requested (in the wake of hearing the news report that Storchen will begin purchasing breast milk from nursing mothers) that they replace cow's milk in their products with human breast milk. (PETA, 2010) PETA Executive Vice President Tracy Reiman stated:

> The fact that human adults consume huge quantities of dairy products made from milk that was meant for a baby cow just doesn't make sense...Everyone knows that 'the breast is the best' so Ben and Jerry's could do consumers and cows a big favor by making the switch to breast milk (PETA, 2010)

The procurement of breast milk over the Internet may make it easier for women to profit; however the sale of breast milk via public spaces invites dissent which contributes to the discussion on the value of breastfeeding and breast milk. In Canada, when print stories have referenced human milk for profit feedback is inevitable. Dan Savage, writer for the Vancouver based Internet site straight.com, included the following comments in an article on breast milk for profit:

> From Blogger known as '*Would Totally Sell If She Were Lactating*':
>
> I've had people offer to buy my breast milk, so I know there's a market for it. However, it's easier—and legally, I'm guessing, more advisable—for Capitalist Mom to do photo shoots squirting milk. I did it for Juggs magazine, and they paid me quite well. She could probably continue to sell photos to magazines and Web sites, or even start her own site, the whole time she's lactating. If she doesn't have her own photographer, the mags/sites could hook her

> up with one. In fact, if she's in the L.A. area I could refer her to the woman who did my shoot!'(Savage Love section, para. 1)
>
> From blogger known as '*Sexy Momma*':
>
> I'm writing in response to Capitalist Mom, who was wondering about selling her breast milk to fetishists. While it may be the case that some people get off on drinking, having, playing with, making Popsicles, et cetera out of breast milk, it is also the case that people with cancer appear to be able to derive benefits from drinking it...So, my overlong point is, Capitalist Mom might want to think about investigating the possibility of selling her breast milk to folks trying to fight off cancer. I believe there is a market opportunity (Savage Love section, para. 2)
>
> From blogger known as 'I Google Instead of Working'
>
> To the capitalist cow who wants to sell her milk: if she had any sense of decency she would donate her milk to a breast-milk bank. There is one in Vancouver, British Columbia, and I bet there are some in American cities as well. It is one of the few ways that premature or sick babies, or babies of sick mothers, can get proper nutrition early in life. As it is now, we have to feed babies lots of artificially prepared "formulas" so that they can survive. They have calories, but not all of the other benefits of breast milk.' Screw the fetishists; feed a sick baby (Savage Love section, para.3)

The inference that the health of the baby is at risk without breast milk illustrates the difficulty parents have in making infant nutrition choices. The 'breast milk only' option for premature or sick babies or babies of sick mothers adds unnecessary pressure for parents whose child is already in a precarious medical situation. Contributors to Savage's blog also express distain for formula and again infer that babies need breast milk for survival. The message that breast milk is high in nutritional value has created the commodity of breast milk and the appeal to mothers who are thinking about earning extra cash for their breast milk is likely not going to disappear. The practice of women selling breast milk for profit has implications. First, despite all efforts to screen and

provide healthy breast milk, electronic communication provides anonymity, thus the end user does not really know who the seller is. Health implications are indeed a concern. The anonymity of the Internet raises questions of accountability, and more importantly, safety. While the CFIA is responsible for regulating the sale and distribution of breast milk, regulations are not possible to enforce in a globalized, Internet society. If a woman chooses to sell her breast milk, and there is a readily available market to do so, policing the private sale and distribution of the breast milk proves difficult. How will the Canadian government respond to the practice of selling breast milk for profit? The federal government has already enacted legislation in Canada that regulates the sale and distribution of other bodily fluids, such as sperm, ova and blood.

In March 2004 Bill C-13 was passed. The bill, entitled *The Assisted Human Reproduction Act (LS-434E)* bans human cloning, 'rent-a-womb contracts' and the sale of human eggs and sperm. The legislation does not allow buying or selling embryos, sperm, eggs or other human reproductive material. However, Bill C-13 does allow the ***donation*** of sperm, eggs and other reproductive material. Further legislation regulates the donation of bodily fluids, such as semen, and is regulated as if it were a drug. Semen screening, processing, distribution and storage thus are governed under the *Food and Drugs Act: Processing and Distribution of Semen for Assisted Conception Regulations.* Globally, Canada is also the first jurisdiction to make the purchase of gametes from a donor a criminal offence. However, Health Canada does not restrict the importation of donor semen from overseas sperm banks at this time nor does Canadian legislation forbid the import of donated milk from outside of Canada (Bowen, 2010).

Donor/Trade Economy

Donor milk banking is defined as the collection, screening, processing, and distribution of human milk from volunteer breastfeeding mothers. Donor milk is dispensed only by prescription to individuals with medical and/or nutritional needs which require human milk (Arnold, 2000).

In the donor economy the donation and distribution of breast milk is officially regulated by a non-governmental organization. The donation and distribution of breast milk is not legislated by the Government of Canada. At present, the North American organization Human Milk Banking Association of America (HMBANA) oversees the screening and quality of breast milk that is donated through HMBANA for distribution through milk banks. Blood products in Canada are regulated in a similar fashion by a separate, non-Governmental organization called Canadian Blood Services (CBS). CBS is a not-for-profit, charitable organization whose sole mission is to manage the blood and blood products supply for Canadians (CBS, About Us section, para. 1) HBMANA ensures a safer system of milk donation and has contributed to the increase of the donor economy of breast milk. Lactating women from all over the USA and Canada are able to donate their extra milk and the distribution is regulated by HMBANA.

The list of criteria mothers must meet in order to donate to HMBANA regulated milk banks also changes the way in which we discuss breastfeeding practices. Although the list of criteria does not specifically state that mothers should not engage in any behaviour that could potentially be harmful to the quality of breast milk (such as smoking and drinking more than 2 oz of alcohol per day) the implication is that if a woman does smoke and drink her breast milk is bad for her baby. The donors for HMBANA

inadvertently enter into the realm of moral regulation *vis a vis* the screening process. All donors for HMBANA member milk banks undergo a screening process that begins with a short interview over the telephone. There are criteria that a donor must meet. For example, donor mothers must be:

- In good general health
- Willing to undergo a blood test (at the milk bank's expense)
- Not regularly using medication or herbal supplements (with the exception of progestin-only birth control pills or injections, Synthroid, insulin, pre-natal vitamins; for other exceptions, please contact a milk bank for more information)
- Willing to donate at least 100 ounces of milk; some banks have a higher minimum

A woman would not be a suitable donor if:

- She has a positive blood test result for HIV, HTLV, hepatitis B or C, or syphilis
- She or her sexual partner is at risk for HIV
- She uses illegal drugs
- She smokes or uses tobacco products
- She has received an organ or tissue transplant or a blood transfusion in the last 12 months
- She regularly has more than two ounces or more of alcohol per day
- She has been in the United Kingdom for more than 3 months or in Europe for more than 5 years since 1980
- She was born in or has traveled to Cameroon, Central Africa Republic, Chad, Congo, Equatorial Guinea, Gabon, Niger, or Nigeria (HMBANA, 2011)

The reference to the behaviour of the woman who is lactating raises the issue of moral regulation. The amount of support for the nutritional value of breast milk and extolling the virtue of breastfeeding and that the 'health' of breast milk is linked to a woman's behaviour indicates that a form of moral regulation exists. The choice to breast feed is not necessarily an entirely autonomous choice and has been discussed at length as of late. Some scholars contend that a moral imperative exists for mothers and influences decisions to breast feed. Michelle Crossley's article "Breastfeeding as a Moral Imperative" concludes that, far from being an 'empowering' act, breastfeeding may have

become more of a 'normalized' moral imperative that many women experience as anything but liberational (Crossley, 2009, p.71). In today's environment, breastfeeding represents both a medical gold standard for infant feeding and a moral gold standard for mothering. Sociologist and author Stephanie Knaak writes: the morally charged character of this discourse makes the notion of *choice* in infant feeding particularly problematic and fraught with difficulty (Knaak, 2005, p.197). In a recent work by Lee and Furedi, they identified and examined the way in which women are increasingly being inculcated with a 'strong cultural expectation to breastfeed (2005, p. 27) and how the connection between breastfeeding and being a 'good' or 'successful' mother has a very strong influence on some women. Lee and Furedi examined the way in which this 'moral imperative' affects women when the process of breastfeeding 'fails' and women 'have' to feed their babies formula milk. Many such women experience feelings of guilt, failure and uncertainty in some, as many as one in 10 experienced a strong sense of 'marginalization' and 'desolation' (Lee and Furedi, 2005, p. 68).

My primary research indicates that 20% of participants felt pressure from society when making their decision to breast feed and 4% of participants felt pressure from their partner to breast feed (See Appendix B) Now that women are being encouraged to regulate their behaviour and initiate breastfeeding by answering the call for much needed breast milk two sub-industries have risen out of the donor economy. Popular forms of donation that garnish media attention are cross-nursing and milk banks.

Cross Nursing

Cross nursing is defined as the occasional nursing of another's infant while the mother continues to nurse her own child, often in a child care situation. (Minami, 1995, p. 53) In other words, a cross- nursing circle is a group of women who are organized and given a feeding schedule so that collectively they suckle a baby on behalf of a parent who cannot provide breast milk themselves. The practice is also known as Nursing Circle. The controversy in using another woman, or group of women, to suckle a child is recent in Canada as history shows us that wet nurses were commonplace in Europe and in colonial Canada. While the cross-nursing industry does not engage in the sale of breast milk, the free donation of breast milk still contributes to an economy. The economy is more trade or barter related. For example, a woman may nurse a friend or relative's baby while the mother goes off to work. Conversely, when the 'wet-nurse' needs a babysitter or someone to nurse her baby, an exchange of services is made. The benefactor of the cross-nursing does not necessarily have to be a mother or woman. Same sex couples have been known to use the system of nursing-circles to suckle an adopted baby. Toronto born Tom (whose name has been changed to respect his identity) recently adopted an Indonesian child with his same sex partner. Breast milk is provided by eight lactating women who all express their milk to feed Tom's newly adopted baby. Tom has met some of the women who come to nurse and bond with baby, and some of the milk arrives by bottle (Kwasnica, personal communication, December 10, 2010) Tom's baby is thriving and responds well to gentle touches from each of the wet nurses.

From the rhetoric surrounding nursing circles the use of many wet nurses is not always accepted. Often, parents are thrilled to be able to use the services of a nursing circle to nurture a new born. However, breastfeeding experts and advocates from La Leche League Canada (LLLC), known as 'Leaders', strictly forbid the use of nursing circles and cite medical reasons for the disapproval.

> La Leche League does not encourage or suggest wet nursing or cross nursing of infants. Indeed, the practice is discouraged for a number of physical and psychological reasons. If a mother says she plans to cross nurse we can point out the hazards. Most important is the hazard of potential infection for mother and baby. In recent years, the media have reported various "new" viruses and diseases. We are all more aware that the possibility of transmitting infections is heightened. Fear of infection has caused mothers who once shared breastfeeding in a child care situation to no longer consider cross nursing as an option (LLLC, 2011).

LLLC continues to support women in their breastfeeding practice but tension surrounding wet nursing or cross-nursing is evident. The tension presents a mixed message about the nutritional value of breast milk. Not all women who cross nurse or wet nurse have health problems, and arguably most women would likely meet the criteria set by HMBANA. The further regulation of women enhances the polarity of the breast milk and breastfeeding debate. The polarity of debate is further discussed in an interview with Emma Kwasnica (a self-proclaimed lactivist) who operates a Facebook Internet site entitled 'Eats on Feets'. Kwasnica suggests that women are regulating themselves thus there is no need for fear and rhetoric about alleged health risks of cross-nursing or private milk donation. Kwasnica has found:

> Cross nursing and wet nursing pose no immediate danger to a young infant. Eats on Feets is a social networking site devoted to discussion on breastfeeding, and aiding women find alternative sources of breast milk for infant nutrition' (personal communication, December 20, 2010).

Kwasnica has aided mothers as far as Iowa (USA) find a woman in the area that had a surplus of breast milk for donation (personal communication, December 20, 2010). By putting the responsibility in the hands of women themselves, Kwasnica found that women and babies are running with it [*sic*: practice of donating milk through the connections on Facebook] (personal communication, December 20, 2010). Kwasnica is:

> '...convinced that the women who are using her Facebook site to network in order to donate or receive breast milk are very smart mothers' and questions 'why anyone would be suspicious of their reasons for donating their milk'
>
> The women who use Eats on Feets are mitigating their chances of harm by referring to their pre-natal screening results.
>
> People meet their spouses on line every day, so why is it a problem with women meeting other women. There is a connection that happened on-line. Every single province is covered, and no one is shipping breast milk across the country. Women are getting breastfeeding help, their kids are playing together, women are bonding and then if they feel comfortable, one of them donates their breast milk (personal communication, December 20, 2010).

Debates surrounding the benefits and risks of donated breast milk contribute to the general discussion on breastfeeding. With the onset of the Internet and the ease in which people can find, donate, transfer breast milk the discussion has invariably changed.

Milk Banks

In an interview with Frances Jones, director of the milk bank at B.C.Women's Hospital in British Columbia Jones found that:

> Since 2000 and 2011 the demand for human breast milk from milk banks has grown significantly. 50% of recipients are babies in the Neonatal Intensive Care Unit (NICU) and failure- to- thrive babies. There is an increase in support for breastfeeding and milk banks (personal communication, February 1, 2011).

Historically Canadian mothers searching for an alternative to their own breast milk who were interested in nurturing their infant on human breast milk had to rely on a wet nurse, or nursing circle. Milk banks are now filling the void and the popularity of milk banks is growing. Before the tainted- blood scandal that took place in Canada in the 1980s there were as many as 23 milk banks in Canada at one time (personal communication Jones, February 1, 2011). The tainted-blood scandal and concerns about spreading deadly infections to infants resulted in the closure of all but the Vancouver bank (personal communication, Jones, February 1, 2011).

Jones adds that, "They do not provide breast milk to mothers who simply do not want to breast feed. There needs to be a definite reason for the breast milk donation." (personal communication, February 1, 2011). Jones has found that because there is greater awareness about the nutritional properties of breast milk and with access to the Internet in 2005 and 2006 interest in milk banks have "picked up speed" (personal communication, February 1, 2011). Earlier on the system of milk banks did provide payment for human breast milk, but eventually there became a risk of delusion i.e. the lactating woman's own child may not receive the breast milk as if it was being sold for profit (personal communication, February 1, 2011). At present, milk banks in Canada are not- for- profit industries, similar to that of blood product donations. There is increased demand for milk banks as the nutritional value of breast milk becomes more apparent and discussions mainstream. A Toronto woman who needed breast milk for her premature baby raised the issue of milk banks and lactivists are advocating for more milk banks to

be opened in Canada to keep up with the demand (personal communication, Jones, February 1, 2011)

The complexity of the lifestyle industry creates challenges for parents, mothers, legislators and mass media. The health, moral regulation, and capitalist habits of selling breast milk for profit become part of discussion. The way in which Canadians discuss breast milk and breastfeeding is changing as the lifestyle industry grows.

CHAPTER VII
CONCLUSION

In its simplest form, commodification implies the exchange of a good or service for money or similar benefit (Treblicock, Martin, Lawson, Lewis, 1990, p.614). Alternatively, as Marx wrote: a commodity is, in the first place, an object outside of us, a thing that by its properties satisfies human wants of some sort or another (Marx, 1996, p.45).

The use of breast milk to nurture a child is the focus of infant nutrition in Canada today; the "properties satisfy a need and want" (Marx, 1996, p. 45). Moreover, the nutritional and monetary value of breast milk is now part of the current debate on infant nutrition. What was once regarded as simply 'mother's milk' has now become a medical cure all, something that is, all of a sudden, vital for a baby's survival and sustained health.

Breast milk generates revenue for entrepreneurs who seek to gain profit from its sale and distribution. Sales are generated either privately or publicly with the help of newer technologies such as social-networking sites. The way in which we debate the practice of breastfeeding and use of breast milk has become a heated discussion. Many factors have contributed to the change in the way Canadians talk about breast milk, use breast milk, and buy, trade and distribute breast milk. The discussion about breast milk has changed, and the consequence for women making infant nutrition choices is detrimental. The reliance on breast milk for infant nutrition has become so important to lactivists that women suffering from a medical condition that precludes them from breast

feeding, same sex couples and adoptive parents find themselves in a moral dilemma should they choose to bottle feed. Policies and programs based on the idea that there is "only one best way" often end in a breastfeeding zeal that can result in socially induced guilt and grief (Nathoo, 2009, 215).

The abundance of literature and media that fuels the 'breast is best' campaign has fuelled a hegemonic culture of breastfeeding in Canada. The message that breast is best is so powerful that even large, multi-million dollar pharmaceutical companies defer to the campaign, placing caveats on their websites that extol the nutritional value of breast milk. International law has also stated that the marketing of breast milk substitutes requires regulation, although not legally binding.

Literature on the health benefits of breast milk substitutes is lacking, as is general discussion on the benefits of formula. A parent making an informed decision about bottle-feeding is met with challenges. The lack of information is as damaging as misinformation. Parents not only ill informed, but misguided too.

The medical benefits of breast milk are vastly overstated. Research on Canadian infant mortality rates reveals a steady decrease in the infant mortality rate. In essence, formula is not detrimental to the immediate health of a new born.

Infant nutrition choices have become more complicated. When a mother makes public her use of formula, she is often met with disapproval. Indeed, my primary research finds that 20% of participants feel that society influenced their decision to breastfeed. Furthermore, guilt and remorse for 'failing' at the practice of breastfeeding—brought on by the questioning of a woman's idealized sense of being a mother—is problematic for self-esteem, autonomy and respect.

Women continue to struggle for autonomy and equality in Canada, and it is important to consider whom the stakeholders are when making infant nutrition choices. Once we begin to identify stakeholders (e.g. persons and businesses that benefit monetarily from women initiating the practice of breastfeeding and sale and distribution of breast milk) we may begin to have a better understanding of what is influencing women on an otherwise private decision which should be about the autonomy of women and informed choices, free of moral regulation.

The commodification of breast milk is a result of literature, rhetoric and the breast milk industry. The private sale and distribution of breast milk has the potential to impact an infant's health. Despite warnings from the medical community, and breastfeeding advocates in LLLC, women are capitalizing on the value of breast milk. Private enterprise is also engaging in capitalist behavior, as breast milk is used in recipes and sold at 'milk bars'. Furthermore, when the window of opportunity to capitalize on the sale of a largely unregulated bodily fluid presents itself to marginalized groups, the effect could be that they are further marginalized. Teenage mothers, lower-income households and other marginalized groups may be even more likely to feel the inducement effects of the commodification of breast milk.

A cyclical relationship exists between moral regulation (which influences women to initiate breastfeeding) which is driving the breast milk industry. The cyclical relationship is problematic when infant nutrition practices should be about choice and autonomy, rather than a 'one or the other' side of a polarized debate. An entire system is set up that insists that exclusive breastfeeding for the first few months of a baby's life is the "one best way", to the exclusion of all other practices (Nathoo, 2009, p. 199). Indeed,

the hegemonic atmosphere of breastfeeding culture in Canada has developed a system in which choice has become a luxury. While breastfeeding is and should remain an important societal goal, it is not currently a real "choice" for women (Nathoo, 2009, p.215).

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ILLUSTRATION 1

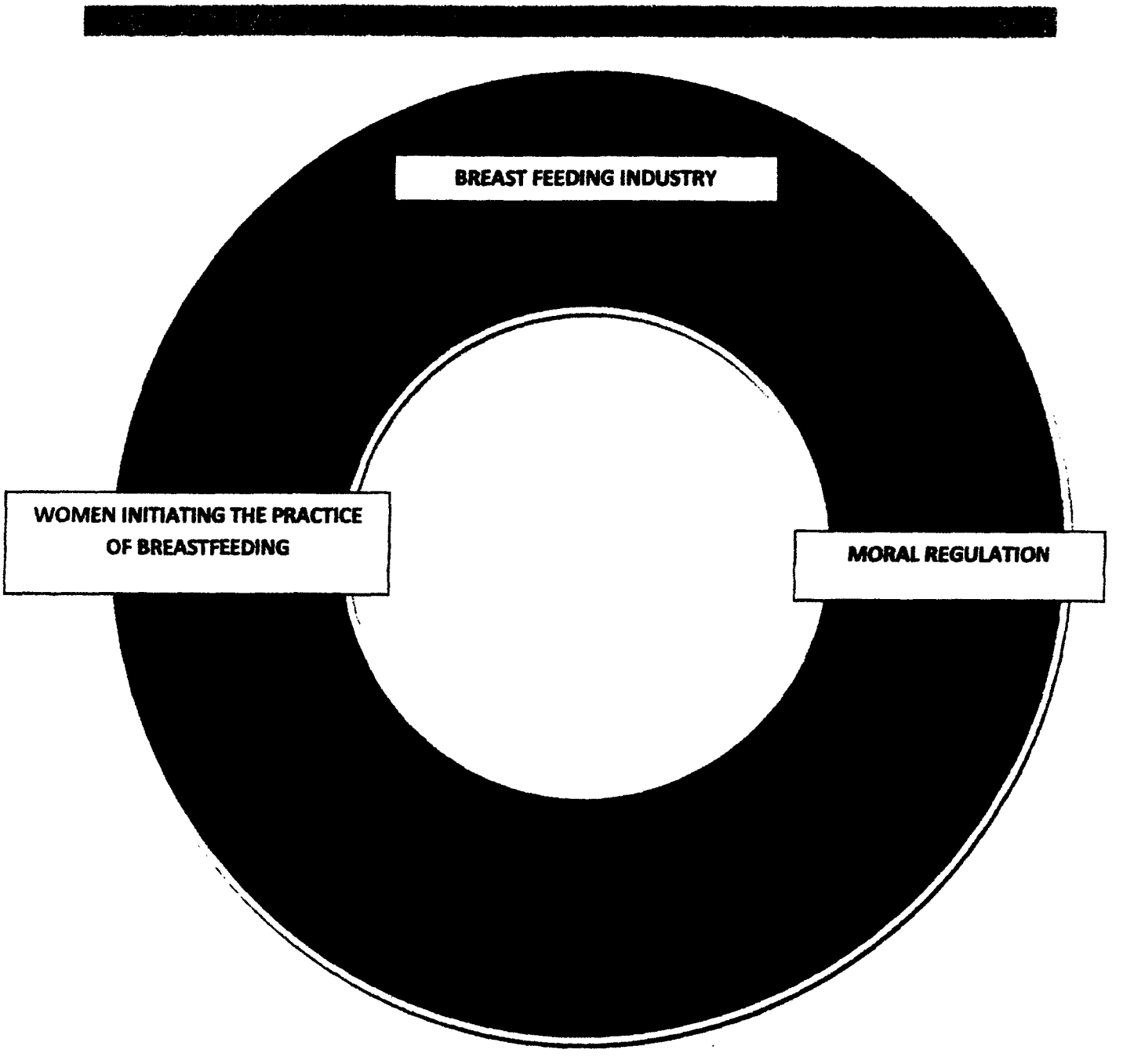
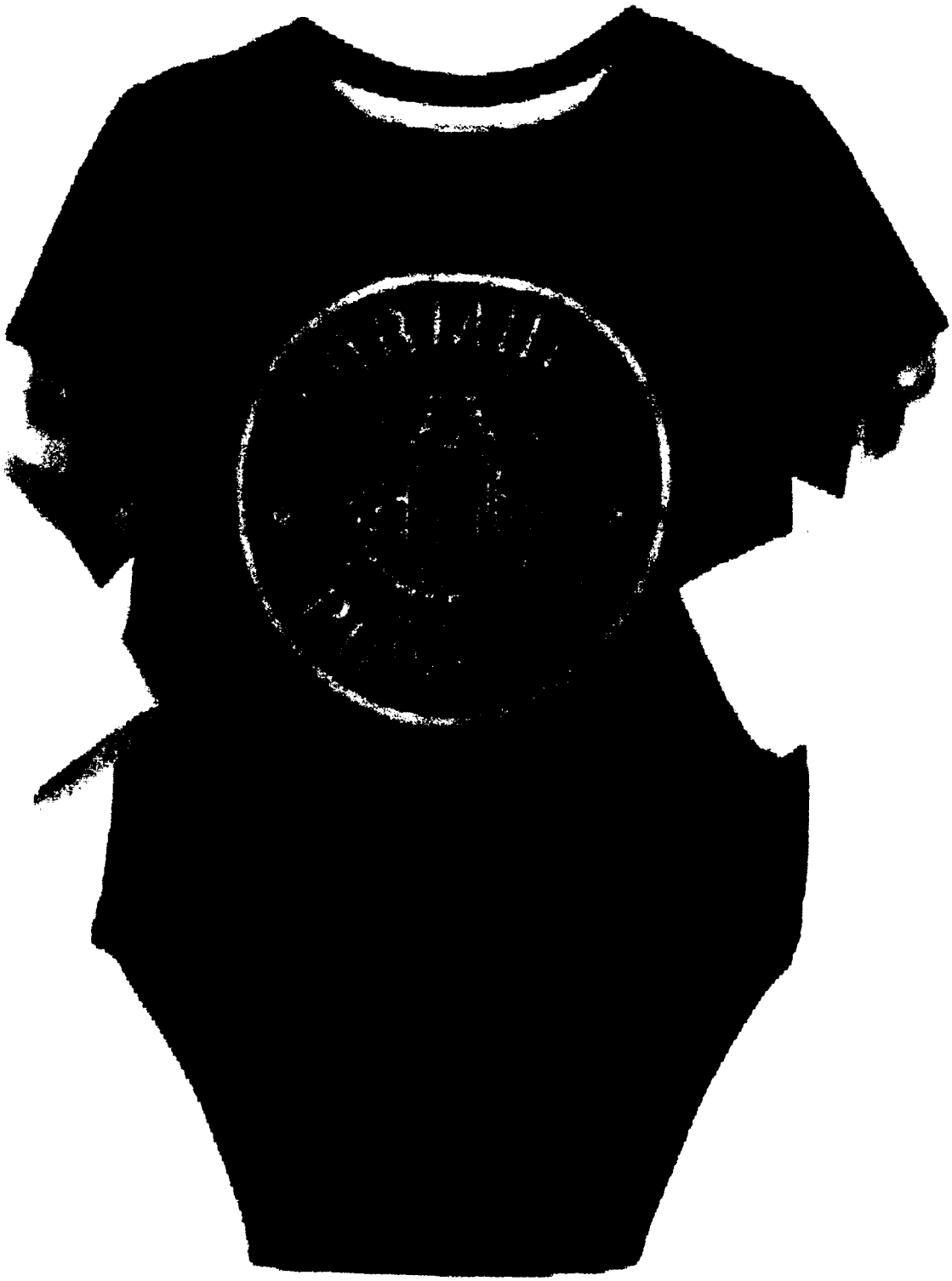


Image created by Author to illustrate cyclical relationship

ILLUSTRATION 2



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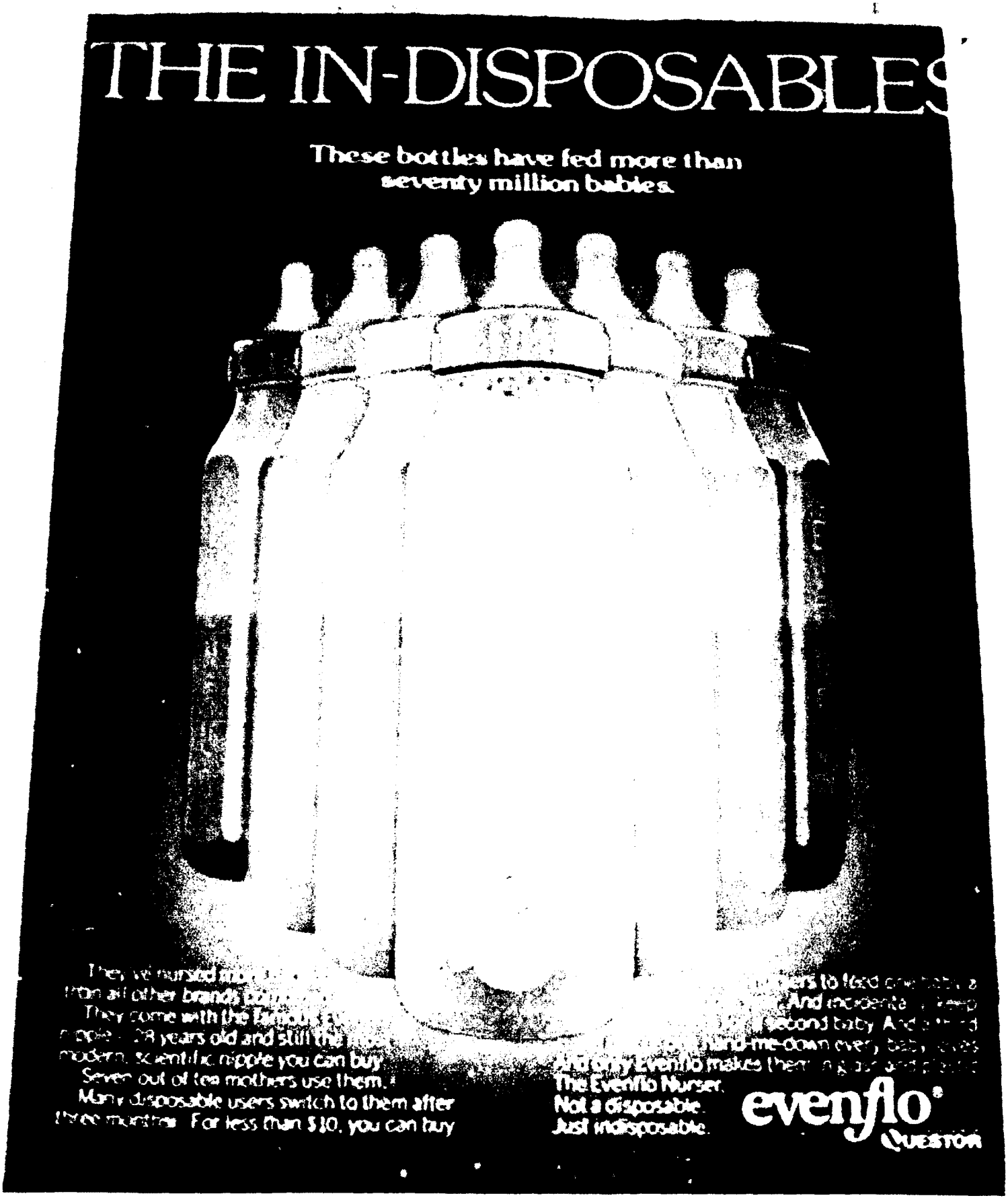
ACCESSED ON: September 23, 2010 for Personal Use

ILLUSTRATION 3

Holly Unsworth at http://www.beastar.org.uk/archives/106
Accessed on September 28th, 2010

ILLUSTRATION 4



http://www.ebay.ca/itm/1976-advertising-page-Evenflo-Baby-Bottles-Nursers-1-PAGE-PRINT-AD-/400246975984?pt=LH_DefaultDomain_0&hash=item5d30942df0
Accessed on May 23, 2012

ILLUSTRATION 5

my Brest friend

#1 choice
of lactation
consultants
for 12 years

the best for
breastfeeding

ENTER TO WIN $300 CELEBRITY GIFT PACKAGE

PRODUCTS

GALLERY

STORE LOCATOR

ABOUT MY BREST FRIEND

HOW TO USE

BREASTFEEDING VIDEO

NEWS

TESTIMONIALS

RETAILERS

FOLLOW US

ILLUSTRATION 6

ILLUSTRATION 7

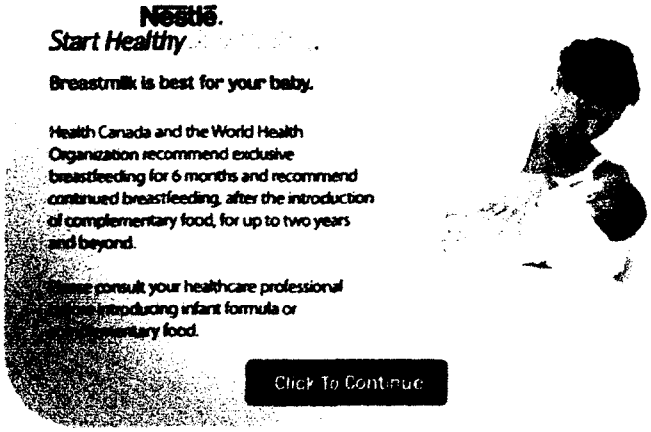


ILLUSTRATION 7

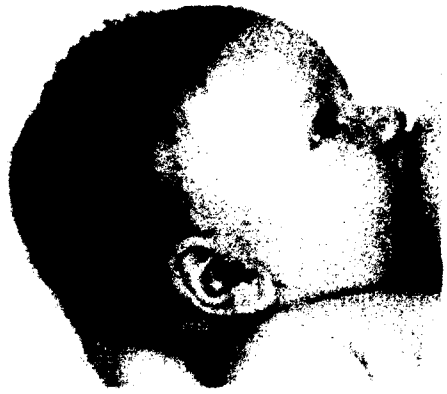
Nestlé baby.

Return to full version

the miracle baby food. made by you.

It's the perfect food for your perfect baby, and it's made just by you. Breast milk. Amazing nourishment your body naturally makes, giving your little one everything he needs to grow healthy and strong each and every day. Breast milk provides the best source of nourishment for your baby because it:

- Contains the perfect balance of nutrients
- Contributes antibodies to protect your baby from disease and illness
- Changes to meet the nutritional needs of your baby during each feeding and as your baby grows



The amazing benefits of breast milk don't end there. For as many reasons as breast-feeding is best for baby, there's also a number of reasons breast milk is best for mom:

- Your uterus may return to its normal, pre-pregnancy size faster
- It's convenient and it's free - breast-feeding can be done anytime and anywhere, with virtually no equipment and no expense to mom

Breast milk is the most nutritionally complete food you can give your baby. That's why experts recommend exclusive breast-feeding for the first 6 months of your baby's life, with continued breast-feeding up to 2 years of age and on, or for as long as you can.

Only you can decide how to feed your baby. Talk to your physician and the people you trust. Get the information you need, and feel good about every decision you make - because you'll always do what's best for your baby. After all, only the best is good enough.

"The information on this site is intended for Canadian residents only."

We're here with over 140 years of infant nutrition research & development. Nestlé baby.

ILLUSTRATION 8

Articles about "breastfeeding"

Breastfeeding Gallery - Photos and Pictures of **Breastfeeding** Moms ...

This **breastfeeding** gallery show pictures and photos of **breastfeeding** babies. Here you can see different hold and correct and incorrect poitions for ...

http://pregnancy.about.com/od/feedingyourbaby/ig/Breastfeeding-Gallery/

Positions for **Breastfeeding** Your Baby - Cradle Hold, Football Hold ...

The cradle hold is one of the most frequently seen **breastfeeding** positions for babies. It is great because it allows mom to hold the baby closely and ...

http://pregnancy.about.com/od/breastfeedinginfo/ss/breastpositions.htm

Choices that Affect **Breastfeeding** - Pregnancy/Childbirth

Does what you do affect your **breastfeeding**?: childbirth choices obstetric interventions maternal medication uterine contractions seeing birth.

http://pregnancy.about.com/cs/breastfeeding1/l/blbfchoice.htm

Online **Breastfeeding** Class

This is a free, online course designed to help you with **breastfeeding** your baby - whether it be your first baby, twins or more or a subsequent baby.

http://pregnancy.about.com/c/ec/69.htm

Sore Nipples While **Breast Feeding**

Sore Nipples and advice on dealing with preventing sore nipples, proper latch and dealing with sore nipples after they occur."

http://pregnancy.about.com/cs/problemsbreast/a/aanho3.htm

Common Questions About **Breastfeeding**

Here are some answers to the most commonly asked **breast feeding** questions.

http://pregnancy.about.com/cs/breastfeeding/a/aa080103a.htm

World **Breastfeeding** Week 2008 : **Breastfeeding** Information and ...

World **Breastfeeding** Week is a celebration of **breastfeeding** held every year around the world from August 1-7.

http://pregnancy.about.com/od/supportbreast/a/2006wbw.htm

You Can Still **Breastfeed**

Over the years, many, many, many women have been wrongly told to stop **breastfeeding**. The decision about continuing **breastfeeding** when the mother must take a ...

http://pregnancy.about.com/cs/breastfeedinginfo/a/aanho9.htm

Colic in the **Breastfed** Baby

Mothers all over the world have **breastfed** babies successfully without being ... **Breastfeeding** problems are greatest in societies where everyone has a watch ...

http://pregnancy.about.com/cs/breastfeedinginfo/a/aanho2.htm

Breastfeeding and Work

Breastfeeding after returning to work can be difficult. Here are some ways to encourage businesses to make working and **breastfeeding** easier.

http://pregnancy.about.com/od/workingnursing/a/breastfeedwork.htm

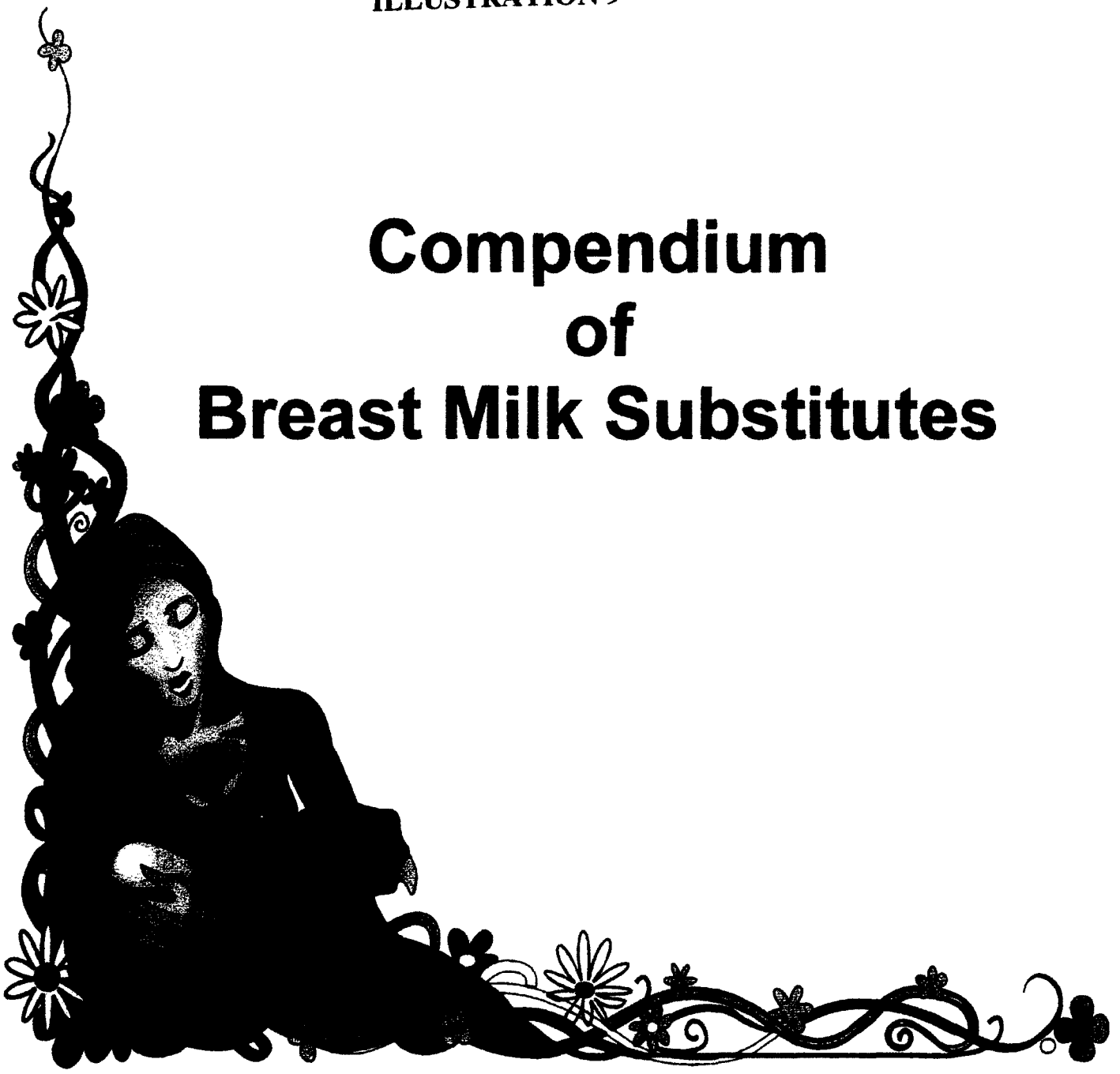
Results by Google Custom Search

Related Searches Breastfeeding Diet Breastfeeding Milk Breast Feeding Newborn Baby Breastfeeding Photos

1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 Next

ILLUSTRATION 9

Compendium of Breast Milk Substitutes



Produced by:
Fraser Health Authority
Fraser Valley Area
Community Nutrition Program
(604) 864-3400
e-mail: anita.romaniw@fvhr.org

Developed in cooperation with Community Nutritionists at Vancouver/Richmond Health Board and Okanagan/Similkameen Health Region.

Revised January 2002

APPENDIX A

Questionnaire for parents/guardians

1. On a scale of 1-10 how important was it to you to that you breastfeed?

   1 being not important to you at all but you did anyway for a variety of reasons and 10 being of the utmost importance and there was no alternative

The next few questions are for non- breastfeeding mothers:

2. If you could not successfully breast feed did you provide breast milk from another source? Yes____ NO____ Just used formula_____
3. If you could not successfully breast feed did you still own/were given breast feeding paraphernalia which you purchased before the baby arrived? Yes___ NO____

4. If you did not personally nurse your infant/s did you:

   ({PLEASE CHECK ALL THAT APPLY AS MORE THAN ONE ANSWER MAY BE RELEVANT)

   a) Purchase breast milk (over the internet or privately) _____
   b) Use the services of a Milk Bank_____
   c) Bottle feed (also known as hand feeding) _____
   d) Bottle feed and use of breast milk from outside source _____
   e) Exclusively used breast milk from outside source until solids were introduced _____
   f) Engage the employment of a wet nurse
   g) Use nursing circles (a group of women who are lactating and provide their breast milk to nurse a child/ren if biological mother/parent/guardian is not able to do so.
   h) Other: Please specify:_____

5. What were some of the reasons for your decision to use **breast milk** to nurture your child/ren? **PLEASE CHECK ALL THAT APPLY (you may not be breastfeeding but may be using/have used breast milk)**

Culture _____	Friends' experience _____	Breastfeeding is easy ____
Family help____	Family experience_____	Never though about it _____
Religion_____	Health of baby_____	Clothing options _____

Cost_____ Important to biological mother _____
Pressure from partner_____ Pressure from family_____ Pressure from society____
The accessibility of items to help/support the practice_____
Other (Please write as much or as little as you like here):
More space here to make comments or raise any issues you feel I have missed:

6. When you breast fed (regardless if you only breastfed for a short period of time, or not at all) did you purchase or receive as a gift any of the following retail items: **(PLEASE CIRCLE ALL THAT APPLY)**

Baby sling
Nursing bra
Nursing Pillow
Breast pump
Glass Bottles
Plastic Bottles
Protective covers for glass bottles to prevent breakage
Vitamins or supplements to increase/decrease amount of breast milk
Bottle warmer
Freezer bags for breast milk
Padding for bras
Trendy Breast pump bag/carrying case
Book on 'how to breast feed' or similar
Book on how to overcome breastfeeding difficulty
The services of a lactation consultant
Video or dvd on how to breastfeed
Watched YOUTUBE for demonstration video on how to breast feed (usually free of charge)
Breastfeeding doll
Magazine subscription with a focus on breastfeeding (eg. From Belly to Baby)
Literature on Breastfeeding (newspaper, book, magazine, pamphlet)

Other: (List as many items as you can remember that helped, encouraged or supported your decision to breastfeed) And **approximate** cost

7. How often did you use any of the retail items you purchased or received?

All the time (too often to keep track!)_____
Between 1-3 times a day____
Between 1-3 times a week____
Seldom, but item came in handy every now and again____
Never, they are collecting dust in my cupboard_____

8. Approximately how much money in Canadian dollars have you, and/or your friends and family spent on retail items that provide help to a breast feeding parent?

$_____CDN

If items are from the United States please put value in US dollars here: $_____USD

9. Did you purchase items from any of the following: (PLEASE CHECK ALL THAT APPLY)

a) A store that is designed with the breast feeding mother/parent in mind ____
b) A store that sells a wide variety of baby goods and items_____
c) A big retail chain with a wide variety of good and services_____
d) A second hand store_____
e) Second hand off of the internet_____
f) Second hand off of a friend or acquaintance_____

10. Would you have breast fed if these items had not been available to you? Yes____ No_____ Not sure_____

11. What was the main reason for the purchase of your breast feeding item?

PLEASE CIRCLE ALL THAT APPLY

a) To make it easier to breastfeed in public
b) To make it easier to breastfeed at home
c) To make it easier to breastfeed at someone else's house
d) To make it easier to travel/go places
e) Clothing is trendy and comfortable and practical
f) To make it easier to go back to work
g) Items were a gift and I did not have anything to do with purchase

h) I wanted to breastfeed and maintain my sense of fashion and style
i) Some items were given to me but the items I chose were to help me breastfeed more easily
j) To express milk so I would be able to engage the help of a partner/friend at feeding time
k) So that I could express milk and save it for a later date so I could travel, leave the house and have some one else feed my child
l) I felt items would make breast feeding easier in general

OTHER:

Reasons	Culture	Family help	Religion	Cost	Pressure f Partner	Friends' Experienc	Family Experienc	Health of baby	Important	Pressure f Family	breastfeed is easy	Never thou about it	Clothing options	Pressure from socie	Accessibility of items	Other
Survey 1				1				1			1					lose weight/prove she could do it
Survey 2																
Survey 3								1	1		1				1	
Survey 4	1			1		1		1								
Survey 5		1		1			1	1	1		1				1	
Survey 6						1		1			1				1	bonding/support from LLLC/easier to be out and about
Survey 7												1				
Survey 8	1							1			1			1	1	
Survey 9								1						1		
Survey 10																
Survey 11								1			1					
Survey 12				1		1	1	1	1			1		1		
Survey 13				1			1	1			1					
Survey 14				1			1	1	1		1					
Survey 15	1					1		1			1	1		1		
Survey 16							1	1			1					
Survey 17	1			1		1	1	1			1	1				
Survey 18	1			1	1	1		1						1	1	
Survey 19						1	1	1			1					
Survey 20		1				1	1	1							1	
Survey 21							1	1	1							
Survey 22	1	1					1	1			1					
Survey 23						1		1	1		1					
Survey 24				1			1	1			1					
Survey 25								1			1					
TOTAL	6	3		9	1	9	11	21	6		15	4		5	6	
PERCENT	24%	12%	0%	36%	4%	36%	44%	84%	24%	0%	60%	16%	0%	20%	24%	

APPENDIX B

Scale of 1-10	1	2	3	4	5	6	7	7.5	8	9	10
ANSWERS											
Survey 1								1			
Survey 2									1		
Survey 3									1		
Survey 4										1	
Survey 5								1			1
Survey 6									1		
Survey 7							1				
Survey 8									8		
Survey 9							1				
Survey 10							1				
Survey 11											1
Survey 12											1
Survey 13											1
Survey 14											1
Survey 15										1	
Survey 16											1
Survey 17											1
Survey 18									1		
Survey 19										1	
Survey 20	no answer										
Survey 21											1
Survey 22											1
Survey 23											1
Survey 24											1
Survey 25											1
TOTAL							3	2	12	3	12
PERCENTAGE							12%	8%	48%	12%	48%

APPENDIX C

QUESTION ONE

	Yes	No	Just used formula	N/A currently breastfeeding/breast fed	Both	used lactaid
Survey 1				1		
Survey 2				1		
Survey 3		1				
Survey 4			1			
Survey 5				1		
Survey 6				1		
Survey 7			1			
Survey 8			1	1		
Survey 9			1			
Survey 10				1		
Survey 11				1		
Survey 12					1	1
Survey 13				1		
Survey 14				1		
Survey 15				1		
Survey 16				1		
Survey 17				1		
Survey 18				1		
Survey 19				1		
Survey 20				1		
Survey 21				1		
Survey 22				1		
Survey 23				1		
Survey 24				1		
Survey 25				1		
TOTAL		1	4	20	1	1
Percentage	0%	4%	16%	80%	4%	4%

QUESTION TWO

	Yes	No	Currently breastfeeding/breast fed	Other
Survey 1			1	
Survey 2			1	
Survey 3				purchased things after failing at breast feeding
Survey 4	1			
Survey 5				
Survey 6				
Survey 7	1			
Survey 8			1	
Survey 9	1			
Survey 10				
Survey 11				
Survey 12	1		1	
Survey 13				
Survey 14			1	
Survey 15			1	
Survey 16			1	
Survey 17			1	
Survey 18			1	
Survey 19			1	
Survey 20			1	
Survey 21			1	
Survey 22			1	
Survey 23			1	
Survey 24			1	
Survey 25			1	
TOTAL	4		16	
Percentage	16%	0%	64%	

QUESTION THREE

Answers	a	b	c	d	e	f	g	h: Other	N/A
Survey 1									1
Survey 2									1
Survey 3			1					expressed milk	
Survey 4									1
Survey 5									1
Survey 6									1
Survey 7			1					none of the other options were available	
Survey 8									1
Survey 9									1
Survey 10									1
Survey 11									1
Survey 12									1
Survey 13									1
Survey 14									1
Survey 15									1
Survey 16									1
Survey 17									1
Survey 18									1
Survey 19									1
Survey 20									1
Survey 21									1
Survey 22									1
Survey 23									1
Survey 24									1
Survey 25									1
TOTAL			2						23
Percentage	0%	0%	8%	0%	0%	0%	0%	0%	92%
				QUESTION FOUR					

Reasons	Culture	Family help	Religion	Cost	Pressure from Partner	Friends' Experience	Family Experience	Health of baby	Important to biological mother	Pressure from Family	breastfeeding is easy	Never thought about it	Clothing options	Pressure from society	Accessibility of items
Survey 1				1				1			1				
Survey 2															
Survey 3								1							
Survey 4	1			1		1		1	1		1				1
Survey 5		1		1			1	1	1		1				1
Survey 6						1		1			1				1
Survey 7												1			
Survey 8	1							1			1			1	1
Survey 9								1						1	
Survey 10															
Survey 11								1			1				
Survey 12				1		1	1	1	1			1		1	
Survey 13				1			1	1			1				
Survey 14				1			1	1	1		1				
Survey 15	1					1		1			1	1		1	
Survey 16							1	1			1				
Survey 17	1			1		1	1	1			1	1			
Survey 18	1			1	1	1		1						1	1
Survey 19						1	1	1			1				
Survey 20		1				1	1	1							1
Survey 21							1	1	1						
Survey 22	1	1					1	1			1				
Survey 23						1		1	1		1				
Survey 24				1			1	1			1				
Survey 25								1			1				
TOTAL	6	3		9	1	9	11	21	6		15	4		5	6
PERCENT	24%	12%	0%	36%	4%	36%	44%	84%	24%	0%	60%	16%	0%	20%	24%

QUESTION FIVE

Surveys	Baby sling	Nursing bra	Nursing pillow	Breast pump	Glass bottles	plastic bottles	Covers	Vitamins	bottle warmer	freezer bags for bm	Padding for bras
Survey 1		1	1	1		1		1	1	1	1
Survey 2			1	1	1						1
Survey 3		1	1	1		1					
Survey 4	1	1	1	1	1	1					1
Survey 5	1	1	1	1	1	1				1	1
Survey 6		1	1	1						1	1
Survey 7		1	1	1	1	1				1	1
Survey 8											
Survey 9	1	1	1	1	1	1			1		1
Survey 10			1	1	1	1		1			1
Survey 11	1	1	1	1	1	1			1	1	1
Survey 12	1	1	1	1	1	1		1			
Survey 13	1	1		1	1					1	1
Survey 14		1				1					1
Survey 15	1	1	1	1		1				1	1
Survey 16	1	1	1	1	1	1	1			1	1
Survey 17	1	1	1	1	1	1	1	1		1	
Survey 18	1	1	1	1	1			1			1
Survey 19		1	1	1	1	1					
Survey 20	1	1	1	1	1	1				1	1
Survey 21	1	1	1	1							1
Survey 22		1		1	1						1
Survey 23		1		1	1	1					1
Survey 24	1	1		1		1		1			1
Survey 25	1	1	1	1	1	1				1	1
TOTAL	14	22	19	23	17	18	2	6	3	11	20
Add. Costs											
Percentage	56%	88%	76%	92%	68%	72%	8%	24%	12%	44%	80%

QUESTION SIX

trendy breast pump carrying case	Book on 'how to' bf	Book on overcoming	Lactation consultant	video/dvd on how to	YOUTUBE	bf Doll	Magazine	Literature
			1					
			1					
								1
	1	1						1
	1		1					
	1		1					
1	1		1					1
		1	1	1				1
	1							1
				1				
			1		1			1
	1		1					
	1		1	1	1			1
	1	1	1				1	1
	1							
			1					
1	1						1	
2	10	3	11	3	2		2	8
8%	40%	12%	44%	12%	8%	0%	8%	32%

QUESTION SIX PAGE TWO

OTHER	Other cost
	$ 30.00
midwife	$ -
jelly inserts	$ 45.00
free LLLC Lactaid feeding system, feeding tubes, baby scale	$ 1,900.00
prenatal class (included in course), bf shirts	$ 20.00
breastfeeding shirts with holes in the front	
Handsfree bra for pumping	$ 35.00
lactation cons. Was free attended La Leche League meetings while pregnant herbal tea	$ -
nipple cream and meat soup (Chinese culture) nursing tops, nursing cover up	
	$ 2,030.00
QUESTION SIX PAGE THREE	

	Usage	All the time	btw 1-3 a day	btw 1-3 times a week	Seldom	Never
Survey 1					1	
Survey 2		1				
Survey 3		1				
Survey 4					1	
Survey 5		1				
Survey 6		1				
Survey 7						1
Survey 8		1				
Survey 9					1	
Survey 10		1				
Survey 11		1				
Survey 12		1				
Survey 13		1				
Survey 14		1				
Survey 15			1			
Survey 16	1					
Survey 17			1			
Survey 18		1				
Survey 19					1	
Survey 20		1				
Survey 21		1				breast pump
Survey 22		1				
Survey 23				1		
Survey 24		1				
Survey 25		1				
TOTAL	1	16	2	1	4	1
Percentage	4%	64%	8%	4%	16%	4%

QUESTION SEVEN

	Amt spent CDN	USD	OTHER	Average amount
Survey 1	$ 150.00			
Survey 2	$ 200.00			
Survey 3	$ 550.00			
Survey 4	$ 250.00			
Survey 5	$ 500.00			
Survey 6	$ 500.00			
Survey 7	$ -			
Survey 8	$ 130.00	$ 65.00		
Survey 9	$ 500.00			
Survey 10	$ 200.00			
Survey 11	$ 400.00			
Survey 12	$ 1,900.00			
Survey 13	$ 150.00			
Survey 14	$ 150.00			
Survey 15	$ 150.00			
Survey 16				
Survey 17	$ 150.00			
Survey 18	$ 500.00			
Survey 19	$ 350.00			
Survey 20	$ 250.00			
Survey 21	$ 300.00			
Survey 22	$ 150.00			
Survey 23	$ 200.00			
Survey 24	$ 300.00			
Survey 25	$ 1,000.00			
TOTAL	**$ 8,930.00**	$ 65.00		**$ 357.20**

QUESTION EIGHT

	a	b	c	d	e	f
Survey 1		1	1	1	1	1
Survey 2		1	1	1		1
Survey 3		1	1			
Survey 4	1	1	1			
Survey 5		1	1	1		1
Survey 6		1	1			1
Survey 7						
Survey 8		1	1			1
Survey 9	1	1	1			1
Survey 10		1	1			
Survey 11		1	1			
Survey 12	1	1			1	
Survey 13			1			
Survey 14		1		1		1
Survey 15			1			
Survey 16		1				
Survey 17	1	1		1		1
Survey 18	1	1	1			1
Survey 19	1	1				
Survey 20	1	1	1	1		1
Survey 21	1	1	1	1		
Survey 22	1	1				
Survey 23		1				
Survey 24		1				1
Survey 25	1	1	1			
TOTAL	10	22	16	7	2	11
Percentage	40%	88%	64%	28%	8%	44%

QUESTION NINE

	Yes	No	Not sure	
Survey 1	1			
Survey 2	1			
Survey 3			1	
Survey 4	1			
Survey 5	1			
Survey 6			1	
Survey 7	1			
Survey 8			1	
Survey 9	1			
Survey 10			1	
Survey 11	1			
Survey 12		1		
Survey 13	1			
Survey 14	1			
Survey 15	1			
Survey 16	1			
Survey 17	1			
Survey 18	1			
Survey 19	1			
Survey 20	1			
Survey 21	1			
Survey 22	1			
Survey 23	1			
Survey 24	1			
Survey 25	1			
TOTAL	20	1	4	
Percentage	80%	4%	16%	
				QUESTION TEN

	a	b	c	d	e	f	g	h	i	j	k	l	OTHER
Survey 1	1	1	1	1	1					1		1	half moon pillow
Survey 2		1								1	1	1	
Survey 3		1											
Survey 4	1	1								1		1	pumps useless
Survey 5	1	1				1					1	1	
Survey 6	1	1										1	nursing bra and pads a necessity
Survey 7													
Survey 8		1											
Survey 9												1	
Survey 10	1	1	1	1						1	1	1	
Survey 11	1	1	1	1	1				1		1	1	
Survey 12	1	1										1	
Survey 13	1	1	1				1			1		1	
Survey 14	1	1	1							1			
Survey 15	1	1					1					1	
Survey 16	1	1		1	1		1					1	
Survey 17		1								1	1	1	
Survey 18	1	1					1	1	1	1	1	1	convenience-to support me to bf
Survey 19		1		1			1					1	
Survey 20	1	1	1	1	1					1		1	
Survey 21	1			1	1					1		1	thought they would help
Survey 22		1	1	1	1						1	1	
Survey 23				1	1		1			1		1	
Survey 24	1	1			1							1	
Survey 25	1	1	1	1	1						1	1	
TOTAL	16	21	8	10	9	1	6	2	11	7	15	14	
PERCENT	64%	84%	32%	40%	36%	4%	24%	8%	44%	28%	60%	56%	

Legend

a- To make it easier to breastfeed in public
b- To make it easier to breastfeed at home
c- To make it easier to breastfeed at someone else's home
d- To make it easier to travel/go places
e- Clothing is trendy and comfortable and practicle
f- To make it easier to go back to work
g- Items were a gift and I did not have anything to do with the purchase
h- I wanted to breastfeed and maintain my sense of fashion and style
i- Some items were given to me but the items I chose were to help me breastfeed more easily
j- To express milk so I would be able to engage the help of a partner/friend at feeding time
k- So that I could express milk and save it for a later date so I could travel, leave the house and have someone else feed my child
l- I felt the items would make breastfeeding easier in general

QUESTION ELEVEN

Scale of 1-10	1	2	3	4	5	6	7	7.5	8	9	10
ANSWERS											
Survey 1								1			
Survey 2									1		
Survey 3									1		
Survey 4										1	
Survey 5								1			1
Survey 6									1		
Survey 7							1				
Survey 8									8		
Survey 9							1				
Survey 10							1				
Survey 11											1
Survey 12											1
Survey 13											1
Survey 14											1
Survey 15										1	
Survey 16											1
Survey 17											1
Survey 18									1		
Survey 19										1	
Survey 20	no answer										
Survey 21											1
Survey 22											1
Survey 23											1
Survey 24											1
Survey 25											1
TOTAL							3	2	12	3	12
PERCENTAGE							12%	8%	48%	12%	48%

APPENDIX D

QUESTION ONE RESULTS

	Amt spent CDN	USD	OTHER	Average amount
Survey 1	$ 150.00			
Survey 2	$ 200.00			
Survey 3	$ 550.00			
Survey 4	$ 250.00			
Survey 5	$ 500.00			
Survey 6	$ 500.00			
Survey 7	$ -			
Survey 8	$ 130.00	$ 65.00		
Survey 9	$ 500.00			
Survey 10	$ 200.00			
Survey 11	$ 400.00			
Survey 12	$ 1,900.00			
Survey 13	$ 150.00			
Survey 14	$ 150.00			
Survey 15	$ 150.00			
Survey 16				
Survey 17	$ 150.00			
Survey 18	$ 500.00			
Survey 19	$ 350.00			
Survey 20	$ 250.00			
Survey 21	$ 300.00			
Survey 22	$ 150.00			
Survey 23	$ 200.00			
Survey 24	$ 300.00			
Survey 25	$ 1,000.00			
TOTAL	**$ 8,930.00**	$ 65.00		**$ 357.20**

APPENDIX E
QUESTION EIGHT RESULTS