

# Breastfeeding: Contradictory Messages and Meanings

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## **Table of Contents**

<b>Abstract</b>	5
<b>Chapter One: Introduction</b>	6
<b>Chapter Two: Contradictions in Breastfeeding Discourse and Practice</b>	19
<b>Chapter Three: Conflict and Contradiction in Bodily Expectations for Breastfeeding Mothers</b>	38
<b>Chapter Four: Bodily Expectations and Space</b>	54
<b>Chapter Five: Conclusion</b>	64
<b>References</b>	66
<b>Appendix</b>	70

**Abstract:**

This paper explores the contradictions, conflicts, and controversies surrounding breastfeeding, which arise from the medicalization of breastfeeding and the sexualization of the breast. Through a case study conducted in Ann Arbor, Michigan I will explore how women are given contradictory messages regarding infant feeding through the discrepancies between discourse and practice. I will explore these discrepancies through constructs of space and bodily expectations. I support my claims with ethnographic data gathered from eleven mothers and mothers-to-be to support these claims.

## **Chapter One: Introduction**

### ***Motive***

When I tell people I am writing an honors thesis on breastfeeding, they are generally confused. They are curious as to why I would be interested in this topic. Maybe their responses are the result of an attitude that mirrors what mine used to be; they wonder what the importance of breastfeeding is and why it is an issue. Possibly, they wonder why a young woman without children, and therefore seemingly no personal connection to the topic, would want to write about breastfeeding. Through my research, the answers to these questions became clearer. As a person who was breastfed for the first two years of my life, who refused bottles and pacifiers, and whose mother always talked openly about it, breastfeeding always seemed like the most natural thing to me. Not that I was unaware of the many people who bottle-fed their children. As one who has made her pocket-money since middle-school by babysitting, I have often encountered the task of assembling bottles of formula. Despite this, likely as a result of my upbringing, I assumed until about two years ago that breastfeeding was the most commonly used method of infant feeding. It seemed like common sense to me that having a child was in most cases followed by the body, albeit somewhat miraculously, producing a perfect, sufficient, and free food that was then used to feed that child.

My mother never discussed the benefits of breastfeeding with me growing up; rather it was simply stated as a matter of fact. One of the stories most commonly told by my mother when I was growing up was how my older sister would take a bottle, but I would not. I always assumed both as a child and as a young adult that the bottles she talked about were filled with breast milk, even though I was entirely unaware of pumping at the time. Formula was simply

never discussed. Once I began working on this thesis I became curious about what really filled bottles in my home. One day as my mother was joking that I might never have come to write this thesis if it had not been for my two years of breastfeeding, I asked her how long my sister had breastfed. My mother responded almost hesitantly and told me that my sister had been breastfed for a few months, but that she had switched to formula fairly quickly. Having had one child breastfeed for so long and the other for a relatively short time, she expressed similar sentiments as those mothers I talked with who had similar situations. She worried that feeding my sister formula may have somehow ill affected her. For example, my sister has allergies that I do not suffer from.

This conversation with my mother only furthered my interests in exploring the issues surrounding breastfeeding. Though, my interest in breastfeeding was initially sparked when I learned about the status of breastfeeding in this country in one of my courses. My interest in writing this thesis came about when, with my new knowledge, I admittedly watched TLC daytime television shows like *Bringing Home Baby* and *A Baby Story* on a fairly regular basis. On these programs, I heard countless new mothers say they were worried they would not be able to breastfeed or after a short time when the cameras returned for an update, they had weaned their child from the breast. Most of what I learned about the actual status of breastfeeding in the United States greatly contradicted my internalized ideas of breastfeeding. The more I learned about the status of breastfeeding in the United States, the more confused I became. So I began to investigate the controversies surrounding breastfeeding and why it is not necessarily treated as the most 'natural' act in the world, like I perceived it to be. By exploring the words of my informants I intend to argue that breastfeeding in the United States is riddled with conflicts, contradictions, and controversy in the contexts of space, morality and identity. In part these

conflicts stem from the medicalization of breastfeeding and the sexualization of the breast. All of this results in sub-optimal breastfeeding rates in the United States.

To accomplish the above I will begin in this chapter by introducing the methods used in my research, my informants, the location of the research, and the literature that will contribute to the framing of my argument. In chapter two I will establish breastfeeding as a behavior that is learned and shaped by culture through exploring differences in breastfeeding practices cross-culturally and trans-historically. In addition, I will discuss the medicalization of breastfeeding and the contradiction between what biomedicine promotes and what it actually implements. I will then look at how this forces mothers to self-educate on breastfeeding. In chapter three I will explore breastfeeding as part of the rite of passage into motherhood. I will look at the moral implications of infant feeding choices and the conflicts that occur as a woman tries to fill the role of both mother and wife. In addition I will look at the conflicts that occur as a woman tries to fill the role of both mother and woman. In chapter four I will explore cultural constructs of space as they are both informed by and partially constructed by breastfeeding. I will look at how the sexualization of the breast, the gendering of space, and the construct of public versus private space shape breastfeeding behaviors and affect the breastfeeding experiences of mothers. In chapter five I will conclude with a summary of this case study and its broader implications.

### ***People and Methods***

I initiated my research by trying to recruit women to talk with me about infant feeding choices. Not sure exactly what I was looking for, apart from possibly exploring why women feel they cannot breastfeed, I was eager to start. I began recruiting by contacting The Center for the

Childbearing Year in Ann Arbor, Michigan in hopes that their doulas might be able to help me connect with informants. I also put fliers up, with permission, in an obstetrician's office nearby. I waited excitedly to hear from my first willing mother or mother-to-be and got nothing. I started posting flyers at the universities family housing and in local coffee shops, and still did not hear from anyone. Frustrated and disappointed I tried to find new ways to recruit, but as time wore on the hope of writing this thesis slowly drifted away. About two months into my research, an advisor set me up with a few women to talk to. It was not until a couple of weeks after meeting my first three informants that someone contacted me from my own recruiting efforts. After that I started meeting women through previous informants and found some informants through other recruitment efforts.

The story of my struggle to find participants is important because it says something about breastfeeding. In part, I am sure that most women were too busy or had no desire to share their personal lives with a college student, especially when no compensation was provided for their time. However, I also think that, in part, the issues I had with recruiting are testament to the troubles surrounding infant feeding in general. First, from talking with my informants, I found that breastfeeding is considered for most a very private and intimate act between them and their child. Therefore, mothers may not be ecstatic about sharing these experiences with a stranger. Secondly, there is considerable controversy surrounding infant feeding methods, and both breast and bottle feeding are charged with positive and negative qualities in the media. You cannot open a general parenting book or a magazine without seeing text on the positive aspects of both breastfeeding and bottle-feeding or at the least seeing advertisements for both breast pumps and infant formula. Even though my recruitment material was directed toward mothers using all types of feeding methods, only women who breastfed for some period of time responded. In

talking with my informants, there were a lot of negative attitudes toward women who never tried to breastfeed. I feel that maybe these sentiments are widely known in this community and women who did not breastfeed or could not breastfeed felt in some way like failures and therefore, did not want to talk with me.

During my research I talked with any woman who was currently pregnant and/or had children and was willing to speak with me. I was able to recruit eleven informants. I spent somewhere between thirty minutes to an hour with each of my informants. All of my conversations were recorded with consent and took place either in the woman's private residence or in a coffee shop. I also contacted my informants via e-mail for a few follow-up questions or clarifications. While all women were contacted when I had a new question that arose out of my research, not every informant responded every time. My informants were between the ages of twenty-eight and thirty-nine years old, all white (with the exception of one who was hispanic), and the majority had received a bachelor's degree<sup>1</sup> or higher. All of the women I talked with were currently living in Ann Arbor, Michigan, with the exception of one who was visiting Ann Arbor and had previously lived there. Many had given birth and resided with their children somewhere else previously. All of my informants were currently married, and about half were stay-at-home moms. The other half were employed part or full time in the home or outside of the home.

The research I have done is meant to speak about this particular case study. There are different challenges that face women of different ethnicities, education levels, and ages. However, my informants are the women who essentially chose me. They are the individuals

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<sup>1</sup> I did not obtain education information from all of my informants so it is possible that all of my informants had bachelor's degrees.

who contacted me and were interested. My analysis is strictly on this group of people and the information they provided me with. While I may extrapolate some ideas out toward American society in general based on my literary and media research along with the information provided by my informants, it is important to remember that these women and their responses are what my research is rooted in. The following is a chart outlining some key facts about my informants<sup>2</sup>.

	Age	Number of Children	Location of Child(ren)'s birth(s)	Employment
Anna	28	1, and pregnant with her second child	Illinois	works from home as a writer
Gail	28	1, and has since given birth to her second child	Ohio	works part time as a librarian
Jessica	Not given	1	Ann Arbor, MI	works full time as a professor
Julia	38	1	Ann Arbor, MI	stay at home mom
Kristen	32	2, and pregnant with her third child	Los Angeles, CA	stay at home mom
Lauren	39	5	Hancock, MI and Green Bay, WI	----
Melissa	not given	2	Ann Arbor, MI	works full time
Nora	36	2	Ann Arbor, MI	stay at home mom
Rebecca	35	Pregnant at the time of our communication and has since given birth	Ann Arbor, MI	stay at home mom/ student
Sarah	not given	1	Vancouver, Canada	Student
Sharon	not given	1	Ann Arbor, MI	stay at home mom

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<sup>2</sup> All names are pseudonyms.

## *Location*

One point frequently noted by my informants was that Ann Arbor, the place in which this research took place, is unique in its acceptance of breastfeeding. Mainly, Ann Arbor is considered unique because it is a liberal community. Ann Arbor is a small city with the University of Michigan at its heart. The population is 113,100. Of that, 39,295 (34.7%) are college students (US Census Bureau 2007). The high percentage of the population associated with the University of Michigan in some way, either as student, faculty, or staff, means that the generally liberal ideals of the university are spread widely throughout Ann Arbor. The result of this is that breastfeeding was considered to be fairly common in Ann Arbor according to my informants, and it was believed to be widely accepted.

In Ann Arbor there are several places for breastfeeding mothers to find resources and support. One of these places is the Breastfeeding Center that is run by board certified lactation consultants<sup>3</sup>. The Breastfeeding Center provides services such as private breastfeeding consults, breastfeeding education, follow-up care for clients, phone support, postnatal support groups, back-to-work classes, a human milk depot<sup>4</sup>, corporate lactation programs, professional mentoring, and a breastfeeding retail store (Breastfeeding Center 2009). The services provided by the Breastfeeding Center are not free except for a drop-in session on Friday mornings where a

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<sup>3</sup> Board Certified Lactation consultants are certified by the International Board of Lactation Consultant Examiners (IBLCE). This is the only organization that can certify lactation consultants. To be certified an individual must first qualify by having “experience in providing care to breastfeeding families and coursework in human lactation and breastfeeding.” This can be either through ones career, educational coursework, or mentorship (i.e. of a lactation consultant). Examples of those who qualify through their career are licensed health care providers working in related areas and mother-to-mother breastfeeding support group leaders. Once one has field experience they must pass a certification exam. If one successfully passes the exam they are certified for five years. There are currently 9,509 BCLCs in the United States which is first in the world next to Canada which has 1, 267 (IBLCE 2007).

<sup>4</sup> The Human Milk Depot is a milk bank. The Human Milk Depot screens mothers who are lactating and willing to pump and donate their excess milk. They must keep a healthy life style and pass a simple health exam that mainly consists of a blood test. Once a woman has been cleared to donate she expresses her milk and donates it to the milk depot. Then the milk is pasteurized and frozen until an infant in need (particularly ill and high-risk infants) whose mother’s milk is not available is prescribed the milk by a physician (Breastfeeding Center 2009).

mother can have her breastfeeding questions answered by the lactation consultant and connect with other breastfeeding women. One of my informants told me that she inquired about breastfeeding classes at the hospital and was informed that they do not offer them. She was redirected to the Breastfeeding Center. In her opinion, the fact that the hospital did not provide breastfeeding education opportunities was an example of an institution saying that they support breastfeeding without actually supporting it because there was nowhere for women without financial means to acquire an education on breastfeeding.

There is also a local La Leche League<sup>5</sup>(LLL) chapter in the Ann Arbor area that provides mother-to-mother support groups and telephone help from accredited leaders (La Leche League). The mission of La Leche League International is, “to help mothers worldwide to breastfeed through mother-to-mother support, encouragement, information, and education, and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother” (La Leche League International 2008). La Leche League offers their services free to everyone. However, La Leche League also has a specific mothering philosophy that is conveyed in the services and resources they provide. La Leche League International’s (LLLI) philosophy focuses on breastfeeding as a natural and important part of mothering and understanding your child. They also stress the importance of frequent and prolonged bodily contact between mothers and their infants (La Leche League International 2006).

Through my research, I found that women feel that La Leche League’s resources are best suited to women who adhere to the same parenting philosophies, and only one of my informants attended their meetings. Another informant of mine brought up the very important point that La

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<sup>5</sup> La Leche League is an international non-profit organization that promotes and educates on breastfeeding. It was founded in 1956 in Illinois by seven catholic women who felt passionate about breastfeeding (La Leche League International 2008).

Leche League is likely to only be known to particular types of mothers. Namely, she believed only those who are older (not teenage mothers) and are middle or high class would know about and thus be able to utilize the resources of La Leche League. Through this brief overview of the location, Ann Arbor, Michigan, it is already apparent that there are hindrances on being successful at breastfeeding due to available and affordable educational resources. It is also evident that there is more than one philosophy of mothering, which affects breastfeeding practices.

### ***Literature Review***

Academics have explored breastfeeding from medical, historical, gender/feminist, and anthropological points of view. The large body of literature that exists in the medical realm reinforces the widespread idea within the other fields that breastfeeding was medicalized in the mid-nineteenth century and has remained the domain of western biomedicine since then. Recent literature on breastfeeding in the medical field explores the benefits of breastfeeding and the likelihood of women to breastfeed based on class, ethnicity, education, and employment among other socio-cultural and economic factors. Medical literature presents statistics for the differences in breastfeeding rates between people of different social and economic profiles. However, explanations for these differences are generally not the focus of study.

Presently, the medical field has taken a pro-breastfeeding attitude, emphasizing its many health benefits. Evidence of this is the release of a series of policy statements by the American Academy of Pediatrics (AAP) entitled *Breastfeeding and the Use of Human Milk*. The first was

released in 1997 and states that the AAP recommends exclusive<sup>6</sup> breastfeeding for the first six months of a child's life. Six months is when solids are typically introduced, so they recommend continued breastfeeding "for at least the first year of life and beyond for as long as mutually desired by mother and child" (AAP 1997:499). The statement includes a list of healthy behaviors to ensure successful breastfeeding and lists some of the benefits of breastfeeding for infants such as reduced gastrointestinal illness. An updated statement was released in 2005(AAP 496-506) that took the same stand as the one released in 1997. The updated statement also included sections on the health benefits for both mothers and infants in light of more recent research. The medical field has developed a large body of information regarding the health benefits of breastfeeding. However, it fails to take into consideration in any substantial way the socio-cultural factors influencing breastfeeding. Not discussed in medical literature are ideas of sexuality, identity, and morality. Nor are emotional benefits of breastfeeding for mother and child discussed.

Breastfeeding literature in the field of history has filled in some of the gaps that are left by the biomedical field. Historical literature has focused on the changing practices of breastfeeding over time in the United States and the socio-cultural influences that have motivated them. Two prominent authors on the topic are Rima Apple and Jacqueline Wolf. Apple argues that breastfeeding rates declined over time as a result of medicalization (1987:18-19). Wolf agrees that this is one component of the problem, but she also introduces the idea that reductions in breastfeeding rates were also the result of a new found romantic relationship between married couples and the role the breast began to take in sexual pleasure (2001:23-25). Wolf explores the

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<sup>6</sup> Exclusive breastfeeding means is defined by the AAP as no other supplemental liquids or foods given, including non-human milk and water. It does make the exception, however, for necessary medications. This is the same definition of exclusive breastfeeding I will use throughout this thesis. (2005: 498).

sexualization of the breast which is also a prominent topic in both gender studies and anthropological literature. Sexualization of the breast was something that came up frequently in my interactions with my informants that shaped the breastfeeding experience and is something I will discuss in depth in both chapters three and four. Wolf also found that breastfeeding practices were more directly altered by mothers themselves due to the social changes that occurred with urbanization (2001:3-5). Breastfeeding literature from a historical perspective has laid out the history of breastfeeding and suggested why some of these changes occurred over time. The literature gives some insight into the issues surrounding breastfeeding today, but it does not substantially delve into the current state of breastfeeding, how women experience breastfeeding, and what is currently influencing choices regarding breastfeeding specifically and infant feeding more generally.

Women's Studies literature has brought some insight into the social influences on breastfeeding today by looking at breastfeeding as a women's rights issue. Women's Studies literature furthers many of the arguments that historical literature makes regarding the sexualization of the breast and the medicalization of breastfeeding. In addition, Women's Studies scholars contribute a component of activism to the topic, arguing for or against breastfeeding rights. There are two stand-out arguments by feminists, one for breastfeeding and one against. The first focuses on women's rights as embracing the innate differences between women and men and advocates for a woman's right to breastfeed and for the world around her to accommodate the practice. The latter argues that breastfeeding ties a woman down to the home and the child thus creating inequalities between her and her husband (Hausman 2003:2-6). Bernice Hausman's *Mother's Milk* opens with a discussion of the differing feminist viewpoints,

which culminates in her alignment with the idea that breastfeeding is a woman's right that should be protected (2003: 6).

Hausman provides an argument similar to Apple and Wolf that breastfeeding has ended up in the hands of medical professionals, who, in her argument, are not sufficiently educated on the matter to hold a position of authority over the practice (2003:21-26). In addition, Hausman discusses the issues of morality that surround infant feeding and suggests that both mothers who breastfeed and those who bottle feed feel pressure to feed using the opposite method (2003:50). Breastfeeding mothers are confronted with issues of morality associated with the sexualization of the breast, as some perceive the breastfeeding relationship to be sexual. Bottle feeding mothers are met with moral judgments since they are not breastfeeding their child, despite research on breastfeeding that states it is best for their baby's health. Feminist literature engages with many factors that influence breastfeeding, but it does not sufficiently answer the question of how culture affects breastfeeding.

Very little of the literature on breastfeeding comes from an anthropological perspective, and even less addresses breastfeeding issues in the United States. Anthropology has paid a lot of attention to ideas of kinship and motherhood. In some instances, breastfeeding has been a related component of this work; however, it has not been the focus. Amongst the anthropologists who have focused on breastfeeding, the emphasis has been on the medicalization, political-economics, activism, and cross-cultural practices of breastfeeding. Katherine Dettwyler is a leading author on the biocultural aspects of breastfeeding. Dettwyler edited a volume of essays on biocultural perspectives of breastfeeding that explored breastfeeding as a biological process shaped by socio-cultural beliefs and practices. The essays range from a discussion of proper weaning age based on studies of breastfeeding throughout evolution written by Dettwyler

(1995b), to an essay that explores how social and cultural behaviors shape the practices of breastfeeding by S.A. Quandt (1995). Quandt's article discusses how cultural behaviors, such as how frequently women breastfeed children, will affect physiological production of milk.

In the field of socio-cultural anthropology breastfeeding has often been a small component of a bigger argument. Nancy Scheper-Hughes explored breastfeeding practices as a way to understand how poverty affects mother-child relationships in *Death Without Weeping*. Though, A few anthropologists have made breastfeeding the focus of their research. Penny Van Esterik has written about breastfeeding in relation to political-economics, medicalization, and activism efforts (1989 and 1995: 145-164). There is one published book in the field of cultural anthropology that focuses solely on breastfeeding entitled *The Anthropology of Breastfeeding* (Maher: 1992). Maher's introduction defines breastfeeding as an act that is culturally constructed. However, this has been stated in works preceding hers, and she does not further her argument beyond that point. Therefore the book does little to contribute to the body of anthropological breastfeeding literature<sup>7</sup>.

The literature presented her has played an important role in informing my research. I grapple with similar themes such as sexuality, gender, and medicalization in the following chapters. Particularly, in the next chapter I will utilize themes of medicalization and the socio-cultural construct of breastfeeding.

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<sup>7</sup> Van Esterik gave *The Anthropology of Breastfeeding* a bad review. Her main complaint was that the book opened with an introduction by the editor (Vanessa Maher) that presented information on breastfeeding as though it were groundbreaking and new rather than acknowledging and citing the work that had been completed before her. In addition, Van Esterik critiqued the strength of some the ethnographic arguments that were made by several of the authors throughout the book.

## Chapter Two: Contradictions in Breastfeeding Discourse and Practice

*It's just intimidating, I mean it's something that as a woman you're supposed to do and it seems as if society says you're just supposed to know how to do it and you don't. I mean, you kind of experiment and you have people in the hospital helping you and then you finally get it, so it takes a while.*

*- Kristen*

On a gloomy rainy day in November, I found myself driving down a quiet street, creeping slowly past house after house, searching for the correct address amongst a sea of identical architecture. This was the day I met Kristen. When I walked into Kristen's home I was met with silence, which is not what I had come to expect during my fieldwork; I had arrived during her daughters' (ages four and two) nap time. Kristen and I retreated to the basement to talk. Our conversation was markedly different from my usual encounters with informants. Never in my interactions had I been able to focus all of my attention on the conversation at hand. Usually, there were distractions from a child who wanted its mother's attention, the din of a coffee shop, or both to overcome. In the basement, we sat down at a round wood table, the only adult sized furniture in the room. After producing my bulky rented audio equipment and signing informed consent forms, we began to talk. The conversation started with casual subject matter during which I learned that Kristen is a stay-at-home mom who worked as an attorney before having children. She is married to a pediatrician. She breastfed both of her children for one year, but she supplemented with an occasional bottle of formula if she left her children with another caretaker.

Once we covered the basics, our casual conversation turned into a deeper discussion of breastfeeding. Kristen relayed to me her opinion that breastfeeding is learned, which she

communicated through her quote that began this chapter; the majority of my informants agreed on this point. I argue in this chapter that breastfeeding is a learned behavior that differs between cultures and across time. Currently in the United States medical, governmental, and grassroots institutions promote breastfeeding. However, in practice there is no substantial support for breastfeeding mothers, which forces them to pursue their own education on breastfeeding. Among my informants, there emerged a hierarchy in the discourse used to educate oneself, which reflected the medicalized status of breastfeeding in the United States.

### ***Body Techniques and Breastfeeding***

The general understanding among my informants that breastfeeding was something they had to learn is consistent with the ideas of Marcel Mauss<sup>8</sup>. Mauss used a multi-disciplinary perspective in the social sciences to explore the idea that body techniques<sup>9</sup>, “the ways in which, from society to society, men know how to use their bodies” (1979[1935]:97), are not structured simply by biology or physiology. Rather, he argued that we learn how to perform physiological and biological processes and “each society has its own special habits” (1979[1935]:99). The way we use our bodies to carry out bodily functions is shaped by the culture we live in and varies “between societies, educations, proprieties and fashions and, prestiges” (1979[1935]:101). Mauss explores body techniques in the context of different physiological actions such as walking, discussing the different postures, gates, speeds, and other characteristics of walking that differ between cultures (1979[1935]:98). Mauss extends his argument to techniques of birth, analyzing variation in birthing positions, and techniques associated with infancy where he

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<sup>8</sup> Marcel Mauss is a French ethnologist who studied under Emile Durkheim and founded the study of social forms in France

<sup>9</sup> Body techniques is the term used by Marcel Mauss in his works.

discusses issues of feeding and weaning (1979[1935]:110). Mauss does not explicitly tackle issues of breastfeeding body techniques, but he does lay a framework for the argument that breastfeeding is something that is learned and shaped by culture.

### ***Comparative Studies in the Cultural Significance of Breastfeeding***

In order to understand current breastfeeding practices in the United States, first it is necessary to determine what American women must learn in their endeavor to breastfeed and how this is different in other cultures. At present, there is some disagreement over what women must learn in regards to breastfeeding in the United States. The existence of multiple mothering movements complicates the question of bodily education, and differences in beliefs existed even within my group of informants. My informants had opposing opinions on whether or not women are even taught they should breastfeed their children. However, all of my informants supported breastfeeding, breastfed for some period of time, and shared certain breastfeeding problems that they had to learn how to correct.

The most commonly cited problems women had to learn to how correct were how to get the baby to latch, how frequently to breastfeed, how long a breastfeeding session should be, and how to hold the baby. For example, with regards to learning how to hold a baby when breastfeeding, the literature in the United States, along with the terms my informants used, suggests that there are four main designated breastfeeding holds: the cradle, cross cradle, football and lying down or reclining (La Leche League International 2004: 49-53)(Appendix A). From a more social standpoint, women must learn where and when to breastfeed, how much they need to cover up, and until what age they should breastfeed their children. These are all things that my informants discussed and that I will explore in chapters three and four. My informants also

suggested that after the first child breastfeeding is significantly easier because although there is some remembering to be done, the majority of the learning was already completed with the first child.

Some of the breastfeeding practices American women learn are different from other cultures' approaches to breastfeeding. For example, my informants noted that they never breastfed in the open; they would either use some form of cover when nursing or would excuse themselves to a private place.<sup>10</sup> However, in Mali the breast is not considered a sexual part of the body, and women breastfeed their children freely and in the open: "women breastfeed in the markets, on long treks to gather firewood, on public transportation, and even at work in offices" (Dettwyler 1995a:171-172). Among my informants, an abundance of information on the health benefits of breastfeeding led them to make their infant feeding choice. However, in Nancy Scheper-Hughes account of women in the Alto do Cruzeiro in Brazil, women felt their bodies were too weak and would not produce good breast milk so they learned not to breastfeed (1992: 325).

While bonding was something that was associated with breastfeeding according to my informants, it was typically not listed as the most important reason to breastfeed or considered necessary for bonding with one's child. However, in Islamic societies breastfeeding creates a very specific type of bond between a child and whoever is nursing him or her. Consuming breast milk from a woman creates a milk kinship with that woman, and thus a relationship is formed that cannot be formed in any other way and is inherent to breastfeeding (Katib-Chahidi 1992:109). Similar connections between breastfeeding and kinship are also found in Mali where mothers believe that breastfeeding their children forms a kinship bond between them and their

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<sup>10</sup> A more extensive analysis of this can be found in chapter four.

child. In addition, those who have breastfed from the same woman share a special kin bond with each other (Dettwyler 1995: 172). These differences between cultures provide evidence for Mauss' argument that bodily practices are learned and provide a broader context for understanding American breastfeeding practices. Women learn whether to breastfeed or not, they learn where to breastfeed, and the social expectations and results of breastfeeding.

### ***History of Breastfeeding***

In addition to learning how breastfeeding practices differ between cultures, it is also necessary to explore how breastfeeding has differed across time in the United States in order to contextualize current breastfeeding practices. Education of the body is contingent on time because ideas regarding breastfeeding change throughout time. Until the middle of the nineteenth century in the United States, the majority of women breastfed their own children and most breastfed until their child was two years of age. By the middle of the twentieth century the proportion of mothers who ever even began to breastfeed was only one-fifth. After the middle of the nineteenth century, initiating breastfeeding remained common. However, it was also common for mothers to supplement their child's diet by hand feeding mashed table foods and gruels during the early months of life, which is not considered an appropriate feeding practice by biomedical doctors today.

As the nineteenth century progressed, many women began weaning their children earlier in life, often within the first few months, and instead fed their children using wet nurses or cow's milk. This trend was the result of many women falling under the belief that there were problems with their breast milk or because of work demands outside of the home. These changes in

feeding trends were intertwined with the increasing presence of male doctors in delivering babies and early childhood care (Tomori 2004: 6-11). Julia Grant suggests that as the nineteenth century wore on, “Grandma’s theories of child rearing were deemed inadequate for a society increasingly structured according to the mandates of scientific experts” (1998:4). Grant states that the twentieth century was the time, “when mothering informed by medical knowledge about children became a defining feature of the American way of life” (1998:9). However, there are conflicting ideas about what made breastfeeding rates fall during the nineteenth and twentieth centuries. Historian Rima Apple sees this trend as a result mainly of the management of infant feeding by doctors and “scientific motherhood<sup>11</sup>” ideals. Other historians, such as Jacqueline Wolf, believe that declines in breastfeeding were the result of the romantic relationships married couples began to form and the sexual role the breast played in these relationships. She also cites the notion that wealthy women were believed to be weakened by urban life and, therefore, left incapable of successfully nourishing their children with their bodies (Tomori 2004:9-11).

More recently in the twentieth century there has been fluctuation in breastfeeding rates. These fluctuations have been influenced by changing social ideals, many of which are presented in feminist literature. For example, from the 1940’s through the 1960’s breastfeeding rates dropped. They hit an all time low in the 1970’s with only approximately 20% of mothers nursing in the hospital and only 5% continuing for several months. Blum suggests this was in part influenced by bottle feeding because bottle feeding meant that mother’s could leave the home without their children and could feed their children easily in public (1999:38). Another factor to consider is the feminist movement during this era which was pushing for gender equality. In part, gender equality meant women working full time instead of staying home with

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<sup>11</sup> Scientific motherhood is the notion that while women retain primary responsibility for their children, but are unavoidably guided by physicians’ advice (Apple 1987:97).

their children and keeping the house (Thulier 2009:91). Breastfeeding rates started rising again during the 1970's, after they had dropped to their lowest rates earlier in the decade. Then they dropped in the 1980's again and began to rise in the 1990's (Hausman 2003:91). Recent increases in breastfeeding rates are in part due to grassroots efforts and public health initiatives to promote breastfeeding (Hausman 2003:5).

### ***Breastfeeding and Authoritative Knowledge***

Learning how to breastfeed was not the same prior to the medicalization of breastfeeding. Before breastfeeding became the “expertise” of medical professionals, mothers were the authority on breastfeeding, and women instructed and supported one another. However, the practice of information exchange between women has given way to a culture of self-education through books and classes. The preferred use of certain resources over others reveals that there is a perceived hierarchy of knowledge. Specifically, literature published by and advice received from medical professionals were reported by my informants to be the most trusted sources of information on infant care. In the United States, western biomedicine and medical professionals have authoritative knowledge on breastfeeding. Authoritative knowledge does not imply that their knowledge is superior to that of other domains, but rather that the knowledge provided by western biomedicine and its practitioners is socially sanctioned and carries more weight than knowledge from other domains (Jordan 1993:150-154). The fact that the resources most referred to and trusted by my informants were western biomedical resources supports the argument that breastfeeding has been medicalized in the United States.

## ***Breastfeeding Promotion***

Since biomedicine has authoritative knowledge in the United States, its promotion of breastfeeding has led to a greater support of breastfeeding in America. A substantial number of health organizations are dedicated to promoting breastfeeding. The AAP has a policy statement outlining their support of breastfeeding<sup>12</sup>, the World Health Organization (2009) recommends exclusive breastfeeding for six months and continued breastfeeding for two years, and the United States Department of Health and Human Services has included increasing breastfeeding rates in their goals for their *Healthy People 2010* initiative (CDC 2008). In addition to the biomedically focused interventions, there are grassroots efforts to increase breastfeeding rates, many through mother-to-mother support groups. One notable grassroots organization with this goal is La Leche League, which was started in the late 1950's (LLLI 2003). There are also blogs and forums on the internet dedicated to lactation activism<sup>13 14</sup>. Grassroots efforts tend to deal more directly with cultural and personal barriers to breastfeeding, but most still base their argument that breastfeeding is best on biomedical research findings. For example, on the La Leche League International website, an enhanced immune system for babies is listed as a benefit of breastfeeding, but no aspects such as bonding or comfort are listed (2007).

The message sent out by these organizations that breastfeeding should be the preferred infant feeding method is making an impact on members of American society. Several of my informants conveyed to me that they believed it is common knowledge that breastfeeding is the best method of infant feeding for both maternal and child health. Despite all of this, women are still forced to seek out breastfeeding assistance and typically must pay for instruction on

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<sup>12</sup> For more details on this refer back to chapter one.

<sup>13</sup> Lactation activists often refer to themselves as lactavists.

<sup>14</sup> An example of a lactavist website is <http://www.lactivists.org>

breastfeeding in order to succeed at it. This extreme contradiction between promoting breastfeeding yet not actually providing easily accessible breastfeeding assistance creates a struggle for those who choose to breastfeed. It also inhibits many mothers from continuing to breastfeed. Some hospitals do provide free lactation consultation to mothers while in the hospital, which many of my informants found helpful. However, this service was not provided in all of the hospitals where my informants delivered. In addition, the true goal of all of these breastfeeding initiatives is not to encourage the act of breastfeeding but rather getting breast milk to babies. Therefore, they tend to spend most of their efforts on educating about the health benefits of breastfeeding rather than implementing programs to alleviate socio-cultural barriers that prevent women from being successful at breastfeeding.

### ***Breastfeeding Promotion in Practice***

Breastfeeding is a socially and culturally constructed process. However western biomedicine tends to treat it as a purely physiological one. Most of my informants felt that the responsibility to learn how to breastfeed was left to them because it was not a part of their prenatal or postnatal care. Many of my informants said their doctor asked if they were going to breastfeed and that was the end of the conversation. There was no instruction, but occasionally a resource or two was provided for learning the task at hand. One of my informants, Melissa, said with her first child that she assumed the doctors at the hospital would handle everything and there was nothing she needed to do to prepare. However, after having an unsatisfying delivery, she was moved fairly quickly to a different room. This meant that she had to wait several hours before putting her baby to breast. This contradicts the knowledge that putting a baby to breast

immediately after birth helps in the success of initiating breastfeeding. The third recommendation on breastfeeding for healthy term infants in the AAP's policy statement is that, "[a] healthy infant should be placed and remain in direct skin-to-skin contact with their mothers immediately after delivery until the first feeding is accomplished" (AAP 2005: 498).

Melissa also told me she had to fight to see a lactation consultant to help her with a latching problem. In her opinion, the doctors and nurses at the hospital were not being supportive of her choice to breastfeed nor were they acting in a way that would allow her to successfully establish a breastfeeding relationship with her child. She was so unsatisfied with her experience with her first child that she educated herself as much as possible before the birth of her second child. She wanted to be able to better manage what was happening and make more informed decisions. Not all of my informants had such negative experiences. For example, Anna told me that she took a breastfeeding class when living in Illinois that was covered by her Medicare insurance<sup>15</sup>. She also informed that no similar opportunity was available through the University of Michigan hospital where she would be delivering her second child. It is evident that the system for breastfeeding support in the United States is not as well developed as one might expect with so much discourse on the benefits of breastfeeding being produced by biomedical research and grassroots organizations.

### ***Resources Utilized in Learning to Breastfeed***

As stated earlier, prior to the medicalization of breastfeeding women possessed authoritative knowledge and learned to breastfeed from female friends and family.

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<sup>15</sup> Kristen emphasized that her and her husband were not the "typical" recipients of Medicare. However, her husband was in school at the time and they were uninsured so Medicare covered them for a brief period, including during her first pregnancy.

Exchanging knowledge between friends and family has not fallen entirely out of practice. However, the value placed on the information received from family and friends is not as great as it once was. A couple of my informants told me that depending on the nature of the information and who it came from, they might trust advice from a friend or family member. In addition, about half of my informants reported that they never sought breastfeeding help from family or friends because either they did not have friends or family who had breastfed or those who had breastfed did not have any practical advice to give. For example, Anna told me that she had a cousin who breastfed who she received parenting advice from. However, she never went to her cousin for breastfeeding advice because her cousin had not breastfed with much enthusiasm.

Most of my informants seemed to turn to as many breastfeeding resources as they could. Among the places in which they received advice and information on how to breastfed were doctors, nurses, midwives, community centers with support groups, breastfeeding classes, the internet, magazines, books, and one informant went to La Leche League. While friends or family were quick and often convenient sources of information, the most revered information for the majority seemed to come from biomedical professionals. My informants reported trusting their books which were written by childhood specialists, their breastfeeding classes, lactation consultants, nurses and doctors more than other resources. Women reported that they believed breastfeeding to be the expertise of the health worker, and that was why they were the most trusted. My informants also preferred the assistance of health workers because they were able to physically show them what to. Placing breastfeeding in the medical realm gives health professionals authoritative knowledge on breastfeeding, which gave them the highest status in breastfeeding resources.

### ***Current Attitudes Regarding Breastfeeding***

Recommendations by medical professionals influence opinions of breastfeeding in the United States. Yet, despite the positive policy statements western biomedicine makes in regards to breastfeeding, it continues to be a topic of debate. To fully understand the current situation, breastfeeding needs to be placed in the larger context of culture and political economy in the United States. Ethnicity, age, education, and form of employment are all factors that influence whether or not a woman breastfeeds. The informants in my case study fall within the demographic of people most likely to breastfeed; they were all white (with the exception of one informant who was hispanic), middle class, married, educated, and not young mothers.

The most recent release of breastfeeding rates by the Center for Disease Control from their *National Immunization Survey* gives a general understanding of the rate of breastfeeding in the United States. The fact that this research was done under the title of *National Immunization Survey* only reinforces the medicalization of breastfeeding and the benefits of breastfeeding that are being highlighted for the general public. The first table provides the rates for non-exclusive breastfeeding. The second table represents exclusive breastfeeding rates<sup>16</sup>. The study also found that one out of every four infants is given supplemental formula within two days of birth (CDC 2008).

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<sup>16</sup> The AAP recommends starting babies on solids at six months of age (2005: 499).

<b>CDC NIS: Statistics for Any Breastfeeding</b>							
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005 (provisional)</b>
<b>Early postpartum</b>	68%	71%	72%	71%	73%	73%	74%
<b>At 6 months</b>	33%	34%	37%	38%	39%	42%	43%
<b>At 12 months</b>	15%	16%	18%	19%	20%	21%	21%

Source: Center for Disease Control 2008

\* Percent of U.S. children who were breastfed, by birth year rounded the nearest whole number, National Immunization Survey, United States. Healthy People 2010 objectives for breastfeeding in early postpartum period, at 6 months, and 12 months are 75%, 50%, and 25%, respectively

<b>CDC NIS: Statistics for Exclusive Breastfeeding</b>			
	<b>2003</b>	<b>2004</b>	<b>2005 (provisional)</b>
<b>Through 3 months</b>	30%	31%	31%
<b>Through 6 months</b>	10%	12%	12%

Source: Center for Disease Control 2008

\* Percent of U.S. children who were breastfed, by birth year rounded the nearest whole number, National Immunization Survey, United States. Healthy People 2010 objectives for breastfeeding in early postpartum period, at 6 months, and 12 months are 75%, 50%, and 25%, respectively.

A study done by the Government Accountability Office (GAO) also reported the rates of exclusive and non-exclusive breastfeeding. This research also gave insight into how breastfeeding rates vary between women receiving assistance from *Women, Infants, Children (WIC)*<sup>17</sup>, and those who are not. The goal of the GAO’s research was to determine how infant formula companies were affecting breastfeeding rates, particularly among mothers receiving

<sup>17</sup> “WIC provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.” (WIC 2009).

services from WIC for 2004. Interestingly some of the statistics that the GAO used in their report came from the Ross Laboratories' Mother's Survey. Ross Laboratories is one of the major formula companies in the United States. Ross releases breastfeeding statistics fairly regularly and also publishes literature, mostly in the form of brochures, with information and tips on breastfeeding. Yet, they also provide ample free formula samples and actively advertise their products, so their dedication to breastfeeding is likely a marketing and image tactic. The GAO study, which also used statistics from the CDC and their own research, found the following:

<b>GAO Breastfeeding Statistics</b>					
	<b>Any breastfeeding at birth</b>	<b>Any breastfeeding at 6 months</b>	<b>Any breastfeeding at one year</b>	<b>Exclusive breastfeeding at 3 months</b>	<b>Exclusive breastfeeding at 6 months</b>
<b>Healthy People 2010 Goals</b>	75%	50%	25%	60%	25%
<b>Non-WIC</b>	78%	46%	23%	46%	18%
<b>WIC</b>	64%	29%	14%	33%	12%

Source: U.S. Government Accountability Report GAO-06-282 2006

By comparing the two sets of data it is evident that there is some variation in the rates reported likely due to various compounding factors in the studies. It is also apparent that only viewing the rates for having ever been breastfed rather than exclusive breastfeeding provides a skewed perception of the true status of breastfeeding in the United States. In addition, by not discerning between different socio-economic classes, along with other various social and economic factors, the entire reality of breastfeeding rates in the United States will not be apparent. The fact that breastfeeding rates are below fifty percent for both any breastfeeding at

six months and exclusive breastfeeding at three months makes it evident that while breastfeeding is being promoted by the medical field and various organizations there are still issues in our culture that are keeping the majority of women from exclusively breastfeeding for the full recommended length.

### ***Breastfeeding Law***

Current attitudes on breastfeeding by members of American society cannot only be seen through the breastfeeding rates in the United States, but also through state laws <sup>18</sup>(Appendix A). In the United States, breastfeeding is a matter of the state, and legislation is created by the state government for the state's residents. I go into depth in chapter four about the laws that exist to protect breastfeeding in Michigan, which is where this research took place. However, in general the most commonly found laws on breastfeeding in the United States concern the right for women to breastfeed in public spaces, the exemption of breastfeeding from laws regarding indecent exposure, custody rights for mothers who are breastfeeding, laws exempting breastfeeding mothers from jury duty, and laws providing working women with the amenities needed to breastfeed or pump during the workday. Not all states protect a woman's right to breastfeed in public, but forty-one do. Less protected is a breastfeeding woman's right to be exempt from public indecency laws, which are only present in twenty-seven states. This means that while a woman has a right to breastfeed she is not allowed to expose her breast while doing so or she could be arrested and charged with public indecency.

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<sup>18</sup> A comprehensive list of laws regarding breastfeeding for all 50 states can be found in the appendix.

The language present in many of the state laws regarding breastfeeding is also very telling of the way American people view breastfeeding. First, when laws exempt breastfeeding from public indecency they often do so by saying that any exposure of the breast including the nipple incidental to breastfeeding or during breastfeeding is exempt. There is a strange trend in America that this law reveals. For some reason the visibility of the nipple makes the breast more sexual. This same trend can be seen on television. When the female chest is exposed the most important part to blur is the nipple. Why the nipple is so important to the sexuality of the breast is not within the scope of this project, but would be interesting to explore.

### ***Breastfeeding and the media***

Breastfeeding receives a significant amount of attention in the media. The way that breastfeeding is discussed and how it is portrayed in popular media is telling of how Americans view breastfeeding. Articles that advocate for breastfeeding and support a woman's right to breastfeed are prevalent. However, they are mixed in with just as many, if not more, articles about breastfeeding women being evicted from public places and negative reactions by people to breastfeeding in public. For example, the New York Times reported on a nurse-in<sup>19</sup> in 2005. The nurse-in was in response to a comment Barbra Walters made on *The View*. Barbara Walters was recounting on-air how uncomfortable she had been when she was riding on an airplane and a woman near her was breastfeeding during the flight. The fact that Walters was uncomfortable is telling of the general attitude toward breastfeeding. Her comments on the issue of breastfeeding

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<sup>19</sup> Nurse-ins are essentially a form of protest carried about by breastfeeding advocates in response to a person or places negative comments or actions toward a breastfeeding mother. Women come with their children and breastfeed in or in front of where the offense took place.

in public also highlighted the divide between those who support breastfeeding in public and those who find it inappropriate (Harmon 2005: B3).

Another example that reaffirms the discomfort of Americans with the breast and entrenches breasts within the sexual realm can be found in the social networking phenomenon of Facebook. Recently, Facebook began prohibiting people from posting pictures of women breastfeeding on their user profiles. Facebook took the position that they are not doing this because breastfeeding is in some way lewd, but because they simply cannot allow any nude pictures on their site (Wortham 2009:B4). If the breast were not considered so inherently sexual this form of nudity would be acceptable. Facebook is focusing their efforts on breastfeeding women, yet, I have run across many pictures of partially clad young women on Facebook that have not been removed from user profiles. Therefore, Facebook targeting breastfeeding women carries a far heavier message than they admit.

There were also controversies sparked by two magazine covers that appeared recently. These magazine covers were brought up by a couple of my informants because they were disturbed by peoples' reactions to them. The first was the cover photo for *Baby Talk* magazine in August of 2006, which pictured a woman's breast and a feeding infant (Appendix B). The magazine received many negative responses from outraged individuals who could not believe that the magazine would put such a blatant image of a breast on the cover. In a poll that *Baby Talk* administered after the release of the cover one quarter of the responses they received were negative. While the majority of the respondents, three quarters, responded positively, many of the negative comments made by women were shocking. One woman said that she shredded the magazine because, "a breast is a breast—it's a sexual thing" (The Associated Press 2006). Another woman responded, "Men are very visual... when they see a woman's breast, they see a

breast—regardless of what it’s being used for” (The Associated Press 2006). The responses of women are consistent with what I found in my research. The majority of Americans do not acknowledge the breast as something more than a sexual object.

There was another cover that was released by *W Magazine* that was a photograph of Angelina Jolie breastfeeding one of her infants (Appendix C). This magazine cover was not as revealing in nature, the breast was not visible, and one had to look closely to notice that her baby was indeed feeding. This magazine cover did not receive as much negative attention as the *Baby Talk* cover did. It is likely that less people were angered by this cover because very little of the breast was exposed. It may also be due, in part, to Jolie’s celebrity status and the positive attention celebrity mother’s seem to receive in general. However, if you look at the title of the article on Jolie, “Exclusive: Brad Pitt’s Private Photos of Angelina Jolie,” it leads one to think the photographs of her are in some way sexual. The notion that Jolie’s husband is revealing “private” photographs of his wife is very suggestive and contributes to the construction of the breast as sexual, regardless of its dual function. Every piece of popular media on breastfeeding exposes and reinforces the socio-cultural beliefs about breastfeeding that create barriers to successful breastfeeding for mothers. The pieces of popular media discussed both exposed and reinforced ideas of sexualization of the breast and the appropriate types of spaces for breastfeeding<sup>20</sup>.

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<sup>20</sup> I will discuss constructs of space in chapter four.

## ***Conclusion***

Breastfeeding practices are shaped by culture and change over time. Before the middle of the nineteenth century in the United States, breastfeeding mothers had authoritative knowledge over breastfeeding. With the medicalization of both childbirth and breastfeeding in the mid-nineteenth century, western biomedicine and its practitioners gained authoritative knowledge over breastfeeding. Currently breastfeeding rates are higher than they have been in recent history, but exclusive breastfeeding rates are still under fifty percent at three months of age. Knowledge of the health benefits of breastfeeding is becoming more widespread potentially influencing the number of women initiating breastfeeding. However, the lack of support for breastfeeding women that addresses socio-cultural barriers to breastfeeding creates a discrepancy between knowledge and action. In the next chapter, I will look at the contradictions in bodily expectations of women as wives and mothers, and how this further complicates the breastfeeding experience.

### **Chapter Three: Conflict and Contradiction in Bodily Expectations for Breastfeeding Mothers**

*Your marriage changes so dramatically when you have a child, I mean your energy level is so concentrated and it's so easy to become completely focused on fulfilling the child's needs and wants ... whereas when I was first married and we didn't have kids my focus was on anticipating his needs and wants, ... you know when he gets home crack open a beer, ... have dinner ready when he gets home, and ... just think about the things that would make him happy and make our marriage fulfilling, but it really does shift when you have kids...*

*-Anna*

I met Anna in a small coffee shop on a crisp fall morning in November. Not knowing who I was looking for, I sat near the door waiting for someone to walk in looking equally as lost as I did. After about five minutes of constantly scanning the place to see if maybe she had already arrived, a woman waved at me from across the room. I hesitantly walked over and introduced myself. I was relieved to have found her. Yet, it was equally nerve-racking to have to begin once more with the awkward formalities of informed consent and establishing a relationship with a stranger. Anna spoke eloquently and openly with me about motherhood and breastfeeding, though, and the conversation soon came easily. She crafted her personal story, recounting her experiences as a mother of her three-year-old daughter and predicting what her experiences would be with her second child (she was pregnant when we met). Anna breastfed her daughter for ten and a half months; she told me she would have liked to breastfeed for a year to a year and a half, but her daughter contracted an ear infection and as a result was no longer interested in breastfeeding. When I asked Anna when she decided she would breastfeed she told me:

*I knew, even before I was ever pregnant with any kids that I wanted to breastfeed. And, you know, my idea of what that would be like and the logistics...don't necessarily match up with the reality...of the challenges and how difficult it is especially at first, but my mother breastfed me, and so it was a very natural thing that was discussed. And also I saw it as...a financial benefit because it's free. And I*

*didn't have to go to work right away so I didn't have to concern myself with the logistics of pumping.*

Anna, like myself, initially viewed breastfeeding as a very natural and almost mundane act. She conveyed to me that once she started breastfeeding this opinion faded away as she encountered both physical challenges, like latching problems, and logistical challenges, like breastfeeding when out in public and time management.

As our conversation progressed, Anna thoughtfully explored many issues associated with breastfeeding, but the coffee shop was crowded and we were straining our ears to hear each other over the clanking dishes and the drone of an espresso machine. It was a balance that day trying to speak loudly enough for the other to hear and to maintain some privacy within such a busy place; this mirrored the challenges that Anna expressed about breastfeeding and motherhood. She discussed the challenges of maintaining balance in regards to both relationships and space. An underlying theme in much of what Anna and my other informants talked with me about was that of evolving identities shaped by the transition from being a wife to being both a wife and mother and the challenges that resulted from this. My informants expressed the sentiment that at the birth of their child they entered into a new role in life and within society. I argue that women become mothers through a rite of passage. However, due to the unceremonious reintegration of women back into society as mothers, along with conflicting ideals of how a woman, a wife, and a mother should act, women struggle with the tensions that arise of trying to fulfill, or at least not breach, social expectations and fit into social norms. Through my conversations with my informants I found that instead of the rite of passage into motherhood creating one kind of person, it creates a conflict between the multiple kinds of people that the woman is expected to be and the roles that she is supposed to fill. This ultimately affects the breastfeeding experience and has the potential to affect a woman's desire and willingness to breastfeed.

### ***Motherhood as a Rite of Passage***

My analysis of the social experience of becoming a mother as a rite of passage is inspired by the work of Arnold van Gennep and Robbie Davis-Floyd. Van Gennep argues that, “Transitions from group to group and from one social situation to the next are looked on as inherent in the very fact of existence” (1960[1909]:3). He defines rites of passage as the movement of an individual from one of these groups or social situations to another through ceremony and ritual, which “enable the individual to pass from one defined position to another which is equally well defined” (1960[1909]:3). Van Gennep argues that people transition many times in their life from one role or identity to another, and he situates childbirth as a rite of passage and explores the transition process from woman to mother (1960 [1909]: 41-49).

Van Gennep suggests that transitions from one social state to another do not occur smoothly without culturally prescribed ceremonial events that move an individual through the three phases of a rite of passage: separation, liminality, and reintegration. Separation is the phase in which an individual is removed from their previous social state. Liminality is the phase in which an individual is neither identified by their previous social state nor are they identified by their forthcoming social state. Reintegration is the phase in which the individual is initiated into their new social role or state (van Gennep 1960 [1909]). I will outline this process as it occurred for my informants later in this chapter. Regarding the reintegration phase, van Gennep stated, “[T]he return to ordinary life is rarely made all at once; it too is accomplished in stages reminiscent of initiation steps. Thus the mother’s transitional period continues beyond the moment of delivery, and its duration varies among different peoples (van Gennep

1960 [1909]:43). The transition from woman to mother, and in the case of my informants wife to mother, was extended in this manner. Most of my informants noted that following the birth of their child they remained home most of the time by themselves with the baby, which inhibited them from reintegrating into society as a mother.

Robbie Davis-Floyd, one of the prominent anthropological authors on childbirth in the United States, also explores the extended liminal period in the rite of passage to motherhood. Davis-Floyd uses van Gennepe's framework of separation, liminality, and reintegration to discuss the medicalization of the rite of passage into motherhood in the contemporary United States. Davis-Floyd argues that, "although pregnancy and childbirth are life-changing events, in our technologically oriented society there appears to be no society-wide spiritual or humanistic rite of passage to initiate newborn mother and child into American life." Davis-Floyd explains that in their place is a standardized medical ritual of childbirth that is reminiscent of traditional rites of passage (1992:1). I found similar trends in my research, which will be discussed in depth later in this chapter.

Van Gennepe's and Davis-Floyd's identification of a prolonged liminal period is exemplified by the breastfeeding experiences of my informants. I found similar results as to why the liminal stage is extended in the realm of breastfeeding as Davis-Floyd did in the realm of childbirth. The lack of well-defined ritual for reintegration prevents women from smoothly transitioning into motherhood soon after the birth of their children (Davis-Floyd 1992:41-43). In addition, I found in my ethnographic research that the lengthening of the liminal phase was due, in part, to the cultural norms of infant care and the desire by many of my informants to keep breastfeeding a private matter.

### *Social Rites of Passage*

In my informants' experiences with the rite of passage to motherhood, I found that the most ritual-like events occurred before their children were born. Also, these events typically celebrated the birth of the child rather than the woman's movement into motherhood. I asked my informants what celebrations they had surrounding the birth of their children. A ritual that all acknowledged without coaxing was the baby shower. The majority of my informants had at least one shower thrown for them, while a minority preferred not to have a baby shower for personal reasons (i.e. previously experiencing a miscarriage). Some informants, such as Julia and Nora, reported having one baby shower. While others, like Jessica, Rebecca and Kristen, had two or three baby showers. My informants who had more than one child noted that they only had a baby shower before the birth of their first baby. Why this was could be an interesting trend to consider. Perhaps, with the birth of a second child a woman is already a mother and not entering into a new role in life. Therefore, people do not feel the need to throw a baby shower. Van Gennep did state, "the rites of passage do not appear in their complete form, are not generally emphasized, or do not even exist except at the time of the first transition from one social category or one situation to another" (1960[1909]: 175). It is also possible that baby showers are mainly thrown for the purpose of gift giving, as this seemed to be a large part of the celebration, and when additional children are born families are expected to have hand-me-downs.

Interestingly, all celebrations occurred before the birth of the child among my informants, with the exception of Kristen and Sarah who had their children baptized. There is a lot of attention focused on the pregnant mother and the developing baby, yet, once the child is born there seems to be no real celebration. Kristen was my only informant who told me she had a party for her children after their births. However, the party occurred at the time of their

baptisms, which were four months after their births. In addition to the celebrations surrounding their children's births, I asked my informants what preparations were made before their babies were born. Kristen's response is representative of what I heard: "My husband painted the baby's room, we got the crib together, got the stroller and clothes, and [we got the] swing...working." All of my informants prepared for their baby before its birth and none reported waiting until after the birth to buy baby clothes and furniture. The focus in American culture tends to be on the baby and not the mother during and after pregnancy. The lack of celebrations for new mothers and their babies soon after birth extends the liminal period.

### ***Medicalized Rites of Passage***

Since most of the social rites of passage occur before the birth of a child, the phases of rites of passage as they emerged from my interaction with my informants were marked by encounters and interactions with the medical system, as Davis-Floyd suggests. All of my informants reported similar birth experiences in regards to where the birth took place and how it happened. Kristen had a fairly typical birth experience for my informants. She went to the hospital at the onset of labor where she received an epidural for pain management. She then gave birth vaginally<sup>21</sup> with the assistance of an obstetrician; some of my informants did use nurse midwives in hospitals. Once the baby was born, the nurses took the baby away to clean it and cut the cord. A few minutes after the birth, Kristen was able to hold the baby and put her to breast. After a couple of days in the hospital, and likely some visits from family and friends, they were released to go home where Kristen stayed with her children all day with the exception of a daily walk and running errands.

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<sup>21</sup> The majority of my participants reported that they delivered vaginally, however, the cesarean rate in the United States was 27.6% in 2003 (CDC 2005).

My informants gave me insight into what marked the stages of separation, liminality, and reintegration for them. While for many of my informants there was likely a personal rite of passage marked by the birth of their child and physically and emotionally taking on the role of caring for their child, there is also a social rite of passage that is marked by a woman's social encounters with the outside world as a mother. In the latter, separation seemed to occur upon entering the hospital. Going to the hospital separated a woman physically from the outside world. It also separated her from her social networks. Most of my informants had only their husbands and the medical staff present during labor, though a few also had their mothers in attendance. Once a woman's child was born she entered into the liminal phase.

The liminal phase for my informants was during the time when they were more or less tied to the home for at least the first few weeks. When I asked my informants how they spent their time after their children were born, some mentioned having friends and family over at the hospital or once they returned home, but most of the time they reported staying in the home alone with the baby. Rebecca told me that she did not want to have too many people around her daughter until she received her vaccinations. Others like Nora expressed the difficulty of toting around children while trying to get errands done. The home was considered safe for its qualities of privacy, control, and cleanliness. As a result most women chose, or felt it was required, to stay at home where it was easier to take care of their baby, and particularly, where the task of breastfeeding could more easily and conveniently be completed without seeking or creating a space of privacy within a public space.

Reintegration was marked by women entering back into the public sphere with their child and, therefore, visibly being a mother. This is when society at large recognizes a woman as a mother, and she takes on the challenging new role in the public sphere. Davis-Floyd recognized

a similar pattern amongst her informants, though her exploration of childbirth did not include the issues that follow from the unceremonious reintegration of new mothers back into society:

*...on the most mundane level integration generally comes through an escalating series of successful minor encounters with the outside world—like the first trip to the supermarket, the church, to class, or to a restaurant with baby in arm or stroller, back- or frontpack. At some point all the new mothers I interviewed realized that they no longer felt trembly or potential, but mundane—their sense of special separateness was gone and they were “mainstreaming it” again. Some go back to work. Others stay home. In either case, their change in state is complete—whatever else they might be, they are finally and completely mothers (1992:43).*

For some of my informants venturing into the public sphere with their child took place days after the birth of their child and for others it took weeks or sometimes months.

### ***Bodily Expectations and Relationships***

Davis-Floyd states that no matter what else a woman might be, after reintegration is complete, she is a mother. The fact that a woman is to fulfill not just the role of a mother but others as well is what creates conflict in the breastfeeding experience. When discussing the passage from wife to mother with my informants, I found that the transition from wife to mother was not particularly smooth, especially with a woman's first child. Despite completing the rite of passage into motherhood my informants were still expected to fulfill the separate and distinct duties of both wife and mother. As a result, my informants expressed feelings of tension that arose from having to fill both roles because the expectations of each role are often contradictory. Specifically, my informants discussed issues of balance in relationships regarding time and bodily expectations. They had struggles with or were struggling with navigating imbalances in their husband-wife and mother-child relationships; Anna told me, “everything conflicts; work, spouse, kids, friends... trying to strike a balance is tough. Some days I'm a much better mother than I am wife...sometimes it's the other way around.” These conflicts are the result of societal

ideals and expectations. American women are educated on how to act and use their bodies appropriately as both mothers and wives, and these expectations are not always congruent.

### ***Good Wives***

The first expectation of a woman is to be a wife before she becomes a mother, but a woman cannot be any type of wife. American social norms prescribe that a woman should be a certain kind of wife upon which we place the value judgment of a good wife. While all of my informants expressed different qualities that make a good wife, and many agreed these same qualities make a good husband, a running theme throughout was that a good wife communicated with her partner and cared for her husband as well as caring for herself. The most common inhibitor of being both a good wife and a good mother was time. Some women expressed the difficulty in balancing their time in order to maintain a healthy marital and mother-child relationship. Anna's quote at the beginning of the chapter expresses the issue of balancing time and attention well. In addition she told me,

*When... [my husband] feels neglected—he will sometimes verbalize that I'm forgetting all about him and totally focusing on... [our daughter]—I try to make an extra effort to pamper him a little bit. Little stuff like having his favorite beer in the fridge when he comes home, giving him a good foot rub...! I know that sounds totally 1950s house wifey, but it's the simple stuff that makes him feel well taken care-of. That helps to balance the effort spent parenting.*

Anna was not alone in expressing that it is easy to find yourself completely consumed by the efforts of being a mother, or that this can create tensions because even though one is a mother they must still fulfill their role as a wife. However, allocation of energy and time are not the sole conflict between being both a wife and a mother.

Another significant source of tension was the result of bodily expectations. As a woman and a wife in American society there are expectations for how one presents and uses their body.

When talking with Anna, she suggested that the obvious use of a woman's body is for sex with her husband, and other informants of mine agreed on this point. She sharply pointed out, however, that while within relationships sex is a mutual submission<sup>22</sup> and an important part of a healthy marriage, popular culture often portrays the woman's body in a more submissive role. Another informant of mine, Julia, told me, "In American culture, women need to regain their pre-pregnancy weight as soon as possible, so there aren't any physical signs of pregnancy or childbirth remaining. They are expected to regain their sexual attractiveness as quickly as possible, which can, but doesn't always, conflict with the new responsibilities of motherhood." Informants also responded that a wife should be thin, fit, and energetic.

Many women emphasized, however, that not all of these pressures were coming from their husbands but rather, were ideals relayed for the most part through popular media and opinion on what a wife should be like. Based on my informants' experiences with breastfeeding, it seems to me that while most women may not agree with American culture's expected uses of their body, these ideas are the predominant ones within our culture and are exerting pressures on women to fit into these molds. The conflict between social pressures and personal decisions only becomes more complicated when looking at the ways in which a mother is expected to use her body, which often conflict with the way a wife is expected to use her body.

### ***Good Mothers***

After a woman's rite of passage into motherhood, she is expected to become a good mother in the same way she was expected to be a good wife. My informants told me many

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<sup>22</sup> Mutual submission is the language that Anna used to convey this point to me.

characteristics they considered to make a woman a good mother: patience, love, instilling good values in one's children, and of course spending time with them. More interesting to me were the ways in which my informants felt a mother is expected to use her body. Some explicitly stated that breastfeeding is a component of being a good mother, while others implied this by the emphasis they placed on breastfeeding. Essentially all of my informants suggested that attempting, even if not succeeding, to breastfeed is an indicator of a good mother. Many of the women I talked with had opinions of mothers who never tried to breastfeed. For example, when Melissa discussed someone she knew who was not breastfeeding she told me, "It seems sad to me that she is giving her baby formula, like I feel sad for that baby. I feel like the baby is missing out, you know, and especially, not only physically but emotionally too." All of my informants told me that breast milk was healthiest for their babies, and they wanted to provide that for their children as much as they could.

Yet, during my conversation with Anna we were talking about weaning age and she told me, "I don't feel like there should be this burden on women to feel like they're doing a disservice to their kid if they need to...reclaim part of their own lives back at a certain point. My question is really is it working for your family, is it working for your marriage." Anna's sentiments exemplify the pressures many of my informants felt were placed on mothers to fall into a prescribed behavior that is believed to optimize their children's development. Breastfeeding is deeply attached to morality, and much of the literature out there, both academic and popular<sup>23</sup>, in some way suggests that a woman who breastfeeds is a better mother and a good person. Anna stressed throughout our conversation that a good mother is not necessarily one who breastfeeds but one who is relaxed and able to enjoy her child and be patient with him or her. While all of

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<sup>23</sup> By popular I mean magazine articles and parenting books.

the mothers I talked with agreed that a good mother at least tried to breastfeed her child, Anna was not alone in believing that a woman did not have to breastfeed exclusively or for any particular period of time for her to be a good mother to her child. A common motto I heard repeatedly from my informants was, “any breast-milk is better than no breast-milk.”

While my informants felt that using their breasts for nourishing their children was an important aspect of their motherhood, there was some disagreement over whether this is the predominant view within American society as a whole. Some women suggested that American society does not expect women to use their bodies to mother or that this should be an invisible part of mothering. Others brought up the issue of the existence of two mothering movements. Anna split the movements up for me into two types of mothering, both of which she personally felt were unbalanced:

*...In one camp you have this weird feminist incubator philosophy, where women have superior control and choice over their bodies...And then once the baby/babies come we are supposed to go back to being independent women—back to work, back to our own lives, not bothered by the complications of breastfeeding, back to being a sex partner for our husbands. Then there’s this other philosophy that seems to promote extending the attachment of the in the womb relationship for years after the baby is born. Promoting natural drug-free birth as being superior to any other alternative...breastfeeding constantly, according to what we perceive as the baby’s demand, breastfeeding for years, co-sleeping and sharing a family bed.*

Considering all of the different movements in society and based on what my informants had to say, it appears that in American society if breastfeeding is pursued it should be kept private and separate from the rest of life. In addition, the predominate view of my informants was that breastfeeding should not be a prolonged activity. Most of my informants felt that a woman should breastfeed for about a year, give or take a few months. The only informant who deviated greatly from this opinion was Julia, who told me she would wean her son whenever he wanted to, “be that tomorrow or be that at five.” However she also added that, “before I started

breastfeeding the thought of breastfeeding a five year old, I would have been like, okay, that's unusual." The reason for weaning around one year was captured well by Anna's sentiments; she told me that she views her family as one unit, but that everyone is also an individual. She suggested that every member of her family is unique and independent, and she supports this.

This coincides with cultural ideas of the individual in America. Kristen added to this argument:

*I think that at a certain age having a child dependent on their mother for that kind of nourishment is not healthy. It does not help with social and psychological development of a child. So, I don't want to set an exact cutoff date but maybe when the child is starting to show more independence, starting to, to play with things in a more independent manner, starting to kind of realize there's a social network out there, so maybe like one and a half or two, maybe closer to two. Me personally I wouldn't feel comfortable with that old, but I don't think I would really have a problem with... like an 18 month old, but getting toward to two. I think it's a little, I think it might stunt their emotional and psychological [growth]. I mean there are some people in California who breastfeed 'til four and that's just, I think that creates such a stigma for the child 'cause at that point they're starting to explore and understand relationships between people and it just, I think it makes it a little bit of an awkward situation for the child to be in. And I'm talking about the western world, if you live in Africa or a place of poverty you do what you have to do to get your child through it, but this is what I think for our society.*

When talking about weaning with Kristen she also told me that she feels like much of American society also has an issue with breastfeeding because the breast is sexualized. She told me:

*...the fact that the child can understand things; like, they can label objects,... they're starting to understand the environment around them, they are starting to have a personality and a personal connection with people and they are actually turning into...separate individual beings that don't really need all of the protection and don't need mom and dad for complete survival and I think once a child can talk and communicate (pause) I think it's weird for people 'cause they see the breast as a sexual organ, and if a child can communicate they might understand it's a sexual organ and that's therefore no longer like a nurturing act, like some people may see that more as a pleasurable act or a sexual act. Which is not right, but I think that's the way people kind of look at it. When the kid is cognitively aware it kind of shifts it from a nurturing type of thing to more of a pleasurable type of thing.*

These wide-spread cultural ideas of individuality and independence as well as sexuality had a significant effect on the way that my informants saw breastfeeding and the way they felt they should use their bodies as mothers. They also shape the way the rest of American society sees breastfeeding, which shapes ideas of what a mother should do and how she should act. In the United States social constructions of sexuality create the expectation that a woman will keep breastfeeding a private matter.

Keeping breastfeeding separate from the rest of life surfaced as an issue for women navigating between their roles as wives and mothers. When a woman has a child and chooses to breastfeed she can no longer offer her husband exclusive access to her body because she must also offer her breasts to her child. Jessica said she knows her husband would prefer her to wean earlier than she intends to in part because of sex even though he would never tell her to stop breastfeeding and has never vocally expressed this to her. The expectations of a woman's body are culturally shaped, and because breasts are seen as both nourishing and sexual organs in America, it is hard to accept both of the functions at the same time. Negative beliefs can and have come out of combining the two uses for the one organ. It leads some to believe that breastfeeding is in some way an erotic act<sup>24</sup>. Many of my informants reported that motherhood provided a new perspective about the purpose of the breast for them. One of my informants, Kristen, spoke eloquently on the matter and suggested that being a mother does shift your perspective of the breast a little bit because as a mother you honestly see it as a functioning organ, but that for her it was not enough to “flip a switch and the breast is now only for

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<sup>24</sup> While breastfeeding does release the same hormones that are released during sex and some argue that breastfeeding is in a way sensual and provides a form of pleasure, I am arguing here that some individuals feel breastfeeding is truly sexual in the way that one would derive sexual pleasure from sexual activity (Dettwyler 1995:183-189).

breastfeeding.” There is mediation between these two purposes that needs to occur, which creates an even bigger juggling act for the wife who is also a mother.

### ***Good Women***

Conflicts in bodily expectations exist beyond the intimate husband-wife and mother-baby relationships. Society has expectations of what a woman, regardless of her marital or maternal status, should look and act like as well. My informants expressed great differences between the expectations of their bodies and the reality of their bodies. Conflict was felt between the expectation for a woman to be sexy and a mother to be prudish, modest, and wholesome. Anna pointed out that Christianity teaches that the ultimate mother is Mary who is forever a virgin. Yet, popular culture tells us that women should look like they never had a baby. The latter is exemplified in the new breed of the sexy celebrity mother. Anna pointed out to me the anomaly of Heidi Klum walking down the runway in a Victoria’s Secret fashion show eight weeks after giving birth. How can a woman possibly be both like Mary and like Heidi, fulfilling her child’s needs and maintaining a wholesome look, but also fulfilling society’s expectation for a woman to be sexy, thin and youthful despite her age or having had children? Anna told me that in her opinion, it is entirely unbalanced to try to be either as they are both extreme. However, the pressures that these ideals exert are real whether or not you strive to fill either. The realities are far from these ideals. As Julia said, “In popular culture women are portrayed as remaining extremely sexual after getting married and giving birth to children. The reality is somewhat different and varies from relationship to relationship.” Society educates women on how to use their bodies, and while the messages being conveyed are not always agreed with, the expectation to following those rules still exists.

## *Conclusion*

The rite of passage into motherhood is complex. In the United States, celebrations of the rite of passage into motherhood are replaced by biomedical events that revolve around entering into and leaving the hospital. The lack of ceremony to reintegrate mothers back into society leaves them secluded in their homes with their newborn babies for an extended period of time. When women do reenter the public realm as a mother, contradictions emerge out of the expected uses of their bodies. They are expected to fulfill their duties as wives, mothers and women of society, all of which require different uses and portrayals of their body. These contradictions impact the way women experience breastfeeding. In the next chapter I will discuss bodily expectation in regards to space and how this further complicates the task of breastfeeding.

## Chapter Four: Bodily Expectations and Space

*The other bad experience that I had was on a flight to Las Vegas alone with him [her baby], and two drunk guys just decided to hang out in the aisle and watch me breastfeed, not kidding. I was like seriously we're going to be in Las Vegas in a few hours. You can pay for much nicer. And, you know, I was traveling alone, I'm sure if my husband had been there it wouldn't have happened.*

*-Julia*

I almost never met Julia. I was no longer hearing from people interested in partaking in my research, and I had decided that I had enough material to start focusing on writing. It was the middle of December when I received an e-mail from Julia and decided to conduct one last interview. On a cold morning, I met Julia in her home with her fourteen-month-old son. The house was strewn with her son's toys. We sat on the floor so she could engage her son in play while we talked. We began our conversation with the basics. Julia informed me that she was still breastfeeding her son at fourteen months; however, she had initially supplemented with formula until they discovered he had a cow's milk allergy. After his allergy was diagnosed, she began exclusively breastfeeding him until six months, when she introduced solids. She told me that she decided to breastfeed because she had studied immunology in graduate school for a few years, which informed her of the immunological benefits of breastfeeding. It was around this point in the conversation when her son became discontent with his paper and crayons, and the rest of the interview was done between his discontented screams and Julia running back and forth to the kitchen to fetch him snacks.

The conversation halted all together when Julia excused herself to go upstairs to nurse her son. She told me that even though she was comfortable nursing in the presence of other

people as long as her body was covered, because she was not pleased with her post-pregnancy figure, he was too distractible. However, later as I packed up to leave, she breastfed in my presence. It was difficult at times to keep the conversation going with so much distraction. Nonetheless, Julia's stories and her unique perspective on breastfeeding and motherhood were enlightening on the issues associated with breastfeeding in public spaces. Through my informants' stories, I found that breastfeeding is both informed by and partially constructs notions of space, particularly the public/private divide. Due to the sexualization of the breast, breastfeeding is relegated to "private" space, which results in breastfeeding being confined to specific realms of space, or women choosing not to breastfeed altogether.

### ***Cultural Constructions of Public and Private Spaces***

Mauss' notion of body techniques can be extended to the construction of space. As discussed in chapter two, Mauss argues that the way we use our bodies is something learned and is shaped by culture. In the same way, space can be understood as something that is culturally constructed. Members of a society must learn to recognize differentiations in space and act appropriately in those spaces. For example, in the United States, space is commonly designated as public or private. Breastfeeding behaviors both help to define and are shaped by notions of public and private space. The majority of my informants gave an implied definition of public space as a space in which a mixed gendered population could pass freely in and out of. For example, a restaurant was considered a public space. My informants were less uniform in their definition of private space. In general it was defined as a place with restricted access. Some believed it to be a place only occupied by close family and friends, while others specified that it

must be a place limited to female family and friends (with the exception of the husband). Most of my informants believed a space was private so long as it was a gendered space, meaning access was restricted to women. The most commonly used example of private space by my informants was a women's lounge<sup>25</sup>, which is generally connected to a women's restroom. In my ethnographic research I found that breastfeeding is mainly confined to private spaces.

### ***Embodied Experience of Public and Private Spaces***

The embodied<sup>26</sup> experience of where and how one breastfeeds, or not, in different kinds of spaces gives compelling evidence to the argument that breastfeeding is not to be carried out in public spaces due to both its sexual and controversial nature. My informants, with the exception of Sharon, reported that they were uncomfortable breastfeeding in public places without some form of cover<sup>27</sup> to ensure that their body was not exposed. About half of my informants told me that they would never breastfeed in a public space even if using a cover. The majority of my informants expressed that they covered themselves for their own comfort, not to prevent offending others sharing the public space. It is important to note that my study group was not homogenous and a couple of informants expressed using covers to make those around them feel more comfortable. Regardless of which way my informants framed their preference, it emerged that breastfeeding in public spaces is controversial and problematic for all involved.

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<sup>25</sup> A women's lounge as referred to here is a room that is connected to but separated from the bathroom, usually by a door or entryway. These rooms are also closed off from the public space by a door or entryway. They typically have several couches and/or chairs. They are most frequently found in department stores.

<sup>26</sup> Embodiment as I will be using it is, "perceptual experience and mode of presence and engagement in the world" (Csordas *in* Low 2003:2).

<sup>27</sup> Cover refers to any piece of cloth that goes over the baby when breastfeeding to prevent the exposure of the breast and sometimes stomach area.

My informants gave several reasons for choosing to breastfeed in private or using covers for their own comfort. Many linked their preferred breastfeeding behaviors to issues of privacy, bodily exposure, and the intimacy of breastfeeding. A few informants also suggested that their use of a cover was associated with their discomfort with their post pregnancy body, as Julia did in the introduction to this chapter. I argue that while those explanations given by my informants do play an important role in the decisions they make, their choices are still shaped by social expectations of space. My informants have both consciously and unconsciously internalized social understanding of where certain behaviors are to take place, and that their breasts should not be exposed, mainly because of their identification in American culture as sexual objects, which I will explore later in this chapter.

Social expectations of how to use one's body in certain spaces are conveyed to breastfeeding women, in part, through their daily encounters in public spaces and by those close to them. While most of my informants had friends and family that supported breastfeeding, not all did. Melissa expressed the importance of having a support system in order to be successful with breastfeeding. She informed me that her support system was not particularly strong. Specifically, her mother-in-law was extremely unsupportive and asked her often when she planned to stop breastfeeding. My informants also relayed to me how their husbands felt about breastfeeding, per my request. Most of my informants reported that their husbands were comfortable with them breastfeeding in public if they chose to do so. However, for many this included the caveat that they use a cover. Others suggested that their husbands were not entirely comfortable with the situation. For example, Sarah told me:

*He [her husband] was definitely less comfortable with it than I was, and sometimes tried to shield us in ways that, I thought, actually attracted more attention to us. But he never*

*tried to stop me. Sometimes when we go for a walk, I point other breastfeeding women out to him that he usually doesn't even notice to make him realize how inconspicuous it really is to most people.*

Personal relationships affect, to some degree, how comfortable a woman is with breastfeeding. None of my informants' husbands acted negatively enough that it dissuaded them from breastfeeding. However, Kristen informed me that some of her friends' husbands were "freaked out" by breastfeeding, which resulted in these friends deciding not to breastfeed. They believed that breastfeeding would be impossible if they could not breastfeed in front of their own husbands.

Responses women receive when breastfeeding in public also shape breastfeeding experiences and perceptions of what is appropriate. Kristen told me that one of the negative aspects of breastfeeding is the way people react to you when breastfeeding in public, even if you are entirely covered up. She reported that this made her feel very uncomfortable breastfeeding in public. She also informed me that in her experiences, she found that some people, especially men, are disturbed by breastfeeding, and they are not shy about letting you know. I heard very few stories about breastfeeding in public as extreme as Julia's, which began this chapter, but I often heard of breastfeeding women receiving nasty looks and grumbles that sometimes suggested that they should relocate. Though, some women did inform me that along with the rude comments they received smiles and encouragement, often from other mothers. The different and conflicting messages women receive from contradictions surrounding breastfeeding in the United States affect the decisions women make about where breastfeeding is appropriate.

As a result of this internalization of societal ideas of space and sexuality women alter their behaviors to adhere to the established social law. This ultimately secludes breastfeeding

women to their homes or forces them to be inventive when breastfeeding in public. Some of these solutions included breastfeeding in the car or returning home in order to breastfeed. The complexities of breastfeeding in public led some of my informants to bottle-feed in public. Gail reported using bottles of formula on occasion when she knew she would be in a crowded situation. Rebecca reported that her and her husband disliked the idea of having to cover their baby when breastfeeding in public, so they preferred to use a bottle of breast milk. Embodied experiences of appropriate breastfeeding locales ultimately play a role in constructing separations of space into private realms where breastfeeding is socially permitted and public realms where breastfeeding is highly problematic.

### ***The Sexualization of the Breast and Space***

As discussed in chapter three, there are certain expectations for how women should act and use her body as a mother and a wife. There are also certain bodily expectations of women in regards to space, including how they should act in different types of spaces. The sexualization of the breast in American culture is one of the contributing factors to this division of space. As Kristen stated, “We live in such a hyper-sexualized society that it’s very hard for people to disengage the sexual aspect of the breast to the nutritional aspect for babies.” The discomfort people have with the exposed breast, sometimes even if it is not visible, leads to the exclusion of breastfeeding mothers from public spaces, whether by choice or coercion. The story Julia told that started this chapter perfectly conveys the sexualization of the breast. The mere fact that men were watching her breastfeed supports the idea that breasts are considered sexual objects,

regardless of what they are being used for. Also her comment on how they could pay to see much better in a few hours expresses the sexualization of the breast.

Through the stories and comments of my informants, it became clear that the breast did not receive the same acceptance in public spaces when being used for breastfeeding as it did when being used for more directly sexual purposes, like attracting men's attention. Breastfeeding is relegated to private places where it is invisible to the public. Yet, women who wear revealing clothing are not confined to their homes or lounges off of bathrooms, nor are they told to cover themselves on a regular basis. This was an argument that many of my informants made. From my research it seems to be that the rationalization made about this is two-fold. First, nudity is associated with full exposure of the breast, particularly the nipple. While many breastfeeding mothers wear covers when breastfeeding making the nipple invisible, the idea that the nipple is exposed in public is enough to make people uncomfortable<sup>28</sup>. Second, access to the breast is considered the right of a man in American society. Even though children use the breast for a different function than men, Americans seem to be unable to disassociate the two. As mentioned in Chapter two the sexualization of the breast is deeply rooted in American history. Wolf argues that the transition took place around the mid-nineteenth century when marriage became more about romantics than pragmatics (Wolf 2001:23-25). This historical shift played a significant role in differentiating between public and private spaces and assigning breastfeeding to the private realm. The assignment of breastfeeding to the private realm makes that a female gendered space. Even though it is both men and women who enforce these divisions of space, it is ultimately the breastfeeding mother who must make a conscious effort to conform to social expectations.

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<sup>28</sup> As stated earlier, the role the nipple plays in the sexualization of the breast is something that needs to be researched, but is outside the scope of this project.

### ***Formal Governing of Space: Breastfeeding in Public and the Law***

Breastfeeding laws support and utilize current classification of space. They use terminology consistent with that used in informal regulations. Most importantly, formal law distinguishes between public and private spaces. However, formal law also attempts to redefine space and spatial boundaries by redefining the activity that is allowed to take place in the public realm. Breastfeeding laws attempt to make breastfeeding an acceptable act in public space, which is often considered socially unacceptable. In this way, formal law contradicts social expectations. Michigan, the state in which this research took place, has two laws regarding breastfeeding.

(1) Michigan Compiled Laws 41.181, 67.1(aa), 117.4i, and 117.5h (West 2002)

These laws exclude a woman breastfeeding a baby, whether or not the nipple or areola is exposed during, or incidental to the feeding, from the public nudity laws.

(2) Michigan Compiled Laws 727.27a (West 2002) concerns child custody. Among the factors to be considered for “parenting time” is whether the child is a nursing child less than six months of age, or less than one year of age if the child receives substantial nutrition through nursing. (Weimer 2005:10).<sup>29</sup>

The first of these laws directly deals with breastfeeding in public spaces. There are only twenty-seven states that exclude breastfeeding from public indecency laws; Michigan is included. In addition, there are forty-one states that specifically allow women to breastfeed in any public or private location; Michigan is not among the forty-one (National Conference of

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<sup>29</sup> While this law cannot be discussed within the scope of this thesis, it is important to consider the effect that this has on an infant’s chances of exclusive breastfeeding.

State Legislature 2009). Despite the good intentions of these breastfeeding laws, they are not available to women nursing in all fifty states. Furthermore, formal laws often times do little to deter individuals from making women breastfeeding in public locations feel uncomfortable.

While it is not illegal to expose one's self in the context of breastfeeding in Michigan, there are numerous incidences of women being asked to leave a public place because they were breastfeeding. In 2006, a mother from Ann Arbor, Michigan was breastfeeding her child poolside at the YMCA when she was asked to leave the pool area or to cease feeding her child. At the time of the incident the lifeguard informed her that she was prohibited from breastfeeding in the pool area because it was a distraction to the lifeguards. Later the YMCA reported that the mother was asked to leave because food and drink are not allowed poolside<sup>30</sup> (clickondetroit 2006). Whether or not this was an act of discrimination because the mother had her breast exposed and was breastfeeding became a discussion among lactivists<sup>31</sup>. While this is a relatively controversial story, some incidences are not as complicated. For example, my only informant who reported breastfeeding in public without a cover, Sarah, was breastfeeding in a restaurant when she was asked by a member of the staff to please consider taking her child to the restroom to feed. Sarah was appalled at the idea of breastfeeding in a restroom, as were many of my other informants, because if they would not eat in a restroom, then why should their baby have to. It is in cases like Sarah's where the law cannot protect breastfeeding women from insensitive acts because the employee technically did not defy the law. In part, these are the types of situations that lead women to the behaviors that were explored earlier in this chapter.

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<sup>30</sup> The argument can be made that if this is the case lactating women should not be allowed in a pool area regardless if they are breastfeeding there or not because they still carry milk that can leak while on the premises.

<sup>31</sup> Lactivist is the self coined term for lactation (breastfeeding) advocates.

Through stories like the ones shared above, it becomes obvious that the current laws do not prevent breastfeeding women from being discriminated against in public places. The formal law has attempted to break barriers for breastfeeding women to alleviate some of the burdens that keep women from successfully breastfeeding. However, this is not enough. The informal constructions of space are too deeply engrained in American society's definition of space to allow formal laws to provide adequate protection to breastfeeding mothers.

While Sarah's experience did occur in Ann Arbor it is important to keep in mind that many of my informants believed that their public breastfeeding experiences were more positive than they might have been elsewhere due to the liberal mentality in Ann Arbor. In testament to this, Jessica's worst experience occurred in route to Las Vegas on an airplane, not in Ann Arbor where she resides. Space is a social construction that is defined by a culture as a whole, but can vary to some degree depending on characteristics of a specific location.

***Conclusion:***

Space is a social construct. In American culture space is typically divided into two main categories: public and private. Due to the sexualization of the breast and the gendering of spaces breastfeeding is currently relegated to the private realm. While formal law attempts to reconstruct definitions of space to include breastfeeding in the public realm, social law is too strong and the efforts of formal law fall short. Women internalize the idea that breastfeeding is a part of the private realm and often inconvenience themselves to abide by this. As long as women are coaxed to make breastfeeding an invisible part of motherhood, it will never gain social acceptance in the public realm and may have negative impacts on breastfeeding rates in the United States.

## Chapter Five: Conclusion

Breastfeeding in the United States is riddled with conflicts, contradictions, and controversy. Breastfeeding must be understood as a socially constructed behavior in order to understand how deeply rooted the problems are. While medical discourse educates individuals on the many health benefits of breastfeeding for both mother and child, including an improved immune system for babies and decreased risks of certain types of cancers for mothers, it does little to alleviate the cultural barriers women face when they choose to breastfeed. My informants expressed that breastfeeding in the United States takes a strong willed woman who is not easily deterred from her goals. While it is not necessarily within the goals of western biomedicine to influence great social change, its status of having authoritative knowledge on breastfeeding puts it in the position to do so.

One of the cultural barriers that needs to be overcome in order to improve the experiences of breastfeeding mothers are the contradictions that emerge out of the expected uses of women's bodies. Women are expected to fulfill their duties as wives, mothers and women of society, all of which require different uses and portrayals of their body. These contradictions impact the way women experience breastfeeding and are greatly influenced by both the sexualization of the breast and the moral judgments associated with breastfeeding

The second cultural barrier that needs to be overcome is the relegation of breastfeeding into the private realm, which is in part due to the sexualization of the breast and the gendering of spaces. Women internalize the idea that breastfeeding is a part of the private realm and often inconvenience themselves to abide by this. As long as women are made to treat breastfeeding as an invisible part of motherhood, it will never gain social acceptance in the public realm.

Both of these cultural barriers have great implications for both the breastfeeding experience and the breastfeeding rates in the United States. In order for these issues to be alleviated American culture would have to start recognizing both uses of the female breast, the sexual and the nurturing.

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## Appendix

### A.

State	Summary of Statutes
Alabama	<a href="#">Ala. Code § 21-1-13 (2006)</a> allows a mother to breastfeed her child in any public or private location.
American Samoa	
Alaska	<a href="#">Alaska Stat. § 29.25.080 (1998)</a> and <a href="#">§ 01.10.060</a> prohibit a municipality from enacting an ordinance that prohibits or restricts a woman breastfeeding a child in a public or private location where the woman and child are otherwise authorized to be. The law clarifies that lewd conduct, lewd touching, immoral conduct, indecent conduct, and similar terms do not include the act of a woman breastfeeding a child in a public or private location where the woman and child are otherwise authorized to be. (SB 297)
Arizona	<a href="#">Ariz. Rev. Stat. Ann § 41-1443 (2006)</a> provides that indecent exposure does not include an act of breastfeeding by a mother and entitles a mother to breastfeed in any public place where the mother is otherwise lawfully present.
Arkansas	<a href="#">Ark. Stat. Ann. § 5-14-112 and § 20-27-2001 (2007)</a> allow a woman to breastfeed in any public or private location where other individuals are present. The law also exempts breastfeeding women from indecent exposure laws.
California	<p><a href="#">Cal. Civil Code § 43.3 (1997)</a> allows a mother to breastfeed her child in any location, public or private, except the private home or residence of another, where the mother and the child are otherwise authorized to be present. (AB 157)</p> <p><a href="#">Cal. Civil Code § 210.5 (2000)</a> allows the mother of a breastfed child to postpone jury duty for one year and specifically eliminates the need for the mother to appear in court to request the postponement. The law also provides that the one-year period may be extended upon written request of the mother. (<a href="#">Chap. 266; AB 1814</a>)</p> <p><a href="#">Cal. Health and Safety Code § 1647 (1999)</a> declares that the procurement, processing, distribution or use of human milk for the purpose of human consumption is considered to be a rendition of service rather than a sale of human milk. (Chap. 87; AB 532)</p> <p><a href="#">Cal. Health and Safety Code § 123360 and § 1257.9</a> require that the Department of Public Health include in its public service</p>

	<p>campaign the promotion of mothers breastfeeding their infants. The department shall also develop a training course of hospital policies and recommendations that promote exclusive breastfeeding and specify staff for whom this model training is appropriate. The recommendation is targeted at hospitals with exclusive patient breastfeeding rates ranked in the lowest twenty-five percent of the state. (2007 Chapter 460, <a href="#">SB 22</a>)</p> <p><a href="#">Cal. Labor Code § 1030 et seq. (2001)</a> provides that employers need to allow a break and provide a room for a mother who desires to express milk in private.</p> <p><a href="#">Cal. Assembly Concurrent Resolution 155 (1998)</a> encourages the state and employers to support and encourage the practice of breastfeeding by striving to accommodate the needs of employees, and by ensuring that employees are provided with adequate facilities for breastfeeding and expressing milk for their children. The resolution memorializes the governor to declare by executive order that all state employees be provided with adequate facilities for breast feeding and expressing milk.</p>
Colorado	<p><a href="#">Colo. Rev. Stat. § 25-6-301 and § 25-6-302 (2004)</a> recognize the benefits of breastfeeding and encourage mothers to breastfeed. The law also allows a mother to breastfeed in any place she has a right to be. (<a href="#">SB 88</a>)</p> <p><a href="#">2008 Colo., Sess. Laws, Chap. 106</a> requires that an employer shall provide reasonable break time for an employee to express breast milk for her nursing child for up to two years after the child's birth. The employer shall make reasonable efforts to provide a place, other than a toilet stall, for the employee to express breast milk in privacy. The law also requires the Department of Labor and Employment to provide, on its website, information and links to other websites where employers can access information regarding methods to accommodate nursing mothers in the workplace. (<a href="#">HB 1276</a>)</p>
Connecticut	<p><a href="#">Conn. Gen. Stat. § 31-40w (2001)</a> requires employers to provide a reasonable amount of time each day to an employee who needs to express breast milk for her infant child and to provide accommodations where an employee can express her milk in private. (HF 5656)</p> <p><a href="#">Conn. Gen. Stat. § 46a-64 (1997)</a> prohibits places of public accommodation, resort or amusement from restricting or limiting the right of a mother to breastfeed her child. (<a href="#">1997 Conn. Acts, P.A. 210</a>)</p>

	<a href="#">Conn. Gen. Stat. Ann. § 53-34b</a> provides that no person may restrict or limit the right of a mother to breastfeed her child.
Delaware	<a href="#">Del. Code Ann. tit. 31 § 310 (1997)</a> entitles a mother to breastfeed her child in any location of a place of public accommodation wherein the mother is otherwise permitted. (71 Del. Laws, c. 10)
District of Columbia	<a href="#">D.C. Code Ann. § 2-1402.81 et seq.</a> amends the Human Rights Act of 1977 to include breastfeeding as part of the definition of discrimination on the basis of sex, to ensure a woman's right to breastfeed her child in any location, public or private, where she has the right to be with her child. The law provides that breastfeeding is not a violation of indecent exposure laws. The law also specifies that an employer shall provide reasonable daily unpaid break periods, as required by the employee, so that the employee may express breast milk for her child. These break periods shall run concurrently with any break periods that may already be provided to the employee. Requires that an employer make reasonable efforts to provide a sanitary room or other location, other than a bathroom or toilet stall, where an employee can express her breast milk in privacy and security. The location may include a childcare facility in close proximity to the employee's work location. ( <a href="#">2007 D.C. Stat., Chap. 17-58; B 133</a> )
Florida	<p><a href="#">Fla. Stat. § 383.015 (1993)</a> allows a mother to breastfeed in any public or private location. (HB 231)</p> <p><a href="#">Fla. Stat. § 383.016 (1994)</a> authorizes a facility lawfully providing maternity services or newborn infant care to use the designation "baby-friendly" on its promotional materials. The facility must be in compliance with at least eighty percent of the requirements developed by the Department of Health in accordance with UNICEF and World Health Organization baby-friendly hospital initiatives. (SB 1668)</p> <p><a href="#">Fla. Stat. § 800.02 et seq.</a> and <a href="#">§ 827.071</a> exclude breastfeeding from various sexual offenses, such as lewdness, indecent exposure and sexual conduct.</p> <p><a href="#">2008 Fla. Laws, Chap. 172</a> excludes a mother breastfeeding her baby from the offense of lewd or lascivious exhibition using a computer. (<a href="#">SB 1442</a>)</p>
Georgia	<a href="#">Ga. Code § 31-1-9 (1999, 2002)</a> allows a mother to breastfeed in any location where she is otherwise authorized to be, provided that she acts in a discreet and modest way. (Act 304; SB 29) The statute was amended in 2002 to add that the breastfeeding of a baby should be encouraged in the interests of maternal and child health. (2002 SB 221)

	<p><b><a href="#">Ga. Code § 34-1-6 (1999)</a> allows employers to provide daily unpaid break time for a mother to express breast milk for her infant child. Employers are also required to make a reasonable effort to provide a private location, other than a toilet stall, in close proximity to the workplace for this activity. The employer is not required to provide break time if to do so would unduly disrupt the workplace operations.</b></p>
Guam	
Hawaii	<p><b><a href="#">Hawaii Rev. Stat. § 367-3 (1999)</a> requires the Hawaii Civil Rights Commission to collect, assemble and publish data concerning instances of discrimination involving breastfeeding or expressing breast milk in the workplace. The law prohibits employers to forbid an employee from expressing breast milk during any meal period or other break period. (<a href="#">HB 266</a>)</b></p> <p><b><a href="#">Hawaii Rev. Stat. § 378-2 (1999)</a> provides that it is unlawful discriminatory practice for any employer or labor organization to refuse to hire or employ, to bar or discharge from employment, or withhold pay, demote or penalize a lactating employee because an employee breastfeeds or expresses milk at the workplace. (HB 2774)</b></p> <p><b><a href="#">Hawaii Rev. Stat. § 489.21</a> and <a href="#">§ 489-22</a> provide that it is a discriminatory practice to deny, or attempt to deny, the full and equal enjoyment of the goods, services, facilities, privilege, advantages, and accommodation of a place of public accommodations to a woman because she is breastfeeding a child.</b></p>
Idaho	<p><b><a href="#">Idaho Code § 2-212</a> provides that a person who is not disqualified for jury service under <a href="#">§ 2-209</a> may have jury service postponed by the court or the jury commissioner only upon a showing of undue hardship, extreme inconvenience, or public necessity, or upon a showing that the juror is a mother breastfeeding her child. (<a href="#">2002 HB 497</a>)</b></p>
Illinois	<p><b><a href="#">Ill. Rev. Stat. ch. 20 § 2310/55.84 (1997)</a> allows the Department of Public Health to conduct an information campaign for the general public to promote breastfeeding of infants by their mothers. The law allows the department to include the information in a brochure for free distribution to the general public. (Ill. Laws, P.A. 90-244)</b></p> <p><b><a href="#">Ill. Rev. Stat. ch. 705 § 305/10.3 (2005)</a> amends the Jury Act. Provides that any mother nursing her child shall, upon her request, be excused from jury duty. (<a href="#">Ill. Laws, P.A. 094-0391</a>, SB 517)</b></p>

	<p><a href="#">Ill. Rev. Stat. ch. 720 § 5/11-9 (1995)</a> clarifies that breastfeeding of infants is not an act of public indecency. (SB 190)</p> <p><a href="#">Ill. Rev. Stat. ch. 740 § 137 (2004)</a> creates the Right to Breastfeed Act. The law provides that a mother may breastfeed her baby in any location, public or private, where the mother is otherwise authorized to be; a mother who breastfeeds in a place of worship shall follow the appropriate norms within that place of worship. (SB 3211)</p> <p><a href="#">Ill. Rev. Stat. ch. 820 § 260 (2001)</a> creates the Nursing Mothers in the Workplace Act. Requires that employers provide reasonable unpaid break time each day to employees who need to express breast milk. The law also requires employers to make reasonable efforts to provide a room or other location, other than a toilet stall, where an employee can express her milk in privacy. (SB 542)</p>
Indiana	<p><a href="#">Ind. Code § 16-35-6</a> allows a woman to breastfeed her child anywhere the law allows her to be. (<a href="#">HB 1510</a>)</p> <p><a href="#">2008 Ind. Acts, P.L. 13</a> provides that state and political subdivisions shall provide for reasonable paid breaks for an employee to express breast milk for her infant, make reasonable efforts to provide a room or other location, other than a toilet stall, where the employee can express breast milk in private and make reasonable efforts to provide for a refrigerator to keep breast milk that has been expressed. The law also provides that employers with more than 25 employees must provide a private location, other than a toilet stall, where an employee can express the employee's breast milk in private and if possible to provide a refrigerator for storing breast milk that has been expressed. (2008 SB 219)</p>
Iowa	<p><a href="#">Iowa Code § 135.30A (2002)</a> a woman may breastfeed the woman's own child in any public place where the woman's presence is otherwise authorized.</p> <p><a href="#">Iowa Code § 607A.5 (1994)</a> allows a woman to be excused from jury service if she submits written documentation verifying, to the court's satisfaction, that she is the mother of a breastfed child and is responsible for the daily care of the child.</p>
Kansas	<p><a href="#">Kan. Stat. Ann. § 43-158 and § 65-1,248</a> provide that it is the public policy of Kansas that a mother's choice to breastfeed should be supported and encouraged to the greatest extent possible and that a mother may breastfeed in any place she has a right to be. The law was amended in 2006 to excuse nursing mothers from jury duty (<a href="#">2006 HB 2284</a>).</p>
Kentucky	<p><a href="#">Ky. Rev. Stat. § 29A.100 (2007)</a> directs judges at all levels of the</p>

	<p><b>court to excuse women who are breastfeeding or expressing breast milk from jury service until the child is no longer nursing. (<a href="#">SB 111</a>)</b></p> <p><a href="#">Ky. Rev. Stat. § 211-755 (2006)</a> permits a mother to breastfeed her baby or express breast milk in any public or private location. Requires that breastfeeding may not be considered an act of public indecency, indecent exposure, sexual conduct, lewd touching or obscenity. Prohibits a municipality from enacting an ordinance that prohibits or restricts breastfeeding in a public or private place. (SB 106)</p>
Louisiana	<p><a href="#">La. Rev. Stat. Ann. § 46. 1409 B 5</a> prohibits any child care facility from discriminating against breastfed babies. (<a href="#">HB 233</a>)</p> <p><a href="#">La. Rev. Stat. Ann. § 51. 2247.1 (2001)</a> states that a mother may breastfeed her baby in any place of public accommodation, resort, or amusement, and clarifies that breastfeeding is not a violation of law, including obscenity laws. (2001 HB 377)</p> <p><a href="#">La. House Concurrent Resolution 35 (2002)</a> establishes a joint study of requiring insurance coverage for outpatient lactation support for new mothers.</p> <p><a href="#">2008 La. Senate Resolution 110</a> requests the Department of Health &amp; Hospitals to study and/or consider a provision of providing non-emergency transportation for new mothers to allow them to visit the hospital and bring their breast milk for their babies.</p>
Maine	<p><a href="#">Me. Rev. Stat. Ann. tit. 5, § 4634 (2001)</a> amends the Maine Human Rights Act to declare that a mother has the right to breastfeed her baby in any location, whether public or private, as long as she is otherwise authorized to be in that location. (Me. Laws, Chap. 206; LD 1396)</p>
Maryland	<p><a href="#">Md. Health-General Code Ann. § 20-801 (2003)</a> permits a woman to breastfeed her infant in any public or private place and prohibits anyone from restricting or limiting this right. (<a href="#">SB 223</a>)</p> <p><a href="#">Md. Tax-General Code Ann. § 11-211</a> exempts the sale of tangible personal property that is manufactured for the purpose of initiating, supporting or sustaining breastfeeding from the sales and use tax.</p>
Massachusetts	<p><a href="#">2008 Mass. Acts, Chap. 466</a> allows a mother to breastfeed her child in any public place or establishment or place which is open to and accepts or solicits the patronage of the general public and where the mother and her child may otherwise lawfully be present; specifies</p>

	<p>that the act of a mother breastfeeding her child shall not be considered lewd, indecent, immoral, or unlawful conduct; provides for a civil action by a mother subjected to a violation of this law. (SB 2438)</p>
Michigan	<p><a href="#"><b>Mich. Comp. Laws § 41.181,67.1aa and § 117.4i et seq. (1994)</b></a> state that public nudity laws do not apply to a woman breastfeeding a child.</p>
Minnesota	<p><a href="#"><b>Minn. Stat. Ann. § 145.894</b></a> directs the state commissioner of health to develop and implement a public education program promoting the provisions of the Maternal and Child Nutrition Act. The education programs must include a campaign to promote breastfeeding.</p> <p><a href="#"><b>Minn. Stat. § 145.905</b></a> provides that a mother may breastfeed in any location, public or private, where the mother and child are authorized to be, irrespective of whether the nipple of the mother's breast is uncovered during or incidental to the breastfeeding.</p> <p><a href="#"><b>Minn. Stat. § 181.939 (1998)</b></a> requires employers to provide daily unpaid break time for a mother to express breast milk for her infant child. Employers are also required to make a reasonable effort to provide a private location, other than a toilet stall, in close proximity to the workplace for this activity. (SB 2751)</p> <p><a href="#"><b>Minn. Stat. Ann. § 617.23</b></a> specifies that breastfeeding does not constitute indecent exposure.</p>
Mississippi	<p><a href="#"><b>Miss. Code Ann. § 13-5-23 (2006)</b></a> provides that breastfeeding mothers may be excused from serving as jurors. (<a href="#">SB 2419</a>)</p> <p><a href="#"><b>Miss. Code Ann. § 17-25-7/9 (2006)</b></a> prohibits any ordinance restricting a woman's right to breastfeed and provides that a mother may breastfeed her child in any location she is otherwise authorized to be. (<a href="#">SB 2419</a>)</p> <p><a href="#"><b>Miss. Code Ann. § 43-20-31 (2006)</b></a> requires licensed child care facilities to provide breastfeeding mothers with a sanitary place that is not a toilet stall to breastfeed their children or express milk, to provide a refrigerator to store expressed milk, to train staff in the safe and proper storage and handling of human milk, and to display breastfeeding promotion information to the clients of the facility.</p> <p><a href="#"><b>Miss. Code Ann. Ch. 1 § 71-1-55 (2006)</b></a> prohibits against discrimination towards breastfeeding mothers who use lawful break time to express milk.</p>

	<p><a href="#">Miss. Code Ann. § 97-29-31 (2006)</a> and <a href="#">§ 97-35-7 et seq. (2006)</a> specifies that a woman breastfeeding may not be considered an act of indecent exposure, disorderly conduct, or disturbance of the public space.</p>
Missouri	<p><a href="#">Mo. Rev. Stat. § 191.915 (1999)</a> <b>requires hospitals and ambulatory surgical centers to provide new mothers with a breastfeeding consultation or information on breastfeeding, the benefits to the child and information on local breastfeeding support groups. The law requires physicians who provide obstetrical or gynecological consultation to inform patients about the postnatal benefits of breastfeeding. The law requires the Department of Health to provide and distribute written information on breastfeeding and the health benefits to the child. (SB 8)</b></p> <p><a href="#">Mo. Rev. Stat. § 191.918 (1999)</a> <b>allows a mother, with as much discretion as possible, to breastfeed her child in any public or private location.</b></p>
Montana	<p><a href="#">Mont. Code Ann. § 39-2-215 et seq.</a> specifies that employers must not discriminate against breastfeeding mothers and must encourage and accommodate breastfeeding. Requires employers to provide daily unpaid break time for a mother to express breast milk for her infant child. Employers are also required to make a reasonable effort to provide a private location, other than a toilet stall, in close proximity to the work place for this activity.</p> <p><a href="#">Mont. Code Ann. § 50-19-501 (1999)</a> states that the breastfeeding of a child in any location, public or private, where the mother otherwise has a right to be is legal and cannot be considered a nuisance, indecent exposure, sexual conduct, or obscenity. (SB 398)</p>
Nebraska	<p><a href="#">Neb. Rev. Stat. §25-1601-4 (2003)</a> <b>states that a nursing mother is excused from jury duty until she is no longer breastfeeding and that the nursing mother must file a qualification form supported by a certificate from her physician requesting exemption. (LB 19)</b></p>
Nevada	<p><a href="#">Nev. Rev. Stat. § 201.232, § 201.210, and § 201.220 (1995)</a> state that the breastfeeding of a child in any location, public or private, is not considered a violation of indecent exposure laws. (SB 317)</p>
New Hampshire	<p><a href="#">N.H. Rev. Stat. Ann. § 132:10-d and § 121:1 et seq. (1999)</a> state that breastfeeding does not constitute indecent exposure and that limiting or restricting a mother's right to breastfeed is discriminatory. (HB 441)</p>
New Jersey	<p><a href="#">N.J. Rev. Stat. § 26:4B-4/5 (1997)</a> entitles a mother to breastfeed her baby in any location of a place of public accommodation, resort or amusement wherein the mother is otherwise permitted. Failure to comply with the law may result in a fine.</p>

New Mexico	<p><a href="#">N.M. Stat. Ann. § 28-20-1 (1999)</a> permits a mother to breastfeed her child in any public or private location where she is otherwise authorized to be. (SB 545)</p> <p><a href="#">N.M. Stat. Ann. § 28-20-2 (2007)</a> requires employers to provide a clean, private place, not a bathroom, for employees who are breastfeeding to pump. Also requires that the employee be given breaks to express milk, but does not require that she be paid for this time.</p>
New York	<p><a href="#">N.Y. Civil Rights Law § 79-e (1994)</a> permits a mother to breastfeed her child in any public or private location. (<a href="#">SB 3999</a>)</p> <p><a href="#">N.Y. Labor Law § 206-c (2007)</a> states that employers must allow breastfeeding mothers reasonable, unpaid break times to express milk and make a reasonable attempt to provide a private location for her to do so. Prohibits discrimination against breastfeeding mothers.</p> <p><a href="#">N.Y. Penal Law § 245.01 et seq.</a> excludes breastfeeding of infants from exposure offenses.</p> <p><a href="#">N.Y. Public Health Law § 2505</a> provides that the Maternal and Child Health commissioner has the power to adopt regulations and guidelines including, but not limited to donor standards, methods of collection, and standards for storage and distribution of human breast milk.</p>
North Carolina	<p><a href="#">N.C. Gen. Stat. § 14-190.9 (1993)</a> states that a woman is allowed to breastfeed in any public or private location, and that she is not in violation of indecent exposure laws. (<a href="#">HB 1143</a>)</p>
North Dakota	
Ohio	<p><a href="#">Ohio Rev. Code Ann. § 3781.55 (2005)</a> provides that a mother is entitled to breastfeed her baby in any location of a place of public accommodation wherein the mother is otherwise permitted. (<a href="#">SB 41</a>)</p>
Oklahoma	<p><a href="#">Okla. Stat. tit. 38 § 28 (2004)</a> exempts mothers who are breastfeeding a baby from jury duty, upon their request. (<a href="#">2004 HB 2102</a>)</p> <p><a href="#">Okla. Stat. tit. 40 § 435 (2006)</a> requires that an employer provide reasonable unpaid break time each day to an employee who needs to breastfeed or express breast milk for her child. The law requires the Department of Health to issue periodic reports on breastfeeding rates, complaints received and benefits reported by both working breastfeeding mothers and employers. (HB 2358)</p> <p><a href="#">Okla. Stat. tit. 38, § 28 and tit. 63, § 1-234 (2004)</a> allow a mother to breastfeed her child in any location that she is authorized to be</p>

	and exempts her from the crimes and punishments listed in the penal code of the state of Oklahoma. (HB 2102)
Oregon	<p><a href="#">Or. Rev. Stat. § 109.001 (1999)</a> allows a woman to breastfeed in a public place. (SB 744)</p> <p><a href="#">Or. Rev. Stat. § 10.050 (1999)</a> excuses a woman from acting as a juror if the woman is breastfeeding a child. A request from the woman must be made in writing. (<a href="#">SB 1304</a>)</p> <p><a href="#">Or. Rev. Stat. § 653.075, § 653.077 and § 653.256 (2007)</a> allow women to have unpaid 30-minute breaks during each four-hour shift to breastfeed or pump. Allows certain exemptions for employers. (HB 2372)</p>
Pennsylvania	<a href="#">Pa. Cons. Stat. tit. 35 § 636.1 et seq. (2007)</a> allows mothers to breastfeed in public without penalty. Breastfeeding may not be considered a nuisance, obscenity or indecent exposure under this law. ( <a href="#">SB 34</a> )
Puerto Rico	<p><a href="#">1 L.P.R.A. § 5165</a> declares August as "Breastfeeding Awareness Month" and the first week of August as "World Breastfeeding Week" in Puerto Rico.</p> <p><a href="#">3 L.P.R.A. § 1466 and 29 L.P.R.A. § 478a et seq.</a> provide that breastfeeding mothers have the opportunity to breastfeed their babies for half an hour within the full-time working day for a maximum duration of 12 months.</p> <p><a href="#">23 L.P.R.A. § 43-1</a> directs the Regulations and Permits Administration to adopt regulations, which shall provide that in shopping malls, airports, ports and public service government centers there shall be accessible areas designed for breastfeeding and diaper changing that are not bathrooms.</p> <p><a href="#">34 L.P.R.A. § 1735h</a> states that any woman breastfeeding her child under 24 months old and who presents a medical attestation to such fact is exempt from serving as a juror. (<a href="#">2003 SB 397</a>)</p>
Rhode Island	<p><a href="#">R.I. Gen. Laws § 11-45-2 (1998, 2008)</a> specifies that <b>indecent exposure-disorderly conduct laws do not apply to breastfeeding in public.</b> (1998 HB 8103, SB 2319; <a href="#">2008 R.I. Pub Laws, Chap. 183</a>, SB 2616)</p> <p><a href="#">R.I. Gen. Laws § 23-13.2-1 (2003, 2008)</a> specifies that an <b>employer may provide reasonable unpaid break time each day to an employee who needs to breastfeed or express breast milk for her infant child. The law requires the department of health to issue periodic reports on breastfeeding rates, complaints received and benefits reported by both working breastfeeding</b></p>

	<p>mothers and employers, and provides definitions. (<a href="#">2003 HB 5507, SB 151</a>; <a href="#">2008 R.I. Pub. Laws, Chap. 475</a>, HB 7906)</p> <p><a href="#">2008 R. I. Pub. Laws, Chap. 223</a> and <a href="#">Chap. 308</a> allow a woman to feed her child by bottle or breast in any place open to the public and would allow her a private cause of action for denial of this right. (<a href="#">HB 7467, SB 2283</a>)</p>
South Carolina	<p><a href="#">S.C. Code Ann. § 63-5-40 (2005)</a> provides that a woman may breastfeed her child in any location where the mother is authorized to be and that the act of breastfeeding is not considered indecent exposure. (<a href="#">2008 HB 4747</a>)</p>
South Dakota	<p><a href="#">S.D. Codified Laws Ann. § 22-22-24.1 (2002)</a> and <a href="#">§ 22-24A-2 (2002)</a> exempt mothers who are breastfeeding from indecency laws.</p>
Tennessee	<p><a href="#">Tenn. Code Ann. § 68-58-101 et seq. (2006)</a> permits a mother to breastfeed an infant 12 months or younger in any location, public or private, that the mother is authorized to be, and prohibits local governments from criminalizing or restricting breastfeeding. Specifies that the act of breastfeeding shall not be considered public indecency as defined by § 39-13-511; or nudity, obscene, or sexual conduct as defined in § 39-17-901. (HB 3582)</p> <p><a href="#">Tenn. Code Ann. § 50-1-305 (1999)</a> requires employers to provide daily unpaid break time for a mother to express breast milk for her infant child. Employers are also required to make a reasonable effort to provide a private location, other than a toilet stall, in close proximity to the workplace for this activity. (SB 1856)</p>
Texas	<p><a href="#">Tex. Health Code Ann. § 161.071 (2001)</a> requires the Department of Health to establish minimum guidelines for the procurement, processing, distribution, or use of human milk by donor milk banks. (HB 391)</p> <p><a href="#">Tex. Health Code Ann. § 165.001 et seq. and § 165.031 et seq. (1995)</a> authorize a woman to breastfeed her child in any location and provides for the use of a "mother-friendly" designation for employers who have policies supporting worksite breastfeeding. (HB 340, HB 359)</p>
U.S. Virgin Islands	<p><a href="#">14 V.I.C. § 1022</a> specifies that a woman breastfeeding a child in any public or private location where the woman's presence is otherwise authorized does not under any circumstance constitute obscene or indecent conduct.</p>
Utah	<p><a href="#">Utah Code Ann. § 17-15-25 (1995)</a> states that city and county governing bodies may not inhibit a woman's right to breastfeed</p>

	<p>in public.</p> <p><a href="#">Utah Code Ann. § 76-10-1229.5 (1995)</a> states that a breastfeeding woman is not in violation of any obscene or indecent exposure laws. (HB 262)</p>
Vermont	<p><a href="#">Vt. Stat. Ann. tit. 9 § 4502 (2002)</a> and <a href="#">2002 Vt. Acts, Act 117</a> state that breastfeeding should be encouraged in the interest of enhancing maternal, child and family health. The law provides that a mother may breastfeed her child in any place of public accommodation in which the mother and child would otherwise have a legal right to be. The law directs the human rights commission to develop and distribute materials that provide information regarding a woman's legal right to breastfeed her child in a place of public accommodation. (<a href="#">SB 156</a>)</p> <p><a href="#">2008 Vt. Acts, Act 144</a> requires employers to provide reasonable time throughout the day for nursing mothers to express breast milk for three years after the birth of a child. Also requires employers to make a reasonable accommodation to provide appropriate private space that is not a bathroom stall, and prohibits discrimination against an employee who exercises rights provided under this act. (HB 641)</p> <p><a href="#">2008 Vt. Acts, Act 203</a> directs the commissioner of health to convene a work group to identify priorities and develop recommendations to enhance collaborative learning and interactive sharing of best practices in worksite wellness and employee health management. The work group shall examine best practices in Vermont and other states, including strategies to spread the adoption of workplace policies and practices that support breastfeeding for mothers (HB 887).</p>
Virginia	<p><a href="#">Va. Code § 2.2-1147.1 (2002)</a> guarantees a woman the right to breastfeed her child on any property owned, leased or controlled by the state. The bill also stipulates that childbirth and related medical conditions specified in the Virginia Human Rights Act include activities of lactation, including breastfeeding and expression of milk by a mother for her child. (HB 1264)</p> <p><a href="#">Va. Code Ann. § 8.01-341.1 (2005)</a> provides that a mother who is breastfeeding a child may be exempted from jury duty upon her request. The mother need not be "necessarily and personally responsible for a child or children 16 years of age or younger requiring continuous care during normal court hours." (<a href="#">2005 Chap. 195, HB 2708</a>)</p> <p><a href="#">Va. Code Ann. § 18.2-387 (1994)</a> exempts mothers engaged in</p>

	<p>breastfeeding from indecent exposure laws.</p> <p><a href="#"><u>Va. House Joint Resolution 145 (2002)</u></a> encourages employers to recognize the benefits of breastfeeding and to provide unpaid break time and appropriate space for employees to breastfeed or express milk.</p>
Washington	<p><a href="#"><u>Wash. Rev. Code § 9A.88.010 (2001)</u></a> states that the act of breastfeeding or expressing breast milk is not indecent exposure. (HB 1590)</p> <p><a href="#"><u>Wash. Rev. Code § 43.70.640 (2001)</u></a> allows any employer, governmental and private, to use the designation of "infant-friendly" on its promotional materials if the employer follows certain requirements. (2001 Wash. Laws, Chap. 88)</p>
West Virginia	
Wisconsin	<p><a href="#"><u>Wis. Stat. § 944.17(3), § 944.20(2) and § 948.10(2) (1995)</u></a> provide that breastfeeding mothers are not in violation of criminal statutes of indecent or obscene exposure. (AB 154)</p>
Wyoming	<p><a href="#"><u>Wyo. House Joint Resolution 5 (2003)</u></a> encourages breastfeeding and recognizes the importance of breastfeeding to maternal and child health. The resolution also commends employers, both in the public and private sectors, who provide accommodations for breastfeeding mothers.</p> <p><a href="#"><u>Wyo. Stat. § 6-4-201 (2007)</u></a> exempts breastfeeding mothers from public indecency laws and gives breastfeeding women the right to nurse anyplace that they otherwise have a right to be. (HB 105)</p>

*Sources: National Conference of State Legislatures and StateNet*

*Note: List may not be comprehensive, but is representative of state laws that exist. NCSL appreciates additions and corrections.*

<http://www.ncsl.org/programs/health/breast50.htm>

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[www.minonline.com/news/5424.html](http://www.minonline.com/news/5424.html)

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[http://www.wmagazine.com/celebrities/2008/11/brad\\_pitt\\_angelina\\_jolie](http://www.wmagazine.com/celebrities/2008/11/brad_pitt_angelina_jolie)