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'Natural versus taught': Competing discourses in antenatal breastfeeding workshops

Abigail Locke, University of Huddersfield

Abstract

This paper is an analysis of talk in breastfeeding workshops that are part of National Childbirth Trust antenatal classes. Using audio-recordings from breastfeeding workshops antenatal classes, the data was analysed using a qualitative, discursive methodology based in part on the premises outlined by Potter & Wetherell (1987) and Edwards & Potter (1992, 2001). The analysis demonstrates how there are two main discourses of breastfeeding constructed by the breastfeeding counsellor – breastfeeding as natural, and breastfeeding as learnt. In particular, it notes how these two main discourses of breastfeeding that are seemingly in competition with one another, operate concurrently within the teaching of breastfeeding, and enable the breastfeeding counsellor to manage issues and concerns around breastfeeding.

KEYWORDS: Antenatal, Accountability, Breastfeeding, Discourse Analysis, Discursive Psychology, Pregnancy.

Introduction

This paper studies breastfeeding discourse in antenatal (pre-natal) classes. Antenatal classes as they are termed in the UK, pre-natal in the USA, are classes whereby parents-to-be learn about and discuss issues around methods of infant feeding, labour, types of birth and caring for a new child. As such they offer a forum to study how the business of becoming a parent is socially negotiated in interaction. In the UK, people have the choice of attending free National Health Service (NHS) and paid classes run by the charity the National Childbirth Trust (NCT). Antenatal classes are popular with first time parents, in the year 2000 for example, 64% of first time mothers attended such classes. However, in 2005, due to a lack of availability of classes in some areas, only a third of first time mothers attended (Scientific Advisory Committee on Nutrition, 2008). The NCT classes typically contain couples and run in the evenings and occasionally over a weekend. With specific regards to breastfeeding, studies suggest that antenatal teaching on breastfeeding improves breastfeeding duration and women's experiences of it (Scientific Advisory Committee on Nutrition, 2008). Research conducted by Duffy, Percival & Kershaw (1997) in Australia noted how 31 out of 35 women who had received antenatal breastfeeding support were still exclusively breastfeeding at the six week mark, compared with 10 out of 35 in the control group. Similarly Lu et al (2001, 2003) found that those women who had attended such a class were 75% more likely to breastfeed their child (Lu et al., 2001; Lu et al., 2003).

Currently the World Health Organisation (WHO, 2003) recommends exclusive breastfeeding until the child is at least six months of age and experts argue that breast milk, and in particular colostrum, is important for babies. It is argued that

through the milk mothers pass over protection from early childhood infections.

Although these WHO recommendations are in place, figures around infant feeding in the UK suggest that breastfeeding rates are low, Hamlyn et al (2002) noted that in the year 2000, 30% of mothers did not attempt to breastfeed from birth, and at six weeks of age, 58% of infants were solely formula fed and 75% received a combination of infant formula and breast milk. These rates improved slightly in 2005 whereby 78% of women in England initiated breastfeeding and were classified as breastfeeding at one week post birth, whilst 24% had not initiated feeding and were solely feeding from the bottle (Bolling et al, 2007; Scientific Advisory Committee on Nutrition, 2008). Moreover in this 2005 study, improvement were further noted in breastfeeding rates that 48% of women were breastfeeding at six weeks and 25% at six months..

Although improving, these breastfeeding rates still remain poor and are not only a British phenomenon. Similar rates have been found in USA and across many parts of Europe, and thus has led some researchers to claim that we are a ‘nation of bottle feeders’ (Henderson, Kitzinger & Green, 2000). One reason put forward for this suggests that there are mixed messages around breastfeeding and representations in press (Henderson, 1999)

As much research has noted (e.g. Lee, 2007; Murphy, 1999; Wall, 2001), moral constructions of being a good mother, and adopting a ‘maternal identity’ (Schmied & Lupton, 2001) are bound together with breastfeeding behaviour. Contemporary public health discourses portray breastfeeding as crucial to ascertain successful bonding between mother and child (c.f. Wall, 2001) and vitally important in the development of the child (see Britten, 2003, for a discussion of this). In many of the popular texts surrounding breastfeeding, along with academic research, breastfeeding is constructed as being natural with ‘breast is best’ being a popular

maxim. Penny Stanway in her classic text ‘breast is best’ refers to the act of breastfeeding as ‘doing what nature intended’ (Stanway, 2005: 79). Others (Blum, 1999; Carter, 1995) have noted the common discourses that links women, motherhood and breastfeeding with being natural, however some note the resistance from mothers to this category (Carter, 1995). Dykes (2007) talks about the dissonance experienced by women with competing notions of breastfeeding as natural but also as a subversive act, due in part to the sexualisation of the breast and the public nature of breastfeeding (see also Sichtermann, 1983; Van Esterik, 1989).

Alongside this ‘natural’ discourse of breastfeeding is also the issue of support for women to breastfeed and the idea that on some levels it needs to be taught. This teaching focuses in the main around positioning the baby on the breast. Indeed books around discussing breastfeeding tend to have a teaching element to them (e.g. Byam-Cook, 2006; La Leche League, 2004; Renfrew et al, 2004; Stanway, 2005). For example, consider the following two quotes:

‘Although breastfeeding is a natural process it is also a skill that needs to be learned. A little attention to the detail of getting positioning right from the beginning will prevent many problems later on’ (Moody, Britton & Hogg, 1996: 28).

‘Your first attempt to breastfeed your baby is a learning experience, a get-acquainted effort for both of you’. (La Leche League, 2004: 46)

Both quotes align themselves with the idea of breastfeeding as being a taught skill. Pro-breastfeeding groups such as the National Childbirth Trust (NCT) and La Leche League argue that women need support to breastfeed. Indeed, they are more

likely to continue to breastfeed if they receive support and accurate information as to what it entails, a claim that is echoed in the literature and in the teaching of breastfeeding (e.g. Dykes & Griffiths, 1988; Renfrew, et al, 2006). However, the issue appears to be far from simple. As research by Scavenius et al (2007) sum up with an old Brazilian phrase, translated as ‘in practice the theory is different’ (page 676) to demonstrate how women talk about feeding their babies. They view breastfeeding as a process, an interaction between biological and social factors, with the social affecting the biological, and argue that those who successfully breastfeed claimed that it had taken effort and had not just happened. Rather, it had to be worked at in order to succeed.

This paper examines the discourses used by the breastfeeding counsellorsⁱ around breastfeeding and notes how discourses are commonly utilised: breastfeeding as a natural act, and breastfeeding as a learnt skill, and by implication, one that is being taught by them in antenatal classes. The paper examines how these two discourses that appear to be competing, exist concurrently and are used together in order for the breastfeeding counsellor to manage issues and concerns around breastfeeding.

Method

Ethics

Prior to the beginning of the study, ethical approval had been granted by both the NCT and the author’s institutional ethical body. Participants were sent letters of introduction outlining the aims and methods of the research, and giving contacts to answer any questions they may have about the research, with their information pack once they had contacted the NCT about attending classes. At the beginning of each

course the researcher introduced themself and the research aims and answered any questions. Only at this point, and only if all participants agreed, consent forms were signed and audio recording commenced.

Data collection

Audio-recordings of four courses of antenatal classes run by the National Childbirth Trust were obtained, totally over sixty hours of data. Each course contains a specific session on breastfeeding run by an NCT trained breastfeeding counsellor. There were four breastfeeding sessions in total, comprising ten hours of data. The sessions were digitally recorded and were initially transcribed verbatim. Any names and other identifying features have been changed to preserve anonymity.

Analytical approach

The method applied to the analysis is qualitative, using the insights of data discourse analysis (Potter & Wetherell, 1987) and discursive psychology (Edwards & Potter, 1992, 2001), in order to explore how discourses of breastfeeding operated within the discourse. In the analysis, talk is treated as a form of social action through which participants use a range of discursive devices to explain, justify, give and refute advice and make persuasive arguments.

The analysis in this paper focuses in the main on the discourse of the breastfeeding counsellors and the ways in which they construct the practice of breastfeeding. Throughout the data we find competing discourses of breastfeeding as natural but also breastfeeding as needing to be taught. The analysis presented here focuses on this seemingly oxymoronic formulation. However, the analysis will

demonstrate how the breastfeeding counsellors carefully manage these two positions and integrate them into their breastfeeding workshops.

The analysis will provide examples of these discourses in action. However, it is feature of discursive work that elements of each discourse will be alive in one or more extract.

Analysis

The analysis will focus on discourses utilised by the breastfeeding counsellors during their breastfeeding workshop sessions. There appears to be competing or contradictory discourses operating throughout the breastfeeding sessions, of firstly breastfeeding being natural, but secondly, being a skill that needs to be learnt and taught. What is of interest for this paper is firstly how these dual constructions are presented, but secondly how their surface appearance of being contradictory is delicately managed in the interactions.

In the first extract to be analysed, we look at the breastfeeding counsellor's (BFC) version of a perfect, 'natural' first feed. The context of this comes after one of the expectant women has asked if breastfeeding is still possible following a difficult or unplanned event at birth, such as a caesarean section.

Extract 1: BF Course 3 Pages 15-16

1 BFC: it's just nice if it can happen in, in the most natural
2 way possible. I mean if you watch a, a new born baby
3 you should've, if, say you have a, a y'know fairly normal
4 birth. They should deliver the baby onto your tummy
5 and you don't have to immediately put them to your breast
6 just let them be there because. That's what they want.
7 They want the warmth of you and the comfort and hearing

8 your heart beat. And babies will actually move
9 very slowly. They'll gravitate towards the breast
10 instinctively. So you don't have to think 'oh right,
11 this is it y'know, gotta feed this baby' take your time,
12 lie there, have a rest for twenty minutes and just
13 cuddle your baby and watch what your baby does
14 ((11 lines omitted))

15 Tom: Is it, is it almost like an automatic process then?

16 BFC: Yeah I think, well it is a natural process but it has
17 been shown that cuddling your baby helps your baby
18 feed and helps you make more milk. And it's the skin
19 to skin. So, y'know they might give you them wrapped in a
20 big blanket, just take it off, and put them bare skin
21 against your skin, blanket over them they'll keep warm
22 and it won't be a problem, delivery rooms are usually
23 hot anyway. So, just cuddle them until you feel
24 able to feed them, and then either y'know
25 they'll move upwards. They'll sort of almost latch
26 themselves on or you can put yourself in position where
27 you want to be comfortable and you can bring them to
28 the breast for a feed

This extract begins as setting up what a 'natural' (line 1) first feed of a baby is like. The BFC notes that this is of course dependent on having a straightforward birth experience - in contrast to the problematic caesarean that has just been asked about by one of the women in the group - where she notes in a natural delivery the mother 'should've' (line 3) had the baby delivered onto her stomach. She claims that instead of attempting to put the baby straight onto the breast and think 'gotta feed this baby' (line 11), to let the baby use its instinct and move towards the breast, albeit

slowly. There is a subtext here, that the first feed should not be pressured, but rather the mother should let the baby take the lead, and the implication that due to instinct it will move in for a feed, and the mothers should instead relax and enjoy cuddling their newborn baby.

One of the fathers takes up this instinctive perspective in line 15 when he asks if breastfeeding is ‘almost like an automatic process then’. The ‘almost’ here softens his statement that breastfeeding is not wholly automatic, but his statement does present a paradox. If breastfeeding, and the father’s interpretation of the BFC’s construction of it as natural, instinctive and automatic is adhered to then one must wonder why is the teaching of breastfeeding, and indeed these classes set up and attended? The following turn from the BFC in answering his question, initially agrees with his formulation of breastfeeding as automatic ‘yeah I think’ (line 16) before continuing with her prior formulations ‘well it (i.e. breastfeeding) is a natural process’ (line 16). Note here her use again of natural rather than instinctive or automatic. She continues with citing research, of what has been learnt and taught, that cuddling your baby directly, i.e. skin-to-skin contact, rather than covered in blankets, encourages the baby to feed, assists with attachment and encourages the mother’s body to create more milk to feed the baby (Kroeger, 2004).

Picking up on the potential paradox of the competing discourses of breast feeding as a natural versus taught skill in NCT antenatal classes, the BFC in hedged terms softens her prior construction that although the baby will instinctively move towards to the breast either it will ‘sort of almost latch themselves on’ (lines 25-26), or the mother will need to bring them to the breast. It is the second part of this formulation that explicitly deals with the need to teach breastfeeding, that the mother needs to know how to position the baby on the breast, in case the baby does not latch

itself on. Indeed her construction is that the baby will ‘almost’, but not by implication not quite, latch on to the breast. As researchers such as Palmer (1988) and Colson (2005?) note, it is not just the baby who instinctively knows what to do. According to this view, the mother also has such instinctive behaviours that need to be ‘switched on’ in response to the baby and bonding. It is for this reason that unless necessary, babies are not removed from their mothers after delivery.

This extract has demonstrated how although breastfeeding is constructed in and talked about as a natural, instinctive and automatic process within antenatal sessions. In the second extract, one of the men in the group, Jim is asking about breastfeeding and contrasting it with bottle-feeding.

Extract 2: BF Course 2 Page 21

1 Jim: We have a couple of sets of friends, godparents
2 too, and seen them bring their children up and one of my
3 experiences is seeing people go and get powdered milk and
4 put it in a bottle and measure out a certain amount and
5 feed it at a certain time etc. etc. There's no danger
6 with breastfeeding I take it of over-feeding, there's no
7 problems in anything like that?
8 BFC: No, because the baby will absorb all of the food, so you
9 are not going to over feed. You can over feed with
10 bottle milk, this is true, you have to measure and you
11 have to be very careful. But that's all done, it's at
12 the right temperature.
13 Jim: It's a natural thing.
14 BFC: It is a natural thing, you know, you don't have to warm
15 it, or heat it or anything. It all comes at the right
16 temperature, in nice handy containers, it's very good

Jim begins by locating his claims in his common personal experience of ‘couple of sets of friends, godparents too’ (lines 1-2) who have bottle-fed their children and he uses the example of them measuring out a ‘certain amount’ (line 4) at a ‘certain time’ (line 5). And he contrasts this with breastfeeding, that in breastfeeding is there any danger of ‘over-feeding’ (line 6), like he has implied, there is with bottle-feeding. The breastfeeding counsellor (BFC) replies that the baby will ‘absorb all of the food’ (line 8) and thus will not be overfed through breastfeeding. As an aside, she deals with overfeeding from bottle-feeding, but continues that with breastfeeding ‘that’s all done’ (line 11). Jim gives the coda as to the BFC’s formulation that ‘it’s a natural thing’ (line 13) and the BFC echoes this that ‘it is natural thing’ (line 14) and then implicitly compares it with bottle feeding in the form of two three part lists (Jefferson, 1990) ‘you don’t have to warm it, or heat it, or anything’ (lines 14-15) and then the second list that it ‘comes at the right temperature, in nice handy containers, it’s very good stuff’ (lines 15-17). Thus we can see here that breastfeeding is constructed as something that is ‘natural’ and this naturalness has a physiological base – that women produce milk and it comes at the right temperature, and the baby takes the right amount. All of these constructions stand in contrast to the implicit claims here and elsewhere about bottle-feeding. However, although breastfeeding has been set up as something that is natural, it also has a dual status of something that needs to be learnt and taught. The following extract follows an exchange where the breastfeeding counsellor (BFC) has addressed the concerns raised by one of the mothers-to-be who claimed that she had heard that breastfeeding could be difficult.

Extract 3: BF course 4: Page 8

1 BFC: breastfeeding's a learnt skill I'd like you to think can
2 you remember your first driving lesson, okay?
3 Sue: mm
4 BFC: you're there aren't you. Right so you won't be
5 surprised perhaps then if you first breastfeed
6 isn't the feed from heaven, cos I'm sure that your
7 first driving lesson, wasn't the best driving
8 experience you've ever had was it
9 Sue: no
10 BFC: any skill, when you first learn to do something,
11 how hard was it? Those first steps and I think you hav-
12 that's why you've gotta be kind to yourself ,and you've
13 got to learn. you know when you see a small child, trying
14 to take their first steps they stumble first don't they?
15 But they pick themselves up and they have another go. And
16 I think it's perhaps a bit like that with breastfeeding
17 you've got to just think 'okay let's have another
18 go', like you'd have another driving lesson (.) cos I
19 think there there's good reason to think after the
20 first one oh I'm never doing that again and I'll just
21 never be able to do this cos I do remember thinking that
22 my hands and feet and brain just couldn't possibly do it
23 but how's driving for you now
24 Sue: second nature
25 BFC: it's like breathing isn't it (.) it's like walking is to
26 the toddler (.) and hopefully that's how breastfeeding
27 will become

This extract begins with the BFC explicitly stating that breastfeeding is a ‘learnt skill’ (line 1), partly justifying her role in teaching it and its place in the antenatal course, and subtly counteracting any claims as to its difficulty that may arise out of the participants’ discourse, that it needs to be learntⁱⁱ. She continues by invoking a gender-free analogy that of learning to drive to demonstrate how generally skills are learnt and to counteract the importance of the ‘first breastfeed’ (line 5) and its implied associated difficulties, she introduces the notion of ‘first driving lesson’ (line 7). She notes that the mothers should not be surprised if their first experience of breastfeeding ‘isn’t the feed from heaven’ (line 6) without specifying what she means by that statement, i.e. what would make it perhaps not enjoyable or pleasant for the mother. The BFC does not dwell on this potentially negative construction though but instead links it back to the her learnt analogy of learning to drive¹ and the first driving lesson not being ‘the best driving experience you’ve ever had’ (lines 7-8). Her use of the tag question at the end of this sentence ‘was it’ seeks agreement from the rest of the group, and as it is gender neutral, the fathers to be as well, as to what she is claiming.

The BFC constructs breastfeeding in line 10 as a generic skill and that learning any new skill is difficult in the early stages ‘those first steps’ (line 11). The underlying construction here is not to give up when things become difficult, and she goes on to explicitly deal with this by using other analogies (lines 13-18). The BFC, as with the previous extract, deals, although implicitly, with this tension between natural and learnt when talking about breastfeeding, by moving away from the driving analogy (one which elsewhere she constructs as being taught and then feeling natural to do), to other skills that are more obviously natural, that of learning to walk, and it is this

analogy of something that is inherently a natural ability but one that needs to be learnt that she focuses on in order to manage the implied difficulties of early breastfeeding. She claims that young children taking their first steps ‘stumble first...but they pick themselves up and have another go’ (lines 13-14). She then moves this analogy directly on to breastfeeding that ‘it’s a bit like that’ (lines 16), that you need to ‘just think ‘ok let’s have another go’ like you’d have another driving lesson’. This formulation is interesting in its construction, the BFC instructs the class members as to the kinds of thinking they should be engaged in, she does this through active voicing of hypothetical thoughts ‘ok let’s have another go’. As Wooffitt (1992) in his analysis of accounts of paranormal experience demonstrates, active voicing serves to bolster the importance of what is being said, and make it sound more plausible and persuasive. The BFC moves to another analogy, that of toddler taking its first steps, and again the explicit message here is that if things do not go to plan, to have another go. The walking example is obviously a more natural skill than driving. We all learn to walk, we do not all learn to drive, and thus it demonstrates that natural skills need to be learnt before they become part of our everyday conduct.

By constructing breastfeeding as being a learnt skill it implies accountability for those women who do give up early without trying to get through the difficulties. The statement in line 17 from the BFC ‘you’ve got to just think’ is set up as a generalised and normative rule that women should follow, if breastfeeding is difficult, to have another go and try again. The BFC’s formulation of this is constructed very much in personal, hedged terms ‘I think it’s perhaps a bit like that’, rather than offering it as definitive statement of fact. However, the implication is there that women learn how to breastfeed and are accountable for seeking help if the initial stages of breastfeeding are not altogether successful.

The teaching of breastfeeding as a learnt skill, coupled with the analogy of driving as a taught skill that now feels natural (like breathing and walking) is one that comes up repeatedly throughout the breastfeeding sessions. Another example is given in the final extract

Extract 4: BF Course 2 Page 2

1 BFC: And each one of you will make a different milk because
2 each of all of you is a different person and you will
3 all have different babies. What I can't tell you is
4 how it will be for you. Now some babies are born and
5 they just do it, I don't know why. But other babies
6 take a bit longer, it can be quite a difficult process,
7 but the main thing I think I want you to take away from
8 here is that it is a learnt skill. You know you've
9 seen these pictures and people say 'only natural.' Who
10 can remember their first driving lesson? Okay, the
11 very first driving lesson. How did that feel? I mean
12 I can just remember thinking I'll never be able to do
13 this. But now when you drive, how does it feel?
14 Rob: Natural
15 Zoe: natural
16 BFC: It's like breathing isn't it? It's just the most
17 natural thing in the world. But that didn't happen
18 just like that and breastfeeding won't happen just like
19 that. And if you take that on board and understand it,
20 that it's not just you, but you and your baby, and you
21 Dads, you've all got quite a lot to learn here, that it
22 makes it an easier thing to understand I think.

The BFC begins with setting out that each milk produced is unique, just as each mother is unique, and each baby. Note the repeated use of ‘different’ (lines 1,2,3) to set up this claim and the individualised nature of breastfeeding. She continues to hint as to the potential tricky nature for some of breastfeeding in the next line before continuing that ‘some babies are born and just do it...other babies take a bit longer’ (lines 4-6). She explicitly states that breastfeeding can be a ‘difficult process’ for some before coming to her key argument that breastfeeding is a ‘learnt skill’ (line 8). She explicitly contrasts that here with ‘people’ who say ‘only natural’ (line 9), and turns this onto the analogy of driving and how we learn to do something that now feels natural (lines 14-15). The natural is given in unison by members of the class and demonstrates that they are following her arguments. She continues in line 16 by comparing breastfeeding to something that is natural and automatic ‘breathing’ before reiterating that it is ‘it’s just the most natural thing in the world’ (lines 16-17). However, she continues that ‘breastfeeding won’t just happen like that’ (lines 18-19), thus strongly implying the taught nature of breastfeeding before it becomes ‘natural’ and ‘automatic’. She continues to situate breastfeeding as a relational skill that it is not simply down to skill on the part of the mother but rather it is between ‘you and you baby’ in line 20 (cf. La Leche, 2004, page 46 on the mother learning from the baby and the baby learning from the mother). The relational nature of breastfeeding in the extract is set up at the beginning ‘some babies...other babies’ (lines 4-6) and this is then built upon at the end (line 20). The BFC moves to including the ‘dads’ (line 21) in breastfeeding (cf. Wolfberg et al, 2003) and addresses the whole group that ‘you’ve all got quite a lot to learn here’ (line 21), continuing that if the learnt nature of breastfeeding and its relational state are taken ‘on board’ (line 19) that it becomes ‘an easier thing to understand’ (line 22).

The previous extracts have demonstrated how in antenatal classes, breastfeeding is constructed as a natural part of mothering but at the same time as something that is a learnt skill. The accountability work of what such dual constructions accomplished was considered and the analysis pointed to the following constructions: That breastfeeding is natural and best for the baby, however, it also is a skill needs to be learnt. And implicitly, that the mother is accountable for not giving up if she encounters difficulties and therefore should seek support. The discussion and conclusions deal with this further.

Discussion and Conclusions

This paper has examined the seemingly competing discourses of ‘breastfeeding as natural’ and ‘breastfeeding as learnt’. However, it has demonstrated that rather than being competing, the discourses work alongside each other in order for the breastfeeding counsellor to counteract concerns with the difficulty of breastfeeding that may be experienced by some. When we consider the construction of breastfeeding as ‘natural’ we note that this naturalness is set up in a variety of ways – in terms of the physiology of breasts producing the right amount of milk at the right temperature, and the newborn baby, untouched by society, naturally moving towards the breast straight after birth. The naturalness of breastfeeding is then set up as being automatic, like breathing, walking and learning to drive. The second two of this list are skills that have to learnt. Walking is a skill that is both natural and learnt, however, it is not taught – we do not teach a child how to walk. Driving is a skill that once you are practiced at it may feel automatic and natural, however, you need to be taught how to do it. Thus the appearing paradox of the two discourses is a useful one for the breastfeeding counsellor. It has been argued that the ‘natural’ aspect of

breastfeeding has been culturally bred out of us with bottle-feeding being associated with modernity (Blum, 1999), and as noted previously, that we are a nation of bottle feeders (Henderson, et al, 2000) and we are not privy to the everyday experience of others breastfeeding their children. Some argue that it is due to this that as an individualistic society, we are lacking in the skills, confidence support to breastfeed (e.g. Britton, 2003). Thus these two discourses in essence are that breastfeeding is physiologically natural for the mother, behaviourally natural for the baby, it has been culturally bred out of us, and thus we need to learn it again and work at breastfeeding to feel natural. Therefore the two discourses work side by side.

On a related issue, by constructing breastfeeding as natural process that needs to be taught and learnt, the breastfeeding counsellor is implicitly instructing the participants that breastfeeding may not be an automatic, natural, easy skill at the beginning and needs to be worked at to be successful. This success depends on two factors. The first is that the woman works at breastfeeding, and there is an implicit accountability within this for her to do so, not give up, and to seek support and advice if needed (Fallon et al, 2005). Accountability in this sense refers to the mother acting in a morally acceptable way within society whereby there is the maxim that ‘breast is best’ (see Murphy 1999; Murphy, Parker & Phipps, 2004; on the links between bottle feeding, deviance and morality). A second implication, linked to the first, is that a woman needs to be supported to breastfeed successfully and this support as well as being at a larger societal level (Dykes & Griffiths, 1988) is also done in the smaller, familial level with the father (Wolfberg et al, 2003) and other family members being supportive of breastfeeding. Thus through the teaching, both parents are accountable for supporting and persevering with breastfeeding. As research notes, support in breastfeeding is regarded as a critical factor. Indeed, as ???note, without having

adequate support, women do not have a choice as to whether they breastfeed their children.

When examining the two discourses at work, as well as studying the issue from a micro-level of analysis, it becomes evident that one must engage with the wider cultural framework within which discourse operates and wherein breastfeeding gains relevance. The practice of breastfeeding does not operate in a vacuum and there are many societal and cultural influences upon it (e.g. McKinley & Hyde, 2004). Thus a multi-faceted approach whereby the micro is considered alongside the macro-levels of analysis is crucial to understand the complex area of breastfeeding. The area of infant feeding is a large and multifaceted problem, involving not only issues concerning nutrition and health discourse, but one that also must take account of societal influences and feminist concerns. Therefore, studies of this nature that examine how the practice of breastfeeding is represented to new parents through discourses of antenatal classes and health professionals provide a much needed insight into the area.

What the analysis has demonstrated is the ways in which breastfeeding is constructed by the BFCs. We see that it is regarded as something that is constructed as natural for the baby in its behaviour to gravitate to the breast, and natural in the breastmilk's composition for the baby (extracts 1 and 2) . There is no explicit mention, as is reflected elsewhere, on the experience of breastfeeding as beneficial to the mother (cf. studies of breastfeeding an attachment; and Lee, 2007, failed breastfeeding and guilt). When the teaching of breastfeeding is given, it is framed within a mechanical discourse of learning to drive, rather than a relational discourse of mother and child bonding. Once more, this is in line with dominant medical discourses, whereby breasts and breastfeeding are represented in the sense of body as

container (ref) and body as machine (ref). As the figures show, breastfeeding rates are currently rising, albeit slowly, and thus one side of breastfeeding promotion in that sense, must be working. However, such teaching appears to focusing on the maxim that ‘breast is best’, which notes the importance physical aspects of breastfeeding for the baby, and ignores the emotional, bonding and enjoyment aspects of breastfeeding (see for example Palmer, 1988). However, the emotional aspects of such teaching were removed in order to avoid the claims of morality and immorality, and standards of motherhood that follow breastfeeding discourse. Lastly, and with reference to the accountability of breastfeeding, are studies that demonstrate that the ‘breast is best’ maxim is not helpful for either those women who chose not to breastfeed or who were, for whatever reason, unsuccessful in doing so. Such women are labelled as social deviant (Murphy, 1999) and experience guilt and signs of depression (Lee, 2007).

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ⁱ In every course of NCT classes there is a breastfeeding workshop given by a breastfeeding counsellor. These counsellors, in contrast to NHS classes, do not also teach the class about how to formula feed. The criteria on which one becomes a breastfeeding counsellor is that they have successfully breastfed their own children. Thus there is an implied accountability that they either found breastfeeding relatively simple, or that they persevered through it until it became easier. They do not have to be a health professional

ⁱⁱ Similar notions of breastfeeding as a learnt skill are found elsewhere in the literature. For example, Renfrew et al (2004) compares the physical and positioning nature of learning to breastfeed to learning to type.