

The Medicalization of Breastfeeding: the Solution or Part of the Problem?

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- Like other aspects of everyday life, breastfeeding has become increasingly medicalized. What role do we play in supporting mothers at a time when experts use science, technology and medicalized care to support breastfeeding? How do we transform the culture of medicine and empower mothers?

Breastfeeding in the 21st Century

- I just wanted to check with “the expert”
- “I think I may have a foremilk hind milk imbalance” (hyperlactation or insufficient milk syndrome)
- How long should I feed until I get to the good milk?
- Urgent visits to the doctor for a plugged duct
- Specialist physicians doing latch and position
- Should I use the ‘c’ hold or the ‘u’ hold?

Overview

- Concerns about medicalization
- Our history of medicalization of infant feeding
- Are we part of the problem?
- Can we part of the solution?

Concerns about the Medicalization of Breastfeeding

- What are we doing with the “language of latch”?
- How do we help the mother or baby who doesn’t fit our “norms”?
- Have we thrown the baby out with the bathwater (product over process)?
- Will more lactation consultants improve our outcomes?

Questions

- What are we doing?
- Is this ‘Medicalization’?
- What is Medicalization?
- Do we play a role?
- Is there a different approach?
- What have we done to the art of parenting?

Questions

Is sex more like ...
... dancing or digestion?

“The way one talks helps determine the way one thinks and the way one thinks helps determine the way one talks.”

Berthold, 1964

What is Medicalization?

- “to make medical”
- Defines normal events in terms of health and illness
- “a process whereby more and more of everyday life has come under medical dominion, influence and supervision” (Zola, 1983)

Cultural Acceptance of Medicalization

- Uses the medical model to understand and treat the problem
- Problems moved to the sphere of control of medical profession
 - the gate keepers
 - top of the hierarchy
- Medical knowledge accepted as the authoritative knowledge
- Not just physicians
- Changes in the social-cultural environment
- Reliance on experts

Examples

- self limiting infirmities and physical characteristics
- deviant behaviour
- normal human behaviours

Medicalization and Women’s Health

- The 20th century: Biomedicine becomes the dominant discourse on women’s life and health issues
 - Menstruation, unhappiness, postpartum unhappiness, pregnancy, abuse, mothering, reproductive technology, breast size, menopause
- Birth: part of medical monopoly on women’s health



Medicalized Birth

Cesarean on demand



Parenting

- Sleep
- Soothing babies
- Infant feeding*
- Growth monitoring
- Discipline

What's the problem?

- Social control:
 - the authority to define behaviour, persons and things
 - how the phenomena is understood
 - Control resources
- Cultural assumptions about medical perspective
 - Scientific, objective, altruistic
- Rising health care costs
- Diminished capacity for self-care
- Increasing reliance on experts

What's the problem?

- "a pill for every ill – and increasingly an ill for every pill"
- Treatment focused on the individual rather than social and cultural issues.
 - E.g. depression, obesity, sexual dysfunction

Medicalization of Women's Health:
Implications

- Women's ways of acquiring and constructing knowledge are different from men's
- Devaluing and dismissal of women's experiential knowledge
- Assumptions and beliefs about construction of medical knowledge
 - 'Scientific' thus superior
 - Gender neutral

"In short, medicine was able to share the prestige that contemporary society accorded to fields that presented themselves as rational, scientific enterprises" (Findlay & Miller)

Exclusion of Context

- Biomedicine assumes human behaviour is predictable
- Experiences like birth and breastfeeding are shaped by the context in which they occur
- Social, cultural and political context is minimized

Power Imbalance

- Paternalism
 - Power imbalance
 - Practitioners know best
- Internalized oppression
 - Acceptance
 - E.g. middle aged women = abnormal
- Disempowering

Medicalization of Infant Feeding The History

- Cultural, religious, and medical advice
 - Quran: breastfeed 2 years
 - Talmud: put baby to breast immediately and suckle for 18 months to 2 years
 - Ayurvedic text: breast milk only food for first year
- Breastfeeding the norm until beginning of 20th century

The 20th Century

Medically-directed Bottle Feeding (Rima Apple)

- Increase of hospital births
- Availability of commercially produced alternatives
- Development of pediatrics as a specialty

"Women complied with a prescriptive and authoritarian knowledge developed by science and medicine" (Ryan and Grace)

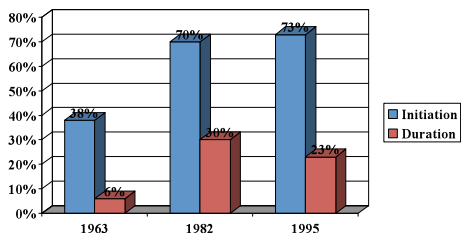
Brief period of Empowerment

- Late 1960s and early 1970s
- Creation of a non-medical discourse
- Constructing their own breastfeeding knowledge empowered women to breastfeed
- Sharp increase in breastfeeding rates

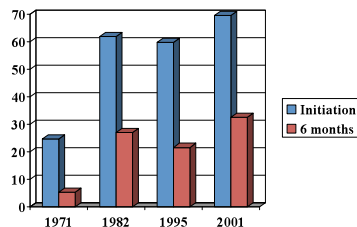
Medically-Directed Breastfeeding

- 1975-1990: the *remedicalization* of breastfeeding
- “Experiential knowledge was merged with the findings of science to develop a new, once again biomedical, understanding of infant feeding”
- Technical language
- “Breast is best” discourse

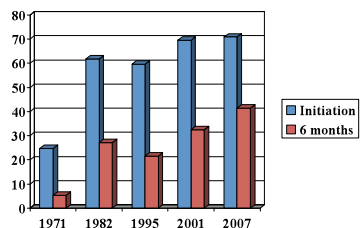
Breastfeeding Rates in Canada



Breastfeeding Rates in the US



Breastfeeding Rates in the US



The Medicalization of Breastfeeding

- Ryan & Grace. (2001). *Medicalization and women's knowledge: The construction of understandings of infant feeding experiences in post-WW II New Zealand.*
- Beasley. (1996). *Breastfeeding for the first time: a critical-interpretive perspective on experience and the body politic.*

The Medicalization of Breastfeeding

- Mahon-Daly & Andrews. (2002). Liminality and breastfeeding: Women negotiating space and two bodies.
- Fiona Dykes. (2005). 'Supply' and 'demand': breastfeeding as labour.

Significant findings

- The social political context
- Exclusion of women's experience – reliance on experts
- Liminality
- Disembodied experience

The Social Political Context

- Biomedicine is simplistic and reductionistic
- "The body politic" – incorporates the social and political context of breastfeeding
- Women's bodies: "the site where physical processes confront social forces"

Exclusion of Women's Experience

- "breast is best" discourse
- Reliance on experts
- Precludes understanding the emotional experience
- Product over process

Liminality

- Rites of passage – transitions into new roles or understandings
- Liminality – part of the process of change
- Neither belongs to their 'old world' or their 'new world'
- Prolongs liminal phase
- Contributes to premature weaning

Medicalization and Liminality

- | | |
|-------------------------------------|----------------------------|
| • Physically | • Medicalization |
| • Development of new understandings | – Medical surveillance |
| • Act of breastfeeding | – Loss of control |
| | – 'discrete breastfeeding' |

Medicalization and Liminality

- Physically
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Medicalization and Liminality

- Medicalization
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Disembodied Experience

- Mechanistic view of the body
- Focus on the product
- Decreased confidence
- Decreased significance of the relationship
- Language reinforced mechanistic view
- Relational aspect minimized

“Simply changing the rhetoric around practices does not necessarily change women’s experiences”

What Role do We Play in the Medicalization of Breastfeeding?

Development of specialists

- Specialist nurses or mini doctors?
- Lactation Consultants
 - Roots in mother-to-mother support groups
 - “specialists in breastfeeding management”

Lactation Management

- “to exercise control over ... to influence (someone) so that he does as one wishes”
- “the body of those positions of administrative authority”

“During the past few decades scientific studies and observations have been codified into what is often referred to as *lactation management*. This term was chosen in order to attract the attention of the largely male body of physicians whose lack of understanding and interest in breastfeeding has in the past half century only been surpassed by their power over it. Unfortunately the term implies that this power is somehow correct and necessary” (Grenier)

- ILCA has tried to raise the profile of breastfeeding by **adopting the culture of medicine and by professionalizing support of the mother**. The very existence of a ‘professional’ supporter motivates the expectation from clients for the mystique of complex information. Most North Americans already believe that a doctor is needed to assist every birth; it will be sad if every woman comes to believe she needs professional help in order to breastfeed (Palmer & Kemp).

Technology and medicalization

- Technology = progress
- Enhanced professional status
- Less confidence in intuitive observational skills

Cultural and institutional pressure

- Cultural Reliance on Experts
- Confusion about Nursing (and LC) Practice

Cultural Reliance on Experts

- US: Barker (1998): American Publication, “*Prenatal Care*”
 - Initial focus: what women could do for themselves
 - Moves to “elemental need to defer to a physician”
- Canada: “*The Canadian Mother and Child*” (1964, 1979) and “*Babies Best Chance*” (1998)
 - Increasing reliance on experts

Confusion about Nursing Practice

“*There is an underlying assumption in the United States that medical care is health care, that all services exist in a hierarchy in which medicine is positioned at the peak*” (Harrison, 1994)

Do we aspire to give medical care or health care?
By becoming the ‘new’ expert are we maintaining the hierarchy?

Medicalized care

- Drugs to increase or decrease milk
- Clinic visits for latch and position
- Anatomy and physiology

Is there a solution?

- In theory
- In practice

In theory ...

- Holistic approach: Transforming the culture of health care
- Empowerment of mothers
- Understanding the breastfeeding relationship

Transforming the culture of health care

- Medicine not medicalization
- Reframing women's health
 - Challenge traditional hierarchy
 - New educational paradigms
 - Interdisciplinary education
- Critique our role
 - Care or 'management'
 - "In Western societies there has been an erosion of the patriarchal model. But it is alive and well within health care" (Buresh & Gordon)
 - Holistic view*

Empowerment

"a social process of recognizing, promoting and enhancing people's abilities to meet their own needs, solve their own problems and mobilize the necessary resources on order to feel in control of their own lives" (Gibson, 1995)

Empowerment

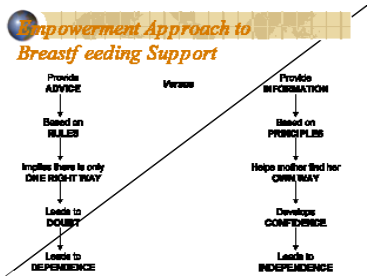
- Effect of the context
- Notion of power
- Building capacity

Effect of Context

The Notion of Power “Can’t women just breastfeed?”

- Autonomy
- Agency

Recognizing and Building Capacity



Framework



- Child Health Assessment Interaction Model
- Barnard & Evers (1978)

Understanding the breastfeeding relationship

In practice...

- What are we doing with the “language of latch”?
- How do we help the mother or baby who doesn’t fit our “norms”?
- Have we thrown the baby out with the bathwater? (product over process)
- Will more lactation consultants improve our outcomes?

What are we doing with the “language of latch”?

- Management or care?
- All the syndromes
- Symmetric versus Asymmetric latch
- Consents

How do we help the mother or baby who doesn't fit our “norms”?

- Normal nipples / breasts
- Does it change what we do?

Have we thrown the baby out with the bathwater?

- Product over process
 - Breast is best
- Disembodied experience

Will more lactation consultants improve our outcomes?

- Will medicalization decrease our ‘upstream thinking’ (thus not improve our outcomes)?
E.g. obese women = less milk
- De-skilling of nurses
- How do we change the breastfeeding context?

- Maternity leave
- Baby Friendly hospitals and communities
- “Discreet” nursing (e.g. Maria)

- When medical care is needed, how do we offer medicine and not medicalization?
 - Prescriptions to increase and decrease milk

Do we have the right to *manage*
breastfeeding?

IS breastfeeding
more like
Dancing
or digestion?