

# The Woke Capitalist Attack on Breastfeeding

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At the end of the nineteenth century, family life, feeding practices, and children's health transformed in the industrializing world as economic and scientific innovation coalesced around the newly emerging needs of capital. Henri Nestlé did what other baby formula inventors had not yet done by making the product easy to prepare, aggressively marketing it, and promoting it to consumers as an alternative to breastfeeding. The low-wage work that drew women out of the home and into the labor force created the demand for human milk substitutes contributing to the success of Nestlé's commercial efforts and building a food product enterprise that would endure for at least the next century and a half.

While women increasingly went to work in factories in the industrializing nations of Europe and the United States at the turn of the twentieth century, colonial countries like the Belgian Congo also saw an expansion of women laboring outside of the home, but in agriculture. Wherever women worked away from their families was fertile ground for marketers of human milk substitutes. They utilized the emergent fields of pediatrics and public health to argue that formula provided a solution to infant mortality and childhood illness.

Formula sellers, employers, and profiteers of women's labor initiated a war against breastfeeding starting in the Gilded Age that progressed well into the twentieth century and continues on into this one. As industrialization and Western imperialism continued to reshape global economies, captains of industry and colonial governments alike forged a campaign to endorse the consumption of formula, touting it as more sanitary and nutritious than its biological counterpart. A century and a half later, this assault hasn't ceased despite several waves of discontent—public health advocates, doctors, nurses, environmentalists, leftists, women's rights activists, and even pro-family right wingers—all contending the undeniable superiority of breastmilk. Today, however, the capitalist opponents of breastfeeding have a new ally: neoliberal feminists.

## **Feminism Against Breastfeeding**

The lean-in crowd is working hard to delegitimize breastfeeding's supporters and to undermine its benefits despite mountains of evidence born out of generations of research. This attack is cloaked in the guise of protecting women from shaming bullies and preserving and prioritizing choice. However, the larger social and economic forces out of which choices are made go ignored by many

of these mom bloggers and woke journalists who are maligning breastfeeding advocacy. Additionally, the broader public health impact of breastfeeding disparities on marginalized people is of little interest to a feminist discourse that celebrates choice alone while turning a blind eye to the material conditions shaping working families' lives.

Even intersectional feminists are in on the crusade against breastfeeding promotion. With articles like "How the 'Breast is Best' Message Can Hurt New Parents" one would think that the most pressing issue surrounding maternal/infant health is that an army of lactation zealots are forcing breastfeeding onto new moms and they must be stopped at all costs.

This is not to say that anyone should be shamed for choosing not to breastfeed. It is a given that women's personal healthcare and child rearing decisions are entirely their own—abortion, birthing preferences, childcare, employment, contraception—no woman should have to endure the onslaught of judgment heaped on them by a society that blames them for every aspect of their identities and most private selves. Rather, these choices should not be addressed as though they are floating around in a vacuum, uninfluenced by all the patriarchal and capitalist forces that shape our lives at the macro and micro levels.

The vast majority of women who formula feed, do so based on the need to return to work soon after childbirth, the inability to express milk at their place of employment, and the logistical difficulty of finding childcare that can properly store, prepare, and administer human milk. It goes without saying that it is wrong to shame women for any reason, but especially when such circumstances decide how their babies will be fed. However, the economic and structural limits of women's choices go wholly unmentioned in these feminist missives lambasting breastfeeding advocates.

For any feminist truly invested in the disadvantages faced by women of color and/or low-income mothers, it is worth understanding how the breastfeeding gap between privileged and working-class families makes an enormous impact on the health outcomes of mothers and children. The implications of lactation for both breastfeeding parent and baby are enormous. In addition to virtually cutting the SIDS risk in half, breastfeeding significantly reduces the likelihood of developing a mountain of childhood ailments including diabetes, ear infections, asthma, allergies, gastrointestinal infection, respiratory illness, obesity, eczema and leukemia. Breastfeeding also decreases the chance that the breastfeeding parent will develop breast or ovarian cancer as well as osteoporosis.

The American Academy of Pediatrics' (AAP) recent revision of its recommendation on the length of time a baby should breastfeed, and the backlash against it, highlights the flatness of the so-called feminist criticism of breastfeeding promotion. Even though the AAP suggested that the time a parent breastfeeds with supplemental foods be increased from one to two years based on the scientific evidence pointing to the enormous benefits to the health of the *mother*, publications like *Good Housekeeping* are attacking the AAP as "tone deaf" and calling on them to "read the room." According to Elizabeth Skoski of *Good Housekeeping*, it is wrong to encourage parents to breastfeed for up to two years in a climate of hostility to women and lack of infrastructural support highlighted by the COVID pandemic.

Rather than take on the policy-makers and purveyors of an economic system that makes it difficult for women to breastfeed, Skoski blames the AAP and denies the scientific evidence on which it is basing its new recommendations. Perhaps to her "reading the room" might entail withholding empirical information on the benefits of breastfeeding while staying silent on the legislative inaction that impedes breastfeeding, especially for those families whose healthcare choices are the most limited by white supremacy and capitalism.

## **Breastfeeding Disparities as Public Health Crisis**

The urgency of breastfeeding promotion at a time when the supply chain crisis threatens to starve children, is rooted in the reality that families who are unable to breastfeed face a heightened risk for disease. When considering that African American mothers and babies have the lowest rates of breastfeeding at every stage of infancy, it is worth emphasizing the horrific disparities afflicting Black families including higher infant and maternal mortality rates. The reasons for lower breastfeeding rates among African Americans, while influenced by lack of access to lactation care and targeted programs, are mostly shaped by the need to return to work earlier than white mothers and by hostile attitudes on the part of employers when it comes to pumping breaks.

Income is the other major determinant in the likelihood that a parent will be able to breastfeed. Middle and upper-class families have much higher rates of breastfeeding as do those with higher levels of education. In addition to having a greater likelihood of encountering information regarding the risks of not breastfeeding and healthcare that greatly facilitates lactation care, these families have two major resources that low-income parents don't when it comes to postpartum life, namely, their type of employment and the quality of childcare they can afford.

Even though the United States remains one of only three countries in the world not to offer any form of paid maternity leave, middle and upper-class families are much more likely to have employment conditions that allow for breastfeeding to be established in the early months of infancy. The economic ability to take time off as well as the capacity to negotiate with employers for time and space to pump at work are much more difficult to come by for working class women. Additionally, the support structure needed to express, store, and provide milk to infants at daycare is not available to the same degree to low-income parents.

To live in a society that values breastfeeding and acknowledges its importance to the health of mothers and children, is to, therefore, live in a society that affords women time off in the early months of their children's lives and provides them sanitary, comfortable, and generous accommodations to express milk when they do return to work. In short, this is not a society that prioritizes capital and profit above all else while treating workers like robots with no human needs or rights.

The neoliberal feminist campaign against breastfeeding promotion illustrates the limits of an argument for women's rights that ignores the material conditions that shape life for families. If breastfeeding advocates are cast as the villains in the drama of postpartum life rather than the employers who exploit women's labor and deny them lactation accommodations and lawmakers who oppose paid maternity leave, then the systemic obstacles to women's and children's health will remain unquestioned and thus fundamentally unaltered.

Until then, the Henri Nestlés of the world will continue to profit from formula supplementation (despite scandals such as the genocide of countless infants in underdeveloped countries as a result of the aggressive marketing of human milk substitutes in the 1970s or, most recently, Abbott's recall of tainted formula that caused serious illness in at least four infants), employers will remain the primary power-holders over mothers' choices, and policy-makers will feel little pressure to enact any form of paid maternity leave. Meanwhile capitalist feminists will continue to piddle around the edges of a power structure that rewards a tiny subset of economically privileged women with the freedom to make their own peripartum choices while the vast majority of working-class families will continue to suffer from preventable diseases.