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# Liquid gold from the milk bar: Constructions of breastmilk and breastfeeding women in the language and practices of midwives

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ABSTRACT

Midwives are the main health professional group providing support and assistance to women during the early establishment of breastfeeding. In published accounts of early breastfeeding experiences women report high levels of dissatisfaction with health professional support. To gain an understanding of this dissatisfaction, we examined the way in which midwives represent breastmilk and construct breastfeeding women in their interactions. Seventy seven women and seventy six midwives at two maternity units in NSW, Australia, participated in this study. Eighty five interactions between a midwife and a breastfeeding woman were observed and audio recorded during the first week after birth. In addition, data were collected through observation of nine parenting education sessions, interviews with 23 women following discharge, and 11 managers and lactation consultants (collected between October 2008 and September 2009). Discourse analysis was used to analyse the transcribed interactions, and interview data. The analysis revealed that midwives prioritised both colostrum and mature breastmilk as a 'precious resource', essential for the health and wellbeing of the infant and mother. References to breastmilk as 'liquid gold' were both verbal and implied. Within this discourse, the production and acquisition of 'liquid gold' appeared to be privileged over the process of breastfeeding and women were, at times, positioned as incompetent operators of their bodily 'equipment', lacking knowledge and skill in breastfeeding. In this context breastfeeding became constructed as a manufacturing process for a demanding consumer. The approach taken by midwives revealed an intensive focus on nutrition to the exclusion of relational communication and support. The findings indicate the need to challenge the current 'disciplinary' and 'technological' practices used by midwives when providing breastfeeding support and the need for a cultural change in postnatal care.



## Introduction

Contemporary maternal and infant discourses present breastfeeding as optimal for the health and wellbeing of infants and their mothers. The World Health Organization campaign to 'protect, promote and support' breastfeeding has raised the profile of breastfeeding to become an international priority (WHO & UNICEF, 2003). Over the past three decades the 'breast is best' health messages have transformed public thinking about breastfeeding, and promoted this maternal practice as the 'Gold Standard' in infant feeding (Walker, 2010).

Social scientists have argued that health promotion campaigners have constructed breastmilk as a 'pure' substance (Wall, 2001) referred to at times as 'white blood', 'white chocolate', and the 'milk of human kindness' in contemporary discourse (Giles, 2003; Hird, 2007; Weaver & Williams, 1997). In her book *Mother's Milk,* Bernice Hausman highlights the tendency for breastfeeding 'advocates' to promote breastmilk as a 'miraculous' substance known as 'liquid gold' (Hausman, 2003:17,104). The use of the term 'liquid gold' by health care organisations is illustrated in the excerpt below:

> A woman's breastmilk has a unique composition of nutrients, enzymes, growth factors, hormones, and immunological and anti-inflammatory properties that can reduce the risk of a wide range of illnesses for a child well beyond infancy. Essentially, it is like 'liquid gold' for a growing baby (First 5 LA website, 2007).

Furthermore, for sick or premature infants, breastmilk has been referred to as more of a medicine than nutrition (Godfrey & Lawrence, 2010; Quigley, Henderson, Anthony, & McGuire, 2007).

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According to Boyer (2010, p. 6) the "...ontological status of breastmilk has shifted" in recent years as it no longer represents sustenance derived only from feeding 'at the breast' but rather is now a commodity, or a gift, which can be bought and sold, and can travel quite independent from the woman.

Breastfeeding has become aligned with societal prescriptions for 'good mothering' (Avishai, 2007; Marshall, Godfrey, & Renfrew, 2007; Payne & Nicholls, 2010; Sheehan, Schmied, & Barclay, 2010) and a moral imperative to breastfeed has emerged (Crossley, 2009; Sheehan & Schmied, 2011; Wall, 2001). The majority of women in Australia fulfil their moral obligation as a 'good mother' with around 96% of women initiating breastfeeding. However, in the weeks following discharge there is a rapid decline in breastfeeding rates with only 39% exclusively breastfeeding to 3 months and 15% exclusively breastfeeding to 5 months (AIHW 2011).

In Australia, midwives are the main professional group providing support to women who are establishing breastfeeding in the first week after birth. This group of health professionals have the capacity to influence how a woman experiences early breastfeeding and the decisions that she makes (Kelleher, 2006). However in Australia (Brown, Davey, & Bruinsma, 2005), and internationally (Bastos & McCourt, 2010), maternal dissatisfaction with postnatal care, in particular the support received for breastfeeding in hospital, and in the first few weeks after birth, is high (McInnes & Chambers, 2008; Schmied, Beake, Sheehan, McCourt, & Dykes, 2011). Many women have complained that health professionals do not provide the practical, emotional and relational support necessary to establish breastfeeding (Hauck, Langton, & Coyle, 2002; Manhire, Hagan, & Floyd, 2007; Mozingo, Davis, Droppleman, & Merideth, 2000). Notably, women report dissatisfaction with health professional communication citing that lack of time, patronising language and intimidating behaviours are inhibiting effective support for breastfeeding (Baker, Choi, Henshaw, & Tree, 2005; Coreil, Bryant, Westover, & Bailey, 1995; Dykes, 2006; Hoddinott & Pill, 2000; Kelleher, 2006; McInnes & Chambers, 2008; Schmied, Beake, Sheehan, McCourt, & Dykes, 2011; Shakespeare, Blake, & Garcia, 2004).

To understand the potential impact of the language and practices of midwives on women during the early establishment of breastfeeding, the authors have studied midwife–women interactions in antenatal education classes and in the first week after birth, in hospital and at home. The words and metaphors adopted by this professional group may influence a woman's experience of breastfeeding and ultimately her satisfaction with support. The purpose of this paper therefore, is to examine how midwives represent breastmilk and construct the breastfeeding woman in their interactions with women during pregnancy and following birth.

## Methods

Discourse analysis offers a window into the communication between individuals, in this case, midwives and women, around the sociocultural practice of breastfeeding. This study utilises critical discourse analysis (van Dijk, 2009; Fairclough & Wodak, 1997; Wodak & Meyer, 2009) to examine the way in which language and discourse shaped the beliefs and practices of participating midwives and postpartum women during the first week after birth. This approach draws on Foucauldian understandings of discourse, power and knowledge to explain human behaviour and social organisation. A post-structuralist approach contends that human beings are multi-dimensional entities, influenced by powerful discourses (or 'bodies of knowledge' (McHoul & Grace, 1993)) and by subtle means of controlling and managing behaviour. In taking this perspective, we understand discourse as referring to ways of thinking and speaking about 'reality'. Discourse is a framework of language that consists of common assumptions which, in most cases, are invisible (Cheek, 2004). The content of language is therefore, never value free. As such it has the potential to facilitate or hinder the production of knowledge through allowing certain ways of thinking and excluding others. Language is thus a form of power and a well-established form of control (Foucault, 1972). The aim of discourse analysis therefore, is to illuminate and recognise how language or texts and, in this case, recorded interactions between women and midwives, not only reflect a version of reality but how they also play a role in the 'very construction and maintenance of that reality itself' (Cheek, 2004, p. 1144).

### *Setting*

This study was conducted at two hospital sites in New South Wales, Australia. Both hospitals were publicly funded and offered maternity services that were obstetric consultant led. Site 1 had close to 3000 births per year and Site 2 had 4000 births per year (Centre for Epidemiology and Research, 2009).

Ethics approval for the study was obtained from the University of Western Sydney Human Research Ethics Committee (HREC) and the relevant health service HRECs.

### *Participants*

#### *Midwives*

A total of 76 midwives participated in this study. Thirty six midwives participated in the postnatal observational component, nine midwives in the antenatal parenting education component, and 11 midwives participated in interviews. Demographic details were collected from midwives who participated in the antenatal and postnatal observations. At site 1 four of the 18 midwives who participated in observations had additional lactation consultant qualifications whilst at site 2 ten of the 18 midwives held these qualifications. The average years of midwifery experience was 12 at site 1 and 15 at site 2. The range of midwifery experience spanned from a one-year Bachelor of Midwifery student through to a lactation consultant with 43 years of midwifery experience (see Burns, 2011).

#### *Women*

On the postnatal ward, women were invited to participate if they were aged 16 or over, could understand written and verbal English, and were currently breastfeeding. Of the 77 women who participated, 45 were first time mothers, 74 women had singleton births whilst three had twin births. Forty nine women had normal vaginal births, three had a forceps births and 25 had a caesarean section (see Table 1). In addition, a total of 122 women and men consented to the observation and recording of antenatal education sessions.

### *Data collection*

This paper draws on data collected for a doctoral study into the language and practices of midwives when interacting with women around breastfeeding. The primary source of data utilised for this paper are the recorded interactions between women and midwives in the first week after birth. Additional data have also been drawn upon to contextualise and confirm the findings. The four sources of data are described below.

#### *Observations and audio-recordings of midwife–woman interactions*

In total, 85 interactions were observed and audio recorded between women and midwives during breastfeeding support. This