"Breastfeeding: The Most Controversial Food in America"

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Since the late 1980s, public health campaigns have been encouraging mothers to breastfeed their infants. Major medical establishments, such as the American Academy of Pediatrics, the World Health Organization, the Centers for Disease Control, and the Academy of Family Practitioners have made statements regarding the superiority of breastfeeding over formula feeding. They even suggest that an infant should eat only human milk for the first six months of life and then continue breastfeeding after the introduction of solid foods for at least one to two years. Over the past twenty-five years, the Surgeon Generals of the United States have worked to protect, promote and support breastfeeding. A 2000 document produced by the Secretary of the U.S. Department of Health and Human Services declared breastfeeding to be a key public health issue in the U.S. (U.S. Department of Health and Human Services).

Empirical evidence not only demonstrates that breastfeeding provides many health benefits to both mother and child, but also that infant formula feeding carries real health risks to the infant. On January 20, 2011, the US Surgeon General Regina M. Benjamin released the *Surgeon General's Call to Action to Support Breastfeeding*. In her call to action, the Surgeon General presented the importance of breastfeeding for the health benefits of mother and baby, as well as her concern for the low rates of exclusive and long-term breastfeeding. Studies have revealed that extensive public health breastfeeding campaigns have improved the numbers of women who initiate breastfeeding soon after birth. However, rates start to drop when you look at the percent of babies being breastfed past three and six months, and the rates of infants that are exclusively breastfed between zero and six months are even lower (Forste and Hoffman, 2008:278). With all of this public talk about breastfeeding and with all of the knowledge that we have about the risks of not breastfeeding, why aren't more American babies being breastfed exclusively and long-term? I believe that the culprit is not lack of knowledge; rather, specific cultural aspects exist that create barriers to exclusive and long-term breastfeeding.

The Problem with Not Breastfeeding

Breastfeeding does provide numerous health benefits to both mother and child that simply cannot be duplicated in infant formula. In her report on *The Risks of Not Breastfeeding for Mothers and Infants*, Alison Stuebe, explains that even in developed countries such as the United States, health outcomes differ substantially for mothers and infants who formula feed compared with those who breastfeed (Stuebe 2009:222). Dr. Stuebe's report lists a number of risks to both mother and baby that are associated with not breastfeeding. These risks include:

Risks of Not Breastfeeding for Infant

- *Increased risks of infectious morbidity in the first year of life*. This is due largely in part by specific immune factors present in human milk that provide protection against infection and that cannot be replicated in synthetic formula.

- *Increased risk of otitis media* (ear infections) *in the first year of life.* Although nearly half of all infants will have at least one ear infection in their first year of life, the risk among formula-fed infants is doubled compared with infants who are exclusively

breastfed for more than three months, due to the antibodies in human milk that provide protection against infection.

- *Increased risk of lower respiratory tract infections*. Formula-fed infants have a 3.6-fold increased risk of lower respiratory tract infections than those who are exclusively breastfed for more than four months, due to the antiviral properties found in human milk.

- *Increased risk of gastrointestinal infections and diarrhea*. Studies have found that infants who were formula-fed or fed a mixture of formula and human milk were 2.8 times more likely to develop gastrointestinal infection than those who were exclusively breastfed.

- *Increased risks of Sudden Infant Death Syndrome (SIDS)*. Formula feeding is associated with a 1.6- to 2.1-fold increased odds of SIDS compared with breastfeeding.

Risks Associated with Formula Feeding for Infant:

- *Obesity*
- *Type I and type II diabetes*
- *Reduced cognitive development*
- *Infant mortality in general*
- *Asthma*
- *Eczema*
- *Childhood cancers*

Risks of Not Breastfeeding for Mother

- *Increased risk of breast and ovarian cancer*. Breastfeeding is associated with a 4.3% reduction in risk of invasive breast cancer. Never breastfeeding is associated with a 1.5-fold higher risk of ovarian cancer, compared with women who breastfed over 18 months. It is thought that these associations are due in part to the ovulation suppression produced by lactation.

- Several studies have found a higher risk of diabetes and the metabolic syndrome among women who have never breastfed compared with those who breastfed for a prolonged period.

Taking into account the number of infants who become sick each year as a result of not breastfeeding, a recent study done by the American Academy of Pediatrics found that if 90% of U.S. families could comply with the medical recommendations to breastfeed exclusively for six months, the United States would save $13 billion per year and prevent an excess of 911 infants deaths. Furthermore, they suggest that investing in strategies to promote longer breastfeeding duration and exclusivity may be cost-effective (Bartick and Reinhold 2010:e1048). With current asthma and obesity epidemics among children and health care costs rising, increasing breastfeeding rates is a logical avenue to both improve child health and diminish health care related costs (Wolf 2003:2006).

Nationwide Breastfeeding Data

In 1991, the World Health Organization (WHO) developed definitions of breastfeeding categories for a more precise understanding of different breastfeeding terminology. The WHO definitions of breastfeeding and exclusive breastfeeding are as follows:

Breastfeeding: the child has received breast milk (direct from the breast or expressed).

Exclusive breastfeeding: the infant has received only breast milk from his/her mother or wet nurse, or expressed breast milk, and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines (WHO, 1991:4).

According to the Centers for Disease Control and Prevention Data U.S. *Breastfeeding Report Card*, among babies born in 2010:

- 75% were breastfed at birth
- Only 33% were exclusively breastfed at three months
- Only 43% were breastfed at six months
- Only 13.3% were exclusively breastfed at six months
- Only 22.4% were still breastfeeding at one year
  (Centers for Disease Control 2010)

This means that three out of four U.S. babies start out breastfeeding, yet despite these high rates of initiation, exclusive and long-term rates of breastfeeding drop quickly within the first three months of life.

Of course, most women want to provide the very best food for their children whenever possible. U.S. initiation rates of breastfeeding are so high precisely because mothers are aware of the many health benefits that are associated with breastfeeding. Despite understanding the many benefits of breastfeeding, it becomes increasingly difficult for women to continue exclusively breastfeeding to the recommended six months and even more difficult to continue breastfeeding at all until the recommended one to two years. If education and knowledge promote high rates of initiation, what is impeding exclusivity and continuation of breastfeeding?

Constraints, Incentives and Patterns of Breastfeeding Behavior

One explanation to this breastfeeding dilemma rests in the way in which a mother perceives constraints and incentives to breastfeed her child exclusively and for a long duration. According to Frederick Barth's transactional model, the structure of society forms both constraints and incentives for the individual (Barth 1966: 2-3). The ways in which a mother chooses to feed her infant follow specific patterns of behavior that are constructed through the relationship between our culture and the individual mother. The transactional model also helps the anthropologist to describe the ways in which constraints and incentives create patterns of behavior. Based on what I understand to be constraints and incentives for breastfeeding in our culture, I developed some explanations to the low rates of exclusive and long-term breastfeeding in America.

The transactional model indicates that individuals will choose behaviors based on value gained and value lost. When a woman has been educated about the benefits of breastfeeding her newborn baby, initiating breastfeeding provides a mother with the feeling of value gained, as she is surrounded by health professionals who support and praise her efforts to give her child the best first food and she has knowledge that she is giving her child the best. When an individual no longer feels a value gained, previous behavior becomes a value lost and is subsequently discontinued (Barth 1966:2-3).

Forste and Hoffman's study indicate that attitudes toward breastfeeding are influenced by perceptions of social approval of breastfeeding in public, the support and approval of friends and the support of health providers (Forste and Hoffman 2008: 279). This helps to explain why the rates of breastfeeding initiation are high, while rates of exclusivity and duration are low. Once a mother has provided her baby with the best first food, human milk, she feels very satisfied with her ability and she consequently ends up with a gain. As her baby grows and she comes into more contact with cultural factors that present constraints to breastfeeding, such as social disapproval for breastfeeding in public or lack of workplace support for breastfeeding, the mother no longer feels she is benefitting from breastfeeding and therefore discontinues the behavior.

The individual with her unique character makes choices within the cultural structure. It is the interdependent relationship between societies and the individual that creates the frequentative patterns of behavior in a population (Barth 1966:2). With a deeper understanding of the interdependent relationship between society and individuals, constraints, incentives and frequency patterns of behavior, we can ultimately alter the way in which our culture perceives breastfeeding. By removing constraints and increasing the number of incentives, we can increase the frequency of exclusive and long-term breastfeeding.

Breastfeeding and the American Value of Autonomy

Americans value autonomy, self-sufficiency, independence and freedom. These make up the very fabric of what it means to *be* American. Our very identity is in fact tied up in these concepts. Yet, these fundamental values contradict the very nature of an exclusive and long-term breastfeeding relationship.

A breastfed child is dependent on her mother for nourishment and comfort and a mother's milk supply, being a system of supply and demand, is dependent on the suckling child. Valuing autonomy makes a woman susceptible to the temptation of supplementing her child with a bottle of formula so that she can separate herself from her child for a period of time, without neglecting her child's hunger. Early termination of the breastfeeding relationship altogether provides the mother with even more freedom that she cannot be afforded while still breastfeeding. Furthermore, terminating the breastfeeding relationship enables the child to adopt the cultural value of self-sufficiency, because without breastfeeding, he no longer relies solely on his mother for nourishment and comfort.

In her article, *What Not to do with Breasts in Public*, Bernice Hausman writes that autonomy is a requirement of (American) adult personhood, yet she argues that the normative understanding of adulthood demanding the embodiment of autonomy is modeled on the male experience. This perspective she states, "ignores maternity as a special social and physiological

mode of being that must be recognized, accommodated, and socially supported" (Hausman 2007:496). She believes that to encourage true independence (a distinctly American value); it is necessary to understand the American female and male embodiment differently.

> *All mothers suffer currently as a result of an incomplete public understanding of how maternal embodiment, figured most prominently through breastfeeding, challenges the national belief in autonomy as the hallmark of adult citizenship….Breastfeeding mothers need proximity to infants and social accommodation for their practical embodied requirements (places to nurse, change babies, and rest), financial support for maternity so that dependence on individual men is not a condition for breastfeeding success, and general acceptance of infants and toddlers in places where adult women engage in work, civic activity and social intercourse. Each of these provisions would encourage real independence for women as mothers, even as they all promote the acceptance of women and children together as interdependent persons. [Hausman 2007:492]*

Jacquelyn Wolf argues that American society has failed to recognize the reality of mothers' lives and their need for social support in order to meet the nutritional, immunologic, psychological, developmental, and cognitive needs of their babies (Wolf 2003:2008). If the mother and child are expected to function independently from one another, then there exists no incentive for American women to breastfeed. But if we find a way in which to support both female independence and the interdependent relationship between mother and child, breastfeeding will have a place in our culture.

The Sexualization of the Female Breast and American History

What distinct elements in America's history shaped a culture that would eventually forego breastfeeding as an integral part of childbearing? In the late nineteenth century, a number of social changes and technological advancements occurred that would ultimately alter the way in which Americans view breastfeeding. According to Jacquelyn Wolf's research, the late nineteenth and early twentieth centuries brought changes to the way in which couples viewed the purpose for sex within marriage. Sex, once a function for reproduction, was now an expression of intimacy. With birth control options available, sex was now only occasionally a means to reproduce.

> *As the expectation of romance and companionship within marriage altered views of sex, attitudes toward breastfeeding changed. With less emphasis on procreation as the purpose of sex, the feeding of infants likewise became estranged from reproduction. Lactation was no longer the last (and longest) state of a viable pregnancy. Breasts acquired meaning beyond feeding a newborn. A woman's breasts now "belonged" to her husband… [Wolf 2001: 23-24]*

The association of breasts with infant feeding changed to an association of breasts with sex. Thus the female breast in America became sexualized. The transformation of the female breast from functional to sexual has had a dramatic and long-term effect on breastfeeding. Today many of our discomforts around breastfeeding stem largely in part from the changes in the way that American's associate the breast.

Breasts are everywhere in American media. Our culture is so comfortable with sexual breasts, that they are used as marketing tools to sell anything from beer to cologne to cow's milk. Americans are so comfortable with the sexual aspect of breasts, that breasts have been reduced to their sexual function. Biological breasts on the other hand create so much

discomfort among the American population that women are expected to perform this act only in privacy if at all. It is not uncommon for a woman breastfeeding her child in a public place to be harassed, accused of indecent exposure or asked to leave the premises of privately owned businesses.

It is very difficult for Americans to associate breasts with both their sexual and biological function. We have therefore isolated their primary purpose as sexual. This has been detrimental to the way in which Americans view breastfeeding. American media is consumed with sexual breasts, yet biological breasts are highly underrepresented. This makes it difficult for biological breasts to be accepted as normal in American culture. Hausman describes this predicament,

> *…although the opposition between "sexual" and "nurturant" breasts continues to dominate popular sensibilities about what breasts mean. As long as we believe that breasts have one or the other meaning, and public attention remains fixated with women's sexual personae as breasted humans, breastfeeding will have a hard time being accepted as something that is just another activity of motherhood that can be performed in public spaces. [Hausman 2007:497-8]*

After all, if breasts equal sex, then a baby at the breast must be an indecent act only to be performed in privacy. As long as our culture continues to rely on the sexual representation aspect of the breast as the only acceptable function to be witnessed in public, the biological function of the breast will continue to suffer.

Hospital Birth and a New Infant Formula Industry

In *Don't Kill Your Baby: Public Health and the Decline of Breastfeeding in the Nineteenth and Twentieth Centuries*, Jacqueline Wolf explains the rise of infant formula marketing in the early twentieth century (Wolf 2001). Early weaning and early mixed feeding was fairly common among breastfeeding mothers at the end of the nineteenth century, yet infants were often supplemented with cow's milk (Wolf 2001:191). Infant formula at this time was only distributed by a physician-written prescription.

The early to mid-twentieth century experienced a dramatic increase of births taking place in the hospital. In 1900, nearly all births took place at home, by 1950, 88% of births took place in hospitals. This provided infant formula companies with a unique marketing advantage; they were now able to target both doctors and vulnerable new mothers through the hospital (Wolf 2001: 192). Formula companies quickly began to market their product to doctors and hospitals in an effort to gain brand loyalty. They would often persuade doctors that their formula was "better than mother's milk" and they would provide incentives, such as elaborately sponsored vacations in exchange for the doctors to view a film or listen to a lecture about their product (Wolf 2001: 192).

The U.S. infant formula industry today is a multibillion dollar industry, considered a triopoly, as just three companies accounted for 99% of the infant formula market in the U.S. in the year 2000 (Kent 2006). The ease of infant formula marketing through doctors and hospitals survives and thrives today. In their discussion of the impact of commercial hospital discharge packs on breastfeeding, Rosenberg et al. explain that for more than 40 years, formula manufacturers have supplied U.S. hospitals with free formula and newborn starter pack gifts

(most of which contain either formula or coupons for formula) for distribution to new mothers. These free starter packs are an efficient and effective marketing method by which formula manufacturers get new mothers to try their company's formula (Rosenburg et al. 2008:290). Additionally, as a strategic marketing plan, formula manufacturers continue to seek to create partnerships and brand loyalty with hospitals and their staff by providing free formula for use in the hospital, support for fellowships and conferences, and funds to support supplies (Rosenburg et al. 2008:290).

In response to aggressive marketing of infant formula, especially in developing countries, and as an effort to promote breastfeeding, in 1981 the World Health Organization (WHO) developed the *International Code of Marketing of Breast Milk Substitutes*. Article 5.1 and 5.2 of this code state:

> 5.1 There should be no advertising or other form of promotion to the general public of products (breast milk substitutes) within the scope of this Code (WHO 1981:10).
>
> 5.2 Manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples of products (breast milk substitutes) within the scope of this Code (WHO 1981:10).

Clearly infant formula manufacturers are in direct violation of the WHO code, yet without government regulations, infant formula is marketed freely through hospitals, doctors, mail and media.

In a 2008 study of 3,895 women who had birthed in Oregon hospitals, Rosenburg et al. found that 66.8% of respondents reported having received a commercial hospital discharge pack containing formula samples or coupons or both (Rosenberg et al. 2008:291). The results of their study suggest that while hospital staff may discourage the use of infant formula and encourage breastfeeding initiation, the receipt of a commercial formula discharge packs gives new mothers mixed messages. The study concludes that in areas where hospitals provide commercial discharge packs containing infant formula samples or coupons there is a significant decrease in exclusive and long-term rates of breastfeeding when compared to those hospitals that did not provide commercial discharge packs that included formula samples or coupons or that did not provide discharge packs at all (Rosenberg et al. 2008:292-3).

Contradictions in Public Health Breastfeeding Promotion

In January 2011, the U.S. Surgeon General presented her *Call to Action to Support Breastfeeding*. Action 6 of Dr. Regina Benjamin's *Call to Action* lists three implementation strategies to *ensure that the marketing of infant formula is conducted in a way that minimizes its negative impacts on exclusive breastfeeding*. These strategies include:

- Hold marketers of infant formula accountable for complying with the *International Code of Marketing of Breast Milk Substitutes.*
- Take steps to ensure that claims about formula are truthful and not misleading.
- Ensure that health care clinicians do not serve as advertisers for infant formula (U.S. Department of Health and Human Services 2011:43).

This entire document is full of similarly brilliant strategies in which we as a nation can promote, support and normalize breastfeeding. However, the messages being sent by government public health officials and breastfeeding promotion campaigns are confusing. While there is a heavy push to promote and increase breastfeeding in our nation, the United States federal government, through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is simultaneously subsidizing more than half of all infant formula sold in the U.S. This contradiction sends mixed messages to the public. How can our government successfully promote exclusive and long-term breastfeeding while they are at the same time distributing large amounts of free infant formula?

Through vigorous breastfeeding promotion programs, the WIC program has been effective with the increase of breastfeeding rates among their clients. However, a study done by Forste and Hoffmann suggest that "while WIC participation influences breastfeeding attitudes and… promotes the initiation of breastfeeding, WIC participation does not influence the continuation of breastfeeding" (Forste and Hoffman 2008:279). Furthermore, the WIC program itself is inconsistent in the promotion of breastfeeding. They are promoting breastfeeding through the peer support program, distribution of free pumps for fulltime student or working mothers, and free access to highly skilled lactation consultants, while they are simultaneously distributing large amounts of free infant formula. Despite a rise in breastfeeding rates among WIC participants, the rates continue to be lower than those of non-WIC participating women. According to Kent, this has to do with mixed messages being sent by the program.

> *WIC has a breastfeeding promotion program, but its positive impact is diluted by WIC's infant formula program. It is difficult to see how offering free formula could fail to be an incentive to use formula. The inducement is not simply that something of value is being offered at no cost. Even if it is unspoken, there is the implicit message of endorsement: if a government agency is handing out this product, it must be good. [Kent 2006]*

In a culture that is uncomfortable with the biological function of breasts, values individual autonomy that breastfeeding does not provide, and offers few incentives for breastfeeding, how can a breastfeeding promotion program compete with the mass distribution of free infant formula?

It appears to be painfully obvious that public health breastfeeding promotion campaigns are at odds with themselves. Why bother spending millions of dollars promoting breastfeeding if you are implicitly sending the message that formula feeding is just as good? If breastfeeding promotion programs are to fulfill their primary purpose, those officials leading the campaign must insist that the government is on board with satisfying the goals of the campaign. If breastfeeding promotion programs are going to succeed, they must lead the way in supporting breastfeeding in its entirety, and this means removing the implication that infant formula feeding is a viable substitute.

Changing the Way Americans View Breastfeeding

Breastfeeding is important to individuals and to our nation. Making healthy food choices starts from the beginning of life. With appropriate incentives and social support, more American babies can be breastfed exclusively and long-term. Grounded in my research, practicum field work with WIC, community input and my own personal experience, I have

developed a keen understanding of the ways in which we can work to normalize breastfeeding in our culture. In order for exclusive and long-term breastfeeding to grow and thrive in American culture, breastfeeding must not just be the *healthy* thing to do, but it must be the socially acceptable, *normal* thing to do (Wolf 2003: 2008). Following are areas in which I believe we can influence the way in which our culture views breastfeeding and create real change to normalize a practice that is so quintessentially human.

Normalizing Breastfeeding through Public Health Campaigns

Free distribution of infant formula, lack of media images of real breastfeeding women and an unregulated multibillion dollar formula industry all offer mixed messages to the public regarding the value of breastfeeding. By introducing breastfeeding as a normal American practice, public health campaigns can work to shift the public perspective of breastfeeding. I have devised a list of ways in which I believe public health campaigns can normalize breastfeeding in our culture.

- Establish and enforce government regulations on the marketing of breast milk substitutes that follow WHO guidelines.
- Use images of real women breastfeeding for campaign marketing. Americans are uncomfortable with breastfeeding because they do not see it enough. If public health campaigns are going to be effective, they must include images of breastfeeding (Hausman 2007: 483-490).
- Use appropriate language to educate the public about the excessive risks of not breastfeeding. When campaigns use soft language to indicate that breastfeeding is the *healthy choice*, this is interpreted as *"formula is nearly just as good"* (Wiessinger 1996:1-4).
- Appeal to the American celebrity obsession and invest in marketing breastfeeding through the use of images of celebrity breastfeeding mothers.
- Increase positive accounts of breastfeeding in the media (Hausman 2007: 483-4).
- Stop government subsidizing and free distribution of infant formula. Increase incentive programs for breastfeeding.
- Increase access to human milk banks. Laboratories do not synthesize human blood; we do not need to synthesize human milk.

If breastfeeding promotion programs are going to be successful at increasing rates of exclusive and long-term breastfeeding, the messages that government and public health officials are sending must match the goals of the campaign. By sending one clear message, that breastfeeding is not only the gold standard, but that it is also a normal American behavior, breastfeeding promotion programs will build trust with the public. When the public trusts that what they see and hear is true, our culture will begin to accept breastfeeding as a normal practice.

Normalizing Breastfeeding through Health Care Professionals

With the majority of American babies being born under the care of doctors, nurses and nurse midwives in a clinic or hospital setting, health care professionals are on the front line for breastfeeding promotion. Because they are often the point of first contact after the baby is born, health care professionals have a unique opportunity to depict exclusive and long-term breastfeeding as a healthy and normal American behavior.

In Public Health Then and Now, Wolf discusses the association between breastfeeding success and the medical establishment.

> *The success of any breastfeeding educational campaign relies on readily available personnel able to support breastfeeding mothers….Yet it is so rare for medical schools to spend any time teaching medical students about lactation and human milk that whether a physician or a physician's wife has breastfed is the best predictor of a doctor's ability and willingness to give accurate advice and appropriate support to lactating mothers. [Wolf 2003: 2007]*

Even health care providers, who may believe breastfeeding is the best, may not be properly educated on the risks associated with not breastfeeding, or they may not be suitably trained to deliver effective guidance and support to a breastfeeding mother. Following is a list of areas in which I believe health care professionals can positively influence an American trend towards normalizing breastfeeding.

- Improve the quality and duration of breastfeeding and lactation curriculum in medical and nursing schools. Include socio-cultural factors that impede breastfeeding as part of curriculum.
- Make breastfeeding training mandatory for all health care professionals who work with women and children.
- Increase access to out of hospital and home visit lactation consultants for the challenging time after a mother is discharged from the hospital. Encourage follow-up for women who need further assistance.

If breastfeeding is going to become a normal American practice, health care professionals must be on board. Exposing health care professionals to the distinct social challenges that women face with breastfeeding will improve awareness of this issue. Through patient education, professional support and positive affirmation, health care professionals can positively shape a woman's attitude about breastfeeding.

Normalizing Breastfeeding through the Work Place, Public Space, and Universities

As illustrated earlier, women and children are interdependent persons who are actively involved in civic life. Recognizing that breastfeeding is an integral part of the interdependent relationship between women and children will increase the acceptance of breastfeeding as a normal behavior. Women with infants and toddlers are the fastest-growing segment of today's workforce, and employer support can make or break a woman's resolve to breastfeed (Oregon DHS 2011: 5). I have created a list of ways in which the public can support breastfeeding.

- Increase employer and university awareness of the distinct needs of breastfeeding employees and students (Oregon DHS 2011).

- Following the Breastfeeding Mother Friendly Employer guidelines, increase the number of breastfeeding friendly workplaces, public spaces and universities (Oregon DHS 2011).
- Introduce onsite child care facilities at work and universities to keep mothers in close proximity to their children, enabling them to continue breastfeeding. All child care facilities should be properly trained in the handling, storage and usage of human milk.
- When you see a breastfeeding woman in public, think of what an amazing gift she is giving her child.
- Discourage individuals who harass women for breastfeeding in public.
- Educate the public, your community and family members of the risks of not breastfeeding and of the particular challenges mothers face when breastfeeding.

Acceptance of public breastfeeding as a normal part of childrearing and providing the necessary social support for exclusive and long-term breastfeeding is essential to normalizing breastfeeding in our culture. A culturally normal acceptance of breastfeeding is the only way in which we can ensure that Americans are being fed the absolute best first food. Normalizing breastfeeding will not only benefit the health of babies and mothers, but will also benefit the health of our nation.

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