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**Breastfeeding Trends in the United States from the Critical Anthropological Perspective
and the Meaning Centered Approach**

My interest in maternal healthcare started as a shared passion between me and my mother. Her work as a breastfeeding consultant and local breastfeeding advocate in South Carolina's low country became the nexus of this anthropological study. Breastfeeding throughout various cultures is viewed differently concerning the duration, cultural-acceptability, particularly in public, and perceived benefits and barriers to breastfeeding. Growing up with my mother, she always imparted to me that it was a normative, natural process. I first encountered ignorance surrounding breastfeeding when I went to public school. Reflecting on my childhood, I have realized the cultural attitudes of parents were distilled in my peers and came to fruition in all a child's naivety.

In focusing my project on breastfeeding, I decided it would be appropriate to interview my mother, Dr. Kelly Havig-Lipke, the resident pediatrician and a board-certified lactation consultant at the Breastfeeding Center of Charleston. From this point forward, I will only refer to her as Dr. Havig-Lipke. I was interested in discussing how breastfeeding is viewed from a cultural perspective in the United States and how cultural implications could impact attitudes towards breastfeeding. How was the practice of breastfeeding influenced by the cultural, economic, and political structures of the US? Have attitudes changed about breastfeeding since the public health system became a prominent advocate for the many benefits of breastfeeding?

Breastfeeding initiation and duration are lowest among western cultures, specifically in the United States and the UK. According to the World Health Organization, breastfeeding is the recommended primary nutritional source for infant feeding during the six months, followed by continued breastfeeding with complementary nutritive sources for the child's first two years. The American Association of Pediatrics recommends breastfeeding for at least two years following birth (Fewtrell, 2020). There are many benefits to breastfeeding for more extended periods:

breastfeeding offsets rates of childhood and adult obesity, childhood leukemia. Breastfeeding reduces the risk of arthritis, diabetes, stroke, and the incidence of breast cancer in mothers. While discussing the benefits of breastfeeding with Dr. Havig-Lipke, she iterated, “Looking at the benefits of breastfeeding there are some numbers out there like if this percent of the population breastfed for this period of time we would see this much less childhood leukemia, this much less adulthood obesity, and so on. That information is out there extrapolating out a huge public health benefit to the population, with reductions in chronic disease too like diabetes, arthritides, stroke in moms, as well as breast cancer. That public health benefit is huge. The thought is longer breastfeeding could reduce overall healthcare costs of the population. Many studies have shown that exclusive breastfeeding for a certain period of time, breastfed babies, are less likely to be obese children and adults, and obesity is associated with multiple medical problems so even with that take if we can start obesity prevention early on with exclusive breastfeeding for as long as possible means less obesity in adulthood, therefore, less of a lot of diseases in adulthood.” It is the optimal nutritive source for infants and it comes at no cost to the mother. This however is problematic to formula companies like Similac and Goodstart, who look to convince mothers that something is wrong with the way they’re breastfeeding, that their infant is not being properly nourished by breastmilk, or that they have a better nutritional option.

From a critical anthropological perspective, the actions of profit-driven formula companies impact breastfeeding rates in the capitalist economy of the United States. Infant formula was invented for babies with an allergy to dairy cow milk and was made available to the public in the 1920s. Formula companies worked with and advertised directly to physicians, integrating formula as a medically backed, supported, popular alternative to breastmilk. By the 40s and 50s, formula was the primary source of feeding for infants, while breastfeeding declined

steadily until the 1970s. Formula companies then started advertising directly to the public, frequently spreading false data and misinformation to convince mothers to pay for a resource they produced independently. The American Academy of Pediatrics then released a statement in 1990 criticizing the misleading marketing tactics of formula companies (Greer and Apple, 1991). Dr. Havig-Lipke commented, "... the formula companies do advertise in the forms of leaving samples in doctors offices and leaving pens and pads of paper- although we don't see so much of that anymore but certainly formula samples. I talk to parents and they tell me about having a lot of samples of formula, so I'm sure the formula companies are tracking pregnant moms and sending them formula coupons and samples." When much of our data and lives are accessible to corporations with the rise of the global internet, formula companies can target new families with misleading adverts by looking at online shopping data.

The US is one of the only developed countries without mandatory paid maternity leave. As a result, the recommended course of breastfeeding is disrupted, with the mother returning to work only weeks following delivery. Dr. Havig-Lipke described the resources offered at the breastfeeding clinic to try and help mothers with this transition; "The difficulties in a lot of communities are keeping up with that exclusive breastfeeding, which means no formula and that is difficult for a lot of families, especially moms returning to work. You get into the whole part of breastfeeding that is breast pumping and supplemental feeding with expressed breastmilk. We help families a lot with that too, we offer return-to-work visits for our mommies going back to work and have them bring their breast pumps in and our LC will go over all of that in detail because that can be a hump or speed bump in breastfeeding." In European countries, the importance of breastfeeding and maternity leave is recognized and typically lasts for a year. The American economy is considered paramount over the wellbeing of a mother and infant because it

is not profitable. When discussing the importance of maternity leave with Dr. Havig-Lipke, she noted, “I think if moms had the ability to stay home longer instead of returning to work, you know some moms go back to work at six weeks, and others three months... maternity leave in some European countries is at least a year and they have higher breastfeeding rates at 1 year.” Longer maternity leave allows more time for the dyad to bond and establish health breastfeeding practices throughout a realistic timeline.

From the Meaning-Centered approach breastfeeding has gone through recent cultural changes in understanding. A lot of the cultural values surrounding breastfeeding are influenced by media and political factors like the ones previously discussed. If a mother does not feel comfortable feeding her infant in public due to social stigma that would be a barrier to breastfeeding. One of the most indicative determinants of breastfeeding duration and initiation are the perceptions and expectations of an often-present parental partner. Feeling supported by close social relations is an important part of a mother's personal attitudes towards breastfeeding. Continuing to normalize breastfeeding is essential in promoting healthy public practices for mothers in the United States and improving breastfeeding rates.

Breastfeeding in the United States is heavily influenced by the capitalist nature of the economy which promotes infant formula and subsequent misinformation as well as discourages proper maternity leave. The United States has been slow to promote scientifically backed pro breastfeeding legislation and understand how significant of an influence breastfeeding can have on public health. Further education of the entire population needs to progress in order to normalize and destigmatize breastfeeding and inform people of the facts about formula.

Full Transcript of interview with Dr. Kelly Havig-Lipke:

Alright first question: where do you work and what kind of resources do you offer to your patients?

I work at a clinic called The Breastfeeding Center of Charleston. We have two offices, one is in Mt Pleasant and the other is in Summerville. And our patient population is moms and babies, so breastfeeding dyads but also moms who are pumping and bottle feeding breastmilk. We see those moms and babies and dads for as long as they need breastfeeding support.

What is your role at this facility?

I'm the pediatrician, the medical provider in the facility. I am also a board-certified lactation consultant but I'm primarily supervising two or three other international board certified lactation consultants who each spend a little over an hour with the mom and baby at each visit.

What does a typical visit look like?

In a typical visit, we going to ask mom and her person (family member) a lot of questions about pregnancy, delivery, postpartum course, any complications around delivery, babys history from the time of birth, babies nursery course, and then leading into questions and concern and specifically how are you feeding your baby.

What sort of impact does the center have on the surrounding community?

When we opened the centers, the center in Mt Pleasant opened over 4 years ago, the one in Summerville opened 2.5 years ago, there was a need for the services in the community. A place where moms and babies could go after delivery, see a doctor, and also have pretty detailed lactation support with our individual lactation consultants so it didn't exist in the community and now it does.

Why are these resources important?

(The lactation services provided by the hospital) are very limited all the hospitals in our area, i believe now, are staffed with lactation consultants typically at least several of the nurses who cover the mommy baby floor are lactation consultants but the services they provide after discharge are limited, minimal, not easy to access, most moms don't want to take their babies back to the hospital even if it were available but it's not in our area.

What sort of impact does the center have on the surrounding community?

Regarding the community, certainly knowing that we are available and we have signage and we have publicity and we're showing up at community events for the postpartum run walk. I think just knowing that we are in the community is more information about breastfeeding perhaps that would incline people to consider breastfeeding or know more about breastfeeding because they know we are there, we are getting out in the community. The breastfeeding center offers several classes a month that were in person and have been zoom since covid one of those classes is called mother circle it's a mother support group, mothers bring their babies again it's been zoom but will hopefully be live by this summer. We offer an introduction to breastfeeding class as well as an introduction to complementary foods class and of course we are available for telephone support even if families are not our patients and they call in with a breastfeeding question we can usually give help over the phone and encourage them to come for a visit. We have enough of a presence in the community where something is going on in the news in regards to breastfeeding with mommy baby care the new organizations will reach out to us.

Can you describe the perception of breastfeeding from a typical incoming first-time patient?

How can someone's attitudes about breastfeeding impact their ability to breastfeed, their initiation, and duration of breastfeeding?

It's for a lot of moms and babies a learning process and they appreciate the help, the families do know and I think the word is out there enough that breastfeeding is the optimal food for their babies and of course there are benefits for babies over their lifespan and moms over their lifespan and the families are for the most part aware of that but it's a learning process for a lot of families there is some adjusting for the mom and baby so a lot of families are coming in needing and appreciating the help.

I've heard it's not a very intuitive process like people might think it is...

It's not intuitive for a lot of moms and babies and early on you're feeding your baby very little the first two days the colostrum babies might get 5-10 ml that's a small amount and it's difficult for families to have the perception that their babies may need more but they don't and they're only getting tiny amount. So for new families, a big hurdle can be "I don't know how much my baby is getting in don't know how to deal with that how do I know my baby is getting enough"

Can you talk about some of the common barriers to breastfeeding that your patients experience?

We also are recently encouraging the babies we see in the hospital to schedule all of them at one of our breastfeeding centers for their first newborn visit even if they have chosen not to breastfeed and that getting the word out even if the family has chosen not to breastfeed "well here I am at a breastfeeding center, no pressure but maybe next time I'll breastfeed or I'll learn more about breastfeeding while I'm here". Families can reach out to us at any time and we have our meetings that I mentioned earlier especially like the mother's circle group when it was going active it was you know several mommies and babies would show up to chat and support each other and one of our nurses LC would be part of the group to mediate and encourage and correct misperceptions those kinds of things.

The American Academy of Pediatrics recommends breastfeeding for 1 year or longer as is mutually desired by the mother-infant dyad. Could you estimate what percentage/amount patients continue breastfeeding past one year?

I don't think the data is as high as the targets are and WHO also has breastfeeding benchmarks and I think the rates are higher worldwide. Our data, which I think is the most accurate, is from CDC, and you can look at it by the community but I think you can find this data and maybe even nationally 85% leave the hospital breastfeeding and maybe 45% are breastfeeding at 6 months. And it also depends on how you report, so the American Academy of pediatrics' goal is exclusively breastfeeding for six months and then ongoing breastfeeding through at least a year of age. The difficulty in a lot of communities is keeping up with that exclusive breastfeeding, which means no formula, and that is difficult for a lot of families especially moms returning to work, and then you get into the whole part of breastfeeding that is breast pumping and supplemental feeding with expressed breastmilk. We help families a lot with that too. We offer a return to work visits for our mommies going back to work and have them bring their breast pumps in and our LC will go over all of that in detail because that can be a hump or speed bump in breastfeeding.

Do you think that practices such as required paid maternal leave could impact the initiation and duration of breastfeeding?

I think if more moms had the ability to stay home longer instead of returning to work, you know some moms go back to work at 6 weeks, and others 3 months. I think in European countries maternity leave is at least a year and they probably have higher breastfeeding rates at a year. Why do you think the rates of initiation of breastfeeding in the United States are internationally some of the lowest?

Certainly, some of it is the availability of formulas but baby-friendly hospitals as many hospitals are designated have pretty strict rules on providing and advertising formulas. This means you limit pacifiers you don't provide formula unless absolutely necessary don't send families home with formula packs. There are set guidelines for hospitals to be accredited or recognized as baby-friendly hospitals.

Probably the availability of other food sources and milk being a developed country it is easier to find other food sources or milk but the American Academy of Pediatrics doesn't limit it to one year they say after a year of age for as long as mutually desirable.

What exactly is a baby-friendly hospital?

I don't think that they (formula companies) can advertise widely anymore but you know I don't know about parenting journals anymore or follow it as closely on social media. But the formula companies do advertise in the forms of leaving samples in doctors' offices and leaving pens and pads of paper. We don't see that so much anymore but certainly formula samples. I do believe as I still talk to parents they talk about having a lot of samples of formula so I'm pretty sure the formula companies are tracking pregnant moms and sending them formula coupons and samples. I know that is still happening. But not advertising per se on well I don't know we don't watch regular tv anymore but I've never seen advertisements on TV for Similac or Good Start or Infamilk and I don't recall it in the magazines. But these mommies and daddies are getting coupons in the mail or on social media or do get formula samples or can request formula samples.

Why do you think breastfeeding is a cultural issue in the United States particularly?

I actually think now there is a federal law in place allowing moms to breastfeed in public and the reluctance or stigma is a guess on my part but I think that we had a period of time in the 60s and

70s where the majority of babies were formula-fed and the formula was considered to be better. Mommy's breasts weren't for the baby but for mommy and her partner the sexuality part of it. Our sexualization of the human breast and nipple can stigmatize breastfeeding and we are unable to separate it even though it's a very natural process. All of you guys, you and your brothers were breastfed. I just assume you could even ask grandma that when formulas were developed the advertising that occurred gave the impression that what we could make in the laboratory was better than what could come from mom's body but there's a chance that part of that was also because of the rise of feminism in the 60s and some of those thoughts of not wanting to be tied down, not having to be tied down and breastfeed. That would be an interesting way to look at how the rise of feminism in the 60s impacting the rates of breastfeeding.

Do you think breastfeeding is properly represented in media culture?

I don't think there is a negative representation of it at all anymore and I don't know that would be another interesting thing to look at. I would expect these times if there is a mom feeding her baby on tv she would be breastfeeding but I don't know that that should be the case.

Why is it important to normalize breastfeeding in our society? What are some steps that we can take to normalize it?

Looking at the benefits of breastfeeding there are some numbers out there like if this percent of the population breastfed for this period of time we would see this much less childhood leukemia, this much less adulthood obesity, and so on. That information is out there so there is thought to be extrapolating out a huge public health benefit to the population. With chronic disease too like diabetes, arthritis, stroke I know there is some data with stroke in moms as well as breast cancer reduction in moms. That public health benefit is huge. The thought is longer breastfeeding could reduce overall healthcare costs of the population. Many studies have shown that exclusive

breastfeeding for a certain period of time, breastfed babies, are less likely to be obese children and adults and obesity is associated with multiple medical problems so even with that take if we can start obesity prevention early on with exclusive breastfeeding for as long as possible means less obesity in adulthood, therefore, less of a lot of fo diseases in adulthood.

What does breastfeeding look like for LGBTQ+ patients at the facility?

We do have resources for same-sex couples as matter of fact the Academy of breastfeeding medicine which is a separate professional organization recently published in the last year, they have a protocol from 2020 on supporting those families. And we have had a few lesbian couples in our practice and it varies for some of the couples both moms want to breastfeed and typically the mom who delivered the baby will have the hormonal changes to establish a milk supply and has an easier time successfully breastfeeding. The other mom will chest feed or feed pumped breast milk, so chest feeding is talked about and definitely an option. We had one mommy couple where the mom who didn't deliver the baby used a supplemental nursing system to feed the baby pumped breastmilk, she also pumped her breastmilk for a while but it is more difficult to establish a milk supply if you haven't been pregnant and requires some planning ahead.

Why is it important to offer these resources to same same sex couples?

It is important to offer these services to same-sex couples because it is going to be more of a challenge and the resources haven't been available for a long time. I think it's a big step that we have the protocol from the academy of breastfeeding medicine and the American academy of pediatrics is very on board with resources too.

Citations:

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