

SOCIAL STRUGGLES OVER BREASTFEEDING: HOW LACTIVISM RESHAPES KNOWLEDGE, MEANINGS, AND PRACTICES OF BREASTFEEDING.

Submitted in partial fulfilment for the degree of PhD Sociology

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I declare this thesis is my own work and has not been submitted in substantially the same form for the award of a higher degree elsewhere.

Abstract

This thesis examines women's role in the social struggles over the meanings and practices of breastfeeding. From an initial observation in 2011 and 2012 of two situated flash mob protests in Warsaw, Poland and Bristol, England, the thesis proceeds with an understanding of breastfeeding as a site of discursive and embodied struggle, a social and political issue. The thesis explores how women are involved in meaning-making and knowledge production on breastfeeding, through specific forms of social media participation and embodied activism (lactivism).

Informed by over 30 years of feminist social scientific interest in breastfeeding, the thesis focuses on contemporary women's activism, experiences and practices of breastfeeding within the context of increased attention by state and non-governmental actors to falling breastfeeding rates in European countries. To this end, the thesis interrogates a health social movement framework, and argues that grass-roots activist endeavours are an under-researched element of the broader pro-breastfeeding movement.

Based on active participation in Polish and UK lactivist spaces on- and offline, participant observation of breastfeeding-related events, and using women's stories about breastfeeding experiences gathered through 20 in-depth interviews conducted between 2012 and 2016 with self-defined breastfeeding women, the thesis looks at the discursive and embodied tactics employed by women in struggles over breastfeeding. Specifically, it pays attention to the complex relationship between bio-medical evidence and advice, and women's pro-breastfeeding activism.

The thesis has three main strands of investigation: it tracks how on-and offline groups shape contemporary practices of breastfeeding, as well as creating a sense of solidarity and togetherness which allow lactivism to flourish; it reveals how woman to woman support within online groups increasingly 'patches the gaps' in state health support to breastfeeding women, transforming medical recommendations into practical, livable solutions; and it examines how lactivists actively engage in the making of new cultural representations of breastfeeding. The thesis argues that the transformation of social meaning of breastfeeding rests on women's potential to craft effective (counter-) representations of breastfeeding, and to deploy 'health' claims as a discursive opportunity structure to forward pro-breast-feeding agendas.

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Prologue

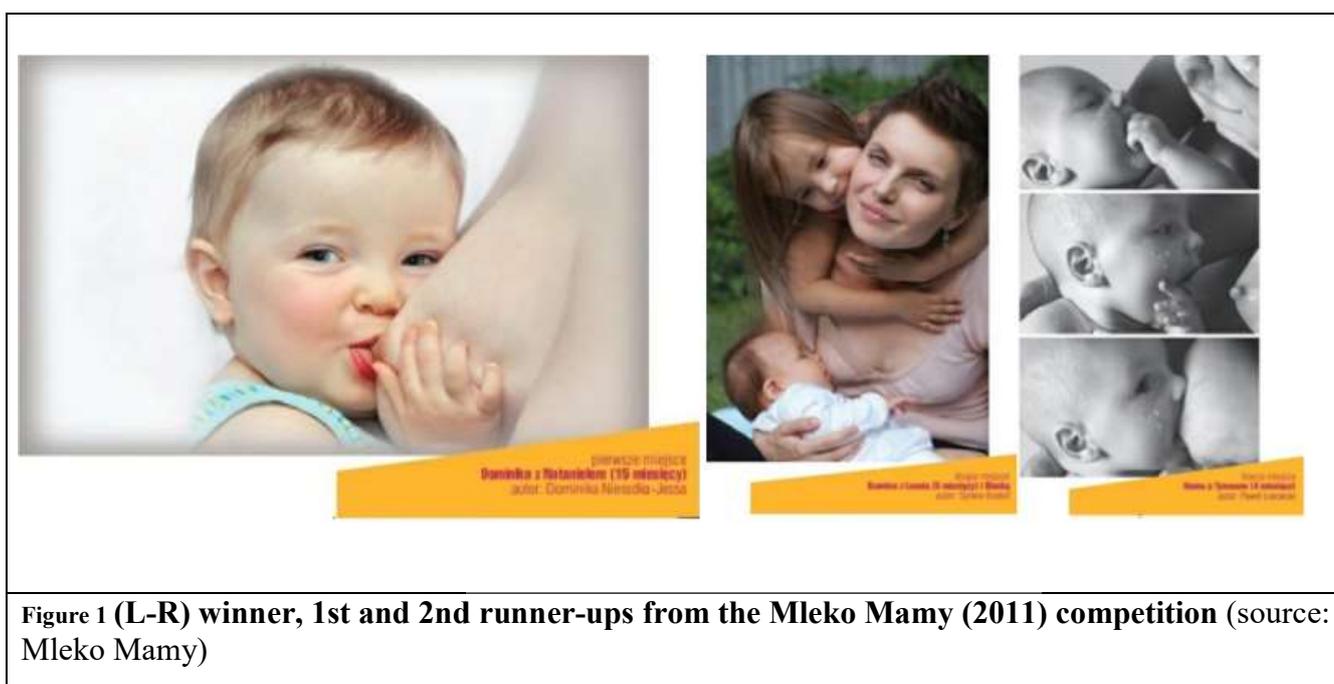
My interest in breastfeeding activism was sparked by the cancellation of an exhibition of photographs of breastfeeding women in Warsaw in June 2011. The exhibition was to be held by the Pociąg do Sztuki gallery at the Wilanowska Metro station in Warsaw under its public art remit. The gallery had entered into an agreement with the Polish pro-breastfeeding NGO Mleko Mamy [mother's milk] and the magazine *Dziecko*¹ [child], who organised and publicised a photography competition about breastfeeding. The photos were to show the act of breastfeeding and the winning photographs, selected by a professional jury, were to be presented at the Metro station. The gallery withdrew from the project at the last minute. The reason reportedly given by its director was that 'these [photographs] are shocking and may offend people' and 'could offend' religious sentiment, referring to legal regulations which mention sacrilege and obscenity² (Szymanik 2011b). It was a pre-emptive move by the gallery – the cancellation was not based on actual complaints and there seemed to be no pressure from any religious group or authorities; the gallery stressed the autonomy of its decision. Previews of the winning photographs were nevertheless published in *Dziecko* and articles were written about the competition, and the cancellation, in newspapers (Szymanik 2011a).

What was so 'offensive' in these pictures that it made the gallery cancel the exhibition? Given the subject matter – breastfeeding – the photographs understandably feature women's partly exposed breasts (fig.1). The winning photograph shows a toddler of 15 months smiling at the camera whilst feeding at his mother's right breast, the nipple in his mouth barely seen. The child is wearing a colourful vest and the mother's chest is

1 *Dziecko*, "a monthly for caring parents" shares owner with Gazeta Wyborcza (Agora media group) and gazeta.pl platform (*e-dziecko*) as one of the most popular electronic parenting resources (Zdrojewska-Żywiecka 2012). The monthly has a national reach published in 145000 cpm; sales are at 65984 cpm and circulation is estimated to double or treble that – the magazine is often displayed in paediatrician's waiting rooms (mediabuy. PL/teleskop 2014).

² Art 196 Penal Code

bare, but most of her left breast and the left nipple are out of the picture. The mother's face is not seen in the picture, but she is credited as the author. It is impossible to say if the picture is a self-taken snap (a selfie) or if it is a portrait taken in a studio setting. The picture has been edited, to give it softer edges capturing the scene as a moment out of place and out of time, a poetic illustration of both the joy and haziness of 'milky moments'. The first runner up is a more traditional, naturalistic portrait of a breastfeeding mother, taken by a photographer. The mother is seated breastfeeding her 5 month old. The infant is dressed in white, held in her arms. Standing behind the mother, arms wrapped around her, an older child is looking at her younger sibling. The mother is looking at the camera, smiling, her eyes half-closed. She is wearing a pale pink breastfeeding top and her breast is barely seen. The greenery behind the trio and their light clothing suggest a warm, if overcast day. The photograph could be posed, but it could just as easily be capturing a moment of their everyday existence. The close cropping of the picture heightens the sense of closeness between the subjects. The second runner up is a black and white triptych of three closely cropped pictures of a child's face and a woman's breast. The photographs depict breastfeeding in stages: In the first image the 6 month old is holding a hand in his mouth, a sign of hunger. The mother is using the fingers of her left hand to squeeze her breast into a so-called 'sandwich', a technique for offering the breast for a feed. In the second, the child is removing his hand from his mouth, mouth opens wide to take in the breast; the child's tongue is ready to assume the suckling position. Only the nipple and areola of the woman's breast are visible. Some milk from the woman's breast seems to have squirted onto the child's face: a few white droplets are visible on his cheek. The final image in the sequence shows the child attached to the breast, the milky droplets still there, under his eye. These photographs look like they belong in an instruction manual – the black and white colour and their sequential character lending a documentary feel



Why did the gallery's director think the content was offensive? Was it the exposed breasts, the partial nudity? The milk droplets? As a breastfeeding woman I kept asking myself these questions. Like many others I took to the internet to express my surprise and discuss the cancellation. The news spread swiftly through the internet forums hosted on the e-dziecko.pl platform *karmienie piersią* [breastfeeding] and *karmienie piersią powyżej roku* [breastfeeding beyond one]. On the 10th of June 2011, just a day after the gallery made its announcement, a Facebook page was set up to defend the exhibition. ‘Karmienie piersia nie jest obsceniczne! Tak dla wystawy w metrze’ [Breastfeeding is not obscene! Yes to the exhibition] (KPNO) served as a platform to spread the news of the cancellation and to organise a protest.³ It was quickly decided that the best way to show how normal breastfeeding is would be to show up at the Metro station and feed our children there.

The Warsaw group breastfeeding event took place on the 15.06.2011 at 3 in the afternoon at another Metro station. Around 200 people attended, mostly women with children. The day was hot and the southern subway pass of the Metro Pole Mokotowskie

³The page had 1409 ‘likes’ and remained active after the event, publishing activist news and information.

was stuffy, both due to the weather conditions and the number of people in attendance, who filled out the busy space by the Warsaw School of Economics. The atmosphere was defiant and celebratory. Some of the attendees were holding images of breastfeeding, often reproductions of popular paintings, such as the 1905 painting *Maternity* by the Polish Young Poland Movement artist Wyspiański. Reproductions of this picture are displayed in many Polish homes, and school children are often taught to appreciate it in art classes (fig. 2). Other paintings represented the Breastfeeding Madonna (*Maria Lactans*) Christian religious iconography familiar to many in this predominantly Catholic country. Some protesters held A4 placards saying ‘breastfeeding is not obscene’ or ‘breastfeeding is natural’ and some of the children wore clothes with English-language pro-breastfeeding slogans, like ‘I <3 Mummy's Milk’. Some of the women sat on the floor of the subway pass, many breastfeeding their children. This was the first protest of this kind in Poland. Breastfeeding protests have been organised in the US, Canada, Australia and the UK since the mid-1980's, increasingly gaining media and some scholarly attention (Gaskin 1987; Van Esterik 1989; Bartlett 2002; Carpenter 2006; Boyer 2011). These grass-roots protests gather numbers of women breastfeeding in one place, typically targeting spaces breastfeeding women have been excluded from. The internet has become crucial in mobilising participants and disseminating photographs, reports and videos of protests to large audiences (Boyer 2011, Lunceford 2012).

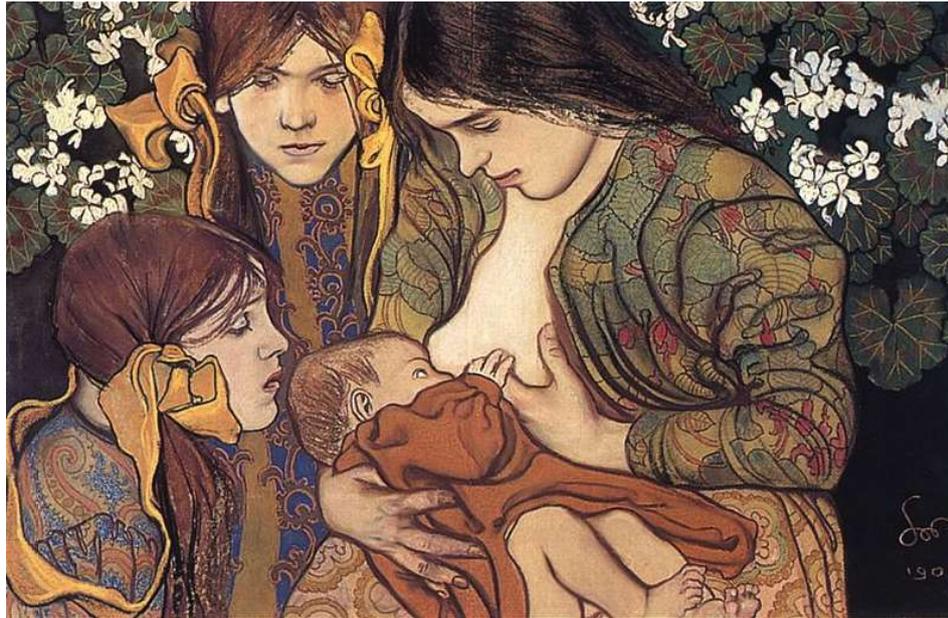


Figure 2 St. Wyspiański *Maternity* (1905) pastel on canvas, National Museum Krakow

Warsaw Protest – the aftermath

The protest was well attended by activists and breastfeeding women, but also by photographers and reporters. News reports of the ‘breast flash mob’ [piersiowy flashmob] appeared in several news outlets. Print and online reports accompanied by pictures appeared in local and national press outlets, with brief films and notes in information portals, and televised evening news reports. Within a couple of days there was coverage on the main television breakfast shows. Most reports criticised the particular legal framing used by the gallery to justify the cancellation of the exhibition and typically stressed the role of the exhibition in the ‘promotion’ of breastfeeding, referring to its health benefits. But the protest itself gathered reactions of bemusement and ‘gentle’ ridicule. In the comments sections of the news outlets and within various online forums, information about the breastfeeding event generated national debate. Many comments were critical of the protest, and questioned the need for an exhibition of images of breastfeeding women. Some said photographs were not ‘art’ and shouldn’t be in a gallery. Others, believed that ‘nudes’ [akty] did not belong in public space and/or were not aesthetically pleasing enough to merit attention and presence in either a gallery

or in public: 'I'm not scandalised, for me it is simply revolting that's all' wrote 'emerytką' [pensioner] on TVN Warszawa's page. The art critic Iza Kowalczyk, blogging in reaction to the events, argued that the cancellation of the exhibition was part of a longer line of rejection of images of women which do not conform to the marketised vision of bodily perfection, where only 'images where nudity is connected with sexuality are allowed into circulation' (2011). As non-sexual, non-stylised representations, the pictures had no place in the gallery, or on the walls of the Metro station; just as actual breastfeeding women did not 'belong' in public space.

Online, the protest was met with an outpouring of symbolic violence: comments likening breastfeeding to urination, excretion and copulation abounded on the internet sites which reported on the 'flash mob'. Breastfeeding women were said to be as 'unsightly' and 'displaying' or 'flaunting' their 'intimacy'. Many commentators expressed their disgust at the 'swollen udders' of the 'lazy cows breastfeeding out in the open'. What Kowalczyk (2011) recognises as a moment of aesthetic abjection, was fully voiced in these disgusted, and disgusting, online comments. One particularly vitriolic poster expressed his disgust in both gendered and classist terms, describing the protest as an expression of the 'plebeian culture of the servile [pańszczyźnianych] wet nurses [mamek]', since no 'Varsovienne would thrash herself on the sidewalk with a naked, slobbered, veined tit like those slimy unfuckable peasants whose hormones crash their brains' (balcerk_jozef/GW). The comment on 'plebeian culture' of breastfeeding women echoes the observation of the global development specialist Alan D. Berg that the values which have accompanied urbanisation and modernisation are detrimental to breastfeeding, which is 'viewed as an old-fashioned or backward custom and, by some, as a vulgar peasant practice' (1973:99).



Figure 3 ‘Marta breastfeeding her daughter Zosia during the happening’ (GW 2011)

Many of the comments on the GW online pages concerned photographs taken during the protest posted on the newspaper's website. One photograph, of a young woman named ‘Marta’ breastfeeding her child, was the source of particular ire. In the photograph (fig. 3), Marta’s breast is barely visible between the fabric of her top and her child's hand. She is sitting on the floor, on what appears to be an orange blanket, propped up partly on a red and black backpack, pushchairs in the frame. But this is not how some critics saw the scene:

Ms Marta is lying on some cloth on the dirty floor in the subway, her skirt hiked up and blouse cocked up. You can see her bare belly and breasts. This thing is supposed to show that breastfeeding is natural? Lying on a cloth on the floor, an undressed woman nursing a big kid, is this to cause approval for...? What exactly? Exhibitionism? (sky_fifi)

A ‘guest’ poster⁴ stated:

This woman pretending to be a Roma beggar looks mentally deranged. Social services should take care of Marta's baby for its own good (matka [mother]).

⁴Within gazeta.pl pages and forums, registered users have unique, recognisable nicknames. Anonymous posters are ‘guests’.

Such racist, classist, denigrating, and hateful comments arising in response to a breastfeeding event, while generally worrying, are not unique to Poland and not a new phenomenon. They are strikingly similar to comments reported by Ina May Gaskin in her retelling of the events of the First Canadian Suck-In, an event held in response to a nursing woman being forcibly removed from a shopping mall in Canada in the early 1980s, where fifty women nursed their children in the mall in protest. Gaskin notes how, during the event, a male observer likened public breastfeeding to defecating and urinating in public (1987: 201). The abject status of breastfeeding is reinforced by symbolic links made to actions labelled obscene, such as defecating in public. Breastfeeding in public is imagined as a form of indecent exposure and breast feeders as moral and social undesirables.

Women who protested against charges of indecency levelled at the exhibition and the protest in the internet discussions pointed to the ubiquity of ‘truly indecent’ female nudity in public spaces: from highly sexualised advertising to prostitutes’ calling cards found everywhere in Warsaw. The response to this was telling in its straightforwardness – breastfeeding is a different, unacceptable, revolting kind of nudity. Near-pornographic images produced for viewing pleasure, argued some, were fine. Breastfeeding, particularly the visibility of the breasts of women not deemed conventionally attractive – ‘ones you wouldn’t stop to look at’ – were not acceptable and should be kept out of sight. The soft, animal-like qualities of the breastfeeding breast – often referred to as ‘tits’ or ‘udders’ – are deemed abject. By way of contrast, desirable sleek images of ‘hardbodied’ women are ubiquitous within public spaces through advertising and consumer culture.

Polish motherhood has been shaped by Roman Catholicism and the cult of Virgin Mary (cf Pustulka 2014). Women who organised the protest referenced values of ‘sacred maternity’ through their use of *Maria Lactans* images, to prove that breastfeeding is not

obscene – an attempt at normalisation. This appeal to ‘common values’ provoked outrage for its perceived mixing of the ‘sacred’ with the ‘profane’. The disgusted rejection of the artistic status of the exhibition and the reactions to the protest, the hate speech internet commentators directed at women who took part in the event, suggest a ‘violation’ of ‘deep-seated taboos’ (Maher 1992:20). The evaluative and normative spatio-political division of the ‘productive’ public sphere from the ‘reproductive’ private one, writes the Italian anthropologist Vanessa Maher, results in people ‘attaching shame to those activities that imply physical and emotional intimacy’ to such a degree that many ‘men and women feel discomfort, not to say disgust at the idea of a woman breastfeeding outside the home’ (1992:21). The stigmatisation of breastfeeding is reproduced through practices of spatial segregation. In urban spaces, this can be seen in architectural and spatial arrangements which relegate women to ‘breastfeeding rooms’ located near or in toilets (fig. 4).



Figure 4 A chair next to a toilet in a designated ‘baby change and feeding’ space. Centrum Nauki Kopernik (spring 2016).

The requirement for ‘privacy’ for ‘intimate’ matters was brought up as criticism against women who took part in the protest. Again, the language used was markedly violent. Women who feed their babes using ‘the tit’ [cycem] should do so in places which ensure privacy. These ‘engorged tits’ [nabrziałe cyce] – a notable reduction of woman to body part – are ‘no mothers’ since they ‘dragged’ their children out of the safety of the private home. This insistence on privacy for breastfeeding invokes established connections between ‘intimacy’ and ‘sexuality’ in the Polish language: ‘to know someone intimately’ functions as a euphemism for sexual relations in Polish. Read

as a public performance of private life, the protest was (negatively) likened to the Equality Parade (Warsaw Pride), which took place only a few days earlier. Equality Parades are criticised in homophobic Poland as a space where public displays of affection – kissing, bodily proximity – between same-sex couples take place. The breastfeeding protesters, like the Pride marchers, were accused of ‘flaunting’ an aspect of their intimate identities, which ought to remain invisible to others.

The original aim of the breastfeeding photography competition and exhibition, as stated by the MlekoMamy Foundation, was to ‘normalise breastfeeding’ (Mleko Mamy 2011). This pedagogical aim was provoked by a concern about falling rates of breastfeeding in Poland (Mleko Mamy 2011). In lactivist terms ‘normalising’ denotes a striving for ‘normalcy’ of breastfeeding, an ‘everydayness’ that would lead to the sight of a breastfeeding woman provoking no (negative) reaction, or as one of the organisers put it in conversation ‘that it is a normal way to feed a baby’. The exhibition was meant to ‘promote’ breastfeeding, based on a belief in its importance for public and individual health. Declining and low breastfeeding rates are discussed as a ‘problem’ to be solved, represented in statistics and public health measures globally (Cattaneo 2004, Miller, Bonas, & Dixon-Wood 2007, WHO 2010, EuroWHO 2015, Lancet 2016). Public concern for breastfeeding results in institutionalised forms of pro-breastfeeding advocacy, whereby supranational bodies, governments and advocacy organisations seek to promote breastfeeding creating medical and political guidelines (WHO 2010, Cattaneo et al. 2004). Breastfeeding becomes an issue for policy and political debate (Greiner 1982, Van Esterik 1989, Lee 2011). Research singles out the negative influence of corporate interest in marketing formula milk on breastfeeding, creating a ‘culture’ which is ‘hostile’ to breastfeeding, in which corporate alimentary giants, despite strict regulations, ceaselessly promote breastmilk substitutes (Palmer 2009, Chetley 1986, Richter 2001, Lhotska 2008). This influence is supported by analyses of media

representations of infant feeding which suggest a ‘representational preference’ for bottle feeding. One content analysis of UK print media and television noted 273 references to infant feeding, 38 of which were in the newspapers. In this sample ‘bottle feeding was shown more often than breast feeding and was presented as less problematic’ and ‘bottle feeding was associated with “ordinary” families whereas breast feeding was associated with middle class or celebrity women’ (Henderson, Kitzinger and Green 2000:1196). Such limited portrayals of breastfeeding ‘perpetuate a lack of acceptance of breastfeeding in public [and] sustain ideas that breastfeeding is a difficult activity, likely to fail, or that it is an option only for certain types of women’, while bottle feeding ‘seems to be normalised and represented as the obvious choice’ (1197). It is against such background that organisations such as Mleko Mamy seek to make an intervention by introducing positive representations of breastfeeding and seeking to ‘normalise’ it.

These struggles around breastfeeding have become the focus of breastfeeding studies in Anglophone countries (UK, US, Canada, Australia, New Zealand). Postulated as a transdisciplinary research area connecting policy, bio-medical, and social studies of breastfeeding (Labbok, 2008), proponents of breastfeeding studies affirm a connection to the realms of reproductive health, rights and justice (Kent 2006, Labbok, Smith, Taylor 2008, Jansson 2009). In this sense, breastfeeding studies seem to be an academic extension of a wider tendency to take up concerns about breastfeeding as an issue for public activities and indeed activism. Similarly, research on breastfeeding and breastfeeding activism are mutually connected. As the human geographer Kate Boyer observes, new forms of activism in support of breastfeeding ‘can be seen as emerging out of the magnitude of research highlighting the unique benefits of breast milk’ (2011:431), including the social and economic importance of the practice. These new forms of activism – like the Warsaw flash mob – are also facilitated ‘by the ability to use the internet to organise’ (Boyer 2011:431).

Bristol protest

In late June 2012 another protest, this time in the city of Bristol in England drew my attention as exemplifying what Boyer describes as ‘grass-roots efforts to gather numbers of breastfeeding women together in one place to conduct mass “nurse-ins”, often targeting spaces in the city, which nursing women have been asked to leave’ (2011:431). Although I was not able to observe it in person, I was connected to various Bristol networks. I followed the event on social media, particularly on Facebook, and reports of the event in news outlets. In photographs of the protest I recognised the College Green and lower Park Street, where the protesters gathered. I smiled at the rendition of the Clifton Suspension Bridge on the placard announcing the ‘Bristol Mother Suckers’ (fig. 5). Two levels of familiarity – with the place(s) and the type of protest – were activated. But there were notable differences between this and the Warsaw protest. The most obvious was the distinctly different legal context.



Figure 5 ‘Bristol Mother Suckers’ protest placards (wtf4photography 2012)

The Bristol ‘flashmob’ (Tomlinson 2012) protest was organised on the 4th of July 2012, in response to Kelly Schaecher's online posts about her mistreatment by staff at the Park Street Cafe for breastfeeding her child. In her initial online post Schaecher, identified by the Bristol Post (2012) as ‘University of Bristol's procurement specialist on maternity leave’, wrote:

I was sitting in a Cafe discreetly feeding Sasha and was asked to move into the corner as I was being impolite. I was so shocked and stupidly I just moved but as I sat there I got more annoyed/ angry. As I was leaving a woman walked in with a newborn and I said, "just so you know you will be asked to sit in the corner to feed". The couple then left the cafe. I was walking up Park St and a black Audi pulled over violently and a woman screamed at me from her window to 'Never f...ing come to her cafe again and get your tits out and not to tell other people not to come here' (Schaecher)

Schaecher observed that this constituted harassment and that she had reported the incident to the Police. However, she was also disinclined to just let it stop at '*some community officers go and tell her off, which is going to happen*'. She was instead seeking ideas for actions to highlight the unacceptability of such treatment of a breastfeeding mother. Schaecher, and others in the swiftly formed Mother Suckers Facebook group, recognised her *right* to breastfeed in the cafe as based on the Equality Act 2010. A link to the organisation Maternity Action explanation of the law was provided:

[i]t applies to anyone providing services, benefits, facilities and premises to the public, public bodies, further and higher education bodies and association. [...] Service providers must not discriminate, harass or victimise a woman because she is breastfeeding. Discrimination includes refusing to provide a service, providing a lower standard of service or providing a service on different terms. Therefore, a cafe owner cannot ask you to stop breastfeeding or refuse to serve you (Maternity Action 2012).

Legislative protection of breastfeeding is a significant difference between the two protests. During the protest, Schaecher was said to have handed the Cafe's manager the Equality Act (Bristol Post 2012). On the Mother Suckers FB page Kelly Schaecher observed after the protest: '*I'm thankful we live in a country that protects our rights on this matter*'. This use of recourse to legal protection of breastfeeding in public to legitimate the protest was patently absent in the Warsaw case. While some references

were made to the ‘special’ status of breastfeeding under the employment code, there are no comparable acts in Polish legislation.⁵

The organisers and news media reports estimated the numbers of those present around the 200 mark (Mother Suckers, Bristol Post 2012, BBC 2012, Tomlinson 2012). Some news outlets described the protesters as ‘breast-feeding mums’ (Bristol Post 2012) or ‘breastfeeding mothers’ (BBC 2012). But there were also reports of ‘breastfeeding flashmob’ ‘descending’ on the cafe (Nelson 2012), and a ‘gang of lactivists’ ‘taking over’ the cafe (Tomlinson 2012). The exaggeration was ‘click-baiting’ to generate traffic to the site, but breastfeeding women are clearly talked about in threatening terms, turning from ‘flash mob’ into ‘mob’, a familiar demonising rhetoric used towards people organising to safeguard their rights. This ‘hostile’ narrative is difficult to substantiate. If anything, the protest was excessively ‘civilised’.⁶ Davide Pontini, the owner of the Cafe wrote on the event's Facebook page the day before the protest, stressing the importance of mothers in his (Italian) culture and the linguistic issues his (Italian) manager might have had in conveying his intentions, also offering the protesters ‘coffees, teas and pastries (...) to show our best intentions’. Many welcomed his approach and Schaecher herself saw this as a positive sign. Suggestions were made to help the cafe source a ‘Breastfeeding Welcome’ sticker. Pontini’s apology was partly accepted, but some voiced concerns. The move was seen as simply ‘avoiding bad PR’ and ‘not really apologising’. Questioning if the manager's suggestion that Schaecher move was really made in good faith, one of the group members wrote:

5 The *legal* status of public breastfeeding was not a concern in Poland. It has been argued that removal of a breastfeeding woman from a public space or space of public utility is in direct contravention of the Constitution of the Republic of Poland in its guarantee of equality to all citizens. This interpretation was offered by a prominent Polish constitutionalist lawyer and left-wing politician Ryszard Kalisz in support to the Karmiace Cyce na Ulice activist group in 2014. In 2016 a discrimination case of a breastfeeding woman (Liwia Malkowska) asked to move near the toilets to breastfeed whilst at a restaurant was brought in front of a Polish court by the Association of Anti-discrimination Law. The case was rejected in March 2017 and is pending appeal.

⁶ Frank Furedi’s (2003) disappointment with ‘normalisation’ and appeasement of protest activity comes to mind

the only time i have engaged in asking a woman if she would be more comfortable moving was when feeding in a toilet. "wouldn't you be more comfortable on the sofa? and let me get you a glass of water" is appropriate then (KC; original spelling).

Comments on news outlets sites lacked this civility. Comparisons to public urination abounded, and someone also compared breastfeeding to public masturbation, saying 'I don't want to eat my lunch and see a man playing pocket billiards' ('Dr Pepper' *Daily Mail* comments). The Facebook event was 'trolled' by one individual, who kept providing sexually laden, graphic comparisons between breastfeeding and sexual acts. In response, one of the group's members clarified:

men dont have a source of food come out there penis penis's are made for urinating and sex breasts are made for feeding babies! They are not just sexual objects do you cover your eyes when flicking through papers with topless women or is it just women nourishing there children that make you uncomfortable (SB; original spelling)

Against legal protections offered for breastfeeding women in British law, such exchanges suggest women are acutely aware breastfeeding in public might be read as indecent exposure.

Equally, there was resistance to a perceived 'prudishness' of objections to a naked breast. 'Louise' comments on the *Daily Mail* article 'long may women stick it to those prudes who constantly come out of the cracks to complain about ridiculous things'. This was conveyed by Schaecher herself: 'you see girls in nightclubs barely wearing any clothes all the time, so why would someone have a problem with me feeding my child?' (Tomlinson 2012). Schaecher here questions the unequal treatment of varied forms of female nudity. The difference between this and the attitudes in the Warsaw case is subtle. In Bristol there was a sense that any censorship of women's bodies is unwelcome. This is markedly different from the maternal-sentimental orientation of breastfeeding activism in Warsaw, which sought to reclaim breastfeeding as respectable. Such nuances in attitude depend on particular possibilities of voicing an issue in a given social context. This

indicates demands for access to public spaces and respect for breastfeeding women in the public sphere are voiced differently even while the root problem, namely the wider perception of public breastfeeding as abject, is the same.

Similarities of themes and forms, and women's particular, embodied involvement in these protests grasped my attention. As did the way in which the wider debate followed on social media: forums, blogs, and Facebook pages. An aspect which resonated in both localities was the degree to which breastfeeding was presented in terms of both investment in the future of the children and a way of making a significant social contribution. In the Bristol case, this contribution was through 'savings' to the National Healthcare System (NHS). Hinted at by various women on the Mother Suckers event page, it was concretised in the comments thread on the *Daily Mail* article:

Because the NHS picks up the bill for not breastfeeding we tend to think of breastfeeding as a trendy lifestyle choice. (...) If we had to pay for our children's medical bills here in the UK instead of getting it all for free breastfeeding would be taken a lot more seriously and persecuting it would be enforced as the crime that it is. That is what the protest is about, stopping women being persecuted for doing what is the baby's right, and not doing it is breaking our health service. ('Susan')

Breastfeeding's health benefits to children were also stressed in online comments following Warsaw flash mob:

They are breastfeeding not because they fancy it, they just understand that it is for the child the best, smartest, safest, correct, and by all means healthiest both in terms of physical and mental health. Oh and also hygienic because bottle-fed babies are more prone to diarrhoea and allergies than breastfed ones ('ja' in wiadomości²⁴)

'Ja' seems to be reproducing the messages of breastfeeding promotion as a 'pro-health behaviour' – lowering the incidence of disease, improving future health outcomes – and understanding it as a 'meaningful sacrifice'. Aside from such public health concerns, a specific 'contribution' made by childbearing/rearing women, stressed in discussions on the karmienie piersia forum, was sustaining the universal pension scheme: 'our children

will pay the naysayers pensions'. A rhetoric of investment in children and of working for, or rather contributing to a 'better future' seems to echo the neoliberal discourse in which the idea of 'good' citizenship is one of upholding individual obligations and responsibilities, amongst other through specific parenting performance (Erel 2011, Tyler 2013). But what these statements also contain is an element of working for a 'common good', and a sense of social ties being formed through breastfeeding.

The terms, representations, and concepts evoked suggest some similarities of discursive opportunity structures in Poland and in the UK, as well as differences. According to political sociologists Ruud Koopmans and Paul Statham discursive opportunity structures are ideas in the larger political culture that are considered 'sensible', the constructions of reality seen as 'realistic', and claims held as 'legitimate' within a certain polity at a specific time (1999:228). In this case, women who were seeking recognition for a specific maternal practice activated and engaged various discourses available in the wider polity. But it was their activity in itself – their attempt to establish and uphold the value of the practice they engaged in through gaining a degree of control over its *meaning* that most interested me. It interested me academically or intellectually, but also politically and personally. This thesis is a result of seven years of sustained engagement with, and involvement in, breastfeeding women's activism, understood both as direct and visible action and the 'backstage' of mutual support.

Guide to chapters

My thesis follows Cindy Stearns' (2014) injunction to study emergent forms of embodied breastfeeding activism (lactivism) enabled by online environments. In the Introduction I conceptualise the contests around breastfeeding glanced in the Prologue as struggles over meaning (Balkin 1993) of an embodied practice (Hausman 2004). I also contextualise these by looking at the legal and policy context of breastfeeding in Poland and the UK. From this, I move

to the dominant framing of breastfeeding as a 'health' concern and consider its possible consequences.

In Chapter 1 I place women's activism on breastfeeding in the broader scholarship on health-based advocacy and rise of 'health' activism in the last four decades (Epstein 2008). I consider the framework of Embodied Health Movements (Brown et al 2004) and the nexus of gender, health and embodiment in relation to movement boundaries for the specific case of breastfeeding movement, following amongst others Newman (2010) and Kedrowski (2010). Drawing on existing literature on health movements and the breastfeeding movement, I propose a consideration of it at the level of 'quasi-organised, loose networks' (Landzelius 2006) created by women themselves as the object of this thesis. For this reason, I parallel the forms of breastfeeding activism observed in the prologue with those of Networked Social Movements (Castells 2012).

Chapter 2 is a reflexive-methodological consideration of my study of activism which coalesces around breastfeeding from the position of an embodied, breastfeeding insider. I offer an account of the progression of research, throughout which I take up themes of feminist research, reflexivity and knowing drawing on feminist scholarship to craft an approach fit for the proposed undertaking. In this extended chapter I also consider the importance of positions and locations, of learning through interviews and from experience, of collecting ethnographic objects, and of going beyond textual approaches to data.

In Chapters 3.4 and 5 I consider from various vantage points the ways in which spaces of sharing and support focused on practice and experience may lead to politicised engagements, which blur the boundaries between activism and protest, advocacy, and hegemonic knowledge negotiations (Akrich 2010). Looking at Facebook breastfeeding support groups, I first consider them as spaces of support, looking at the ways in which informational and instrumental support are inextricably linked with affirmation and emotional support women receive within such environments (cf. Lin & Bhattacharjee 2009, Fredriksen, Harris and Moland 2016, Nila-Vilen et al 2014, Drentea and Moran-

Cross 2005). From emotionally charged exchanges, I argue, a sense of ‘togetherness’, steeped in trust, safety and mutual understanding may emerge, one that aids the furthering of movement goals.

In Chapter 4 I consider support groups as resources for living with a ‘health conundrum’, looking more closely at potential similarities with patient (and e-patient) groups. I consider the ways in which biomedical knowledge is turned by members of groups into practical, actionable know-how (Pols 2013) and look at technologically-facilitated knowledge dissemination, paying particular attention to pictorial content and mediated connectivity.

In Chapter 5 I look at the ways individual women feel they become ‘empowered’ through (online) ‘research’. I develop considerations of how women take on the (problematic) role of expert patient by tracing the various ‘expert’ figures which arise within the spaces of the groups. I extend the current scholarship which focuses on ‘local experts’ as facilitators (Radkowska-Walkowicz 2009, NAME 0000) by proposing that attention to figures of ‘credentialled’ members, expert bloggers and rising influencers extends our understanding of how potential leaders emerge in activist environments.

Chapter 6 and 7 move from internal to external(ising) expressions of women’s breastfeeding activism. In Chapter 6 I trace the different ways in which celebrations and other ways of producing visibility of breastfeeding foster a sense of pride in being a breastfeeding woman/mother and contribute to a positive sense of group identity, beyond the ‘community of troubles’ established in group support settings. Creation of forms of visibility to reflect this positive identity as a movement tactic is not without its problems. I contrast ‘idealising’ images, such as the Polish photographic project *Kraina Mlekiem i Miłością Plynącą*, with projects that purport to capture the reality of breastfeeding, such as the work of Lancashire based photographer Kim Vermuelen. Drawing on the work of Boon and Pentney (2015), Giles (2015)

and Tugwell (2016) I consider the role of the #brelfie – a breastfeeding self-portrait shared by breastfeeding women on social media.

In Chapter 7, I consider the ways in which groups spur individual members into action and how grass-roots lactivists mobilise. In this chapter I aim to systematise forms of online joint action (Costanza-Chock 2001) and return to ‘real life’ events to discuss mass action tactics and their meanings. Looking to the work of Boyer (2011, 2012) and Carpenter (2006) on how these are staged and enacted, I extend it by including individual acts of nursing-in-public (NIP) in the lactivist repertoire of contention (Tarrow 2006).

In Chapters 8 and 9 I consider how through individual stories of breastfeeding ‘cajoled’ in interviews new meanings and political possibilities of lactivism emerge. In Chapter 8, I weave interview materials with online evidence to trace the elements that arise out of women’s own accounts of breastfeeding and the ways in which through retelling of their stories women act as ‘everyday activists’ (Vivienne 2016), who aim to shape and influence social perceptions of breastfeeding. Most specifically, I focus on the ways in which women go beyond the tropes of state-backed advocacy and present breastfeeding as more than a ‘healthy’ or ‘natural’ thing. Instead, I consider the multiple maternal investments in the practice and what possibilities they open for breastfeeding struggles.

In the final chapter I trace elements of a broader vision that emerges from women’s own accounts of breastfeeding – its importance to them and to the World. The effects and politics of ‘naturalness’ and embodied pleasure are considered, to tease out the transformational potential of breastfeeding that underlies lactivism. I conclude the thesis by considering its limitations, considering studies which might shed light on the legacies of struggles, quizzing comparative elements, and returning to the problem of insider research.

Introduction: Framing the struggles over breastfeeding

The two breastfeeding flash mobs described in the Prologue were organised by breastfeeding women in order to protest attempts to remove breastfeeding women's bodies from public view. Analysis of these events and observation of their aftermath guided my interests through the initial stages of constructing my thesis. Following the protests, investigating the various online and offline sites in which breastfeeding was being discussed, I realised these two events were part of a more significant upsurge in breastfeeding activism by individual women and by ad-hoc and long-standing informal groups online and offline. Exchanges in social media, small scale protests similar to those described in the Prologue, events organised on and off-line, presented themselves as part of an ongoing struggle, or a series of interconnected struggles by mothers in a range of global contexts, at the heart of which was the control of meaning(s) of breastfeeding. The issues engaged locally, such as acceptance of breastfeeding in public (Bristol) or presence of images of breastfeeding women in public spaces (Warsaw) reflected broader transnational struggles.

Practices of embodied breastfeeding activism carried out by breastfeeding women and enacted *through* breastfeeding, such as the protests described in the Prologue, are instances of 'lactivism', proposes the US sociologist Cindy Stearns (2014). Lactivist protests evoke a shared understanding of how the meanings attributed to breastfeeding directly affect social valuations of this practice. In the exchanges I observed in various locations, activists and supporters present breastfeeding as a valuable health-building and health-sustaining practice, and by extension, as a significant social contribution building up the health of the population. In this way, they are aligning themselves with the messages on the benefits of breastfeeding coming from dedicated non-governmental organisations (NGOs) and various government agencies. Discussions on the acceptability of breastfeeding women's presence in public spaces also engaged and questioned the

boundaries of the public and the private realms: Where and how did breastfeeding belong, was it a 'private' or 'social' practice? An affair that should be hidden in the confines of the home, or an activity women could, indeed should engage in, in public spaces? 'Public' was argued for drawing on evidence relating to 'public health'. Low uptake of breastfeeding and low continuation rates were a result of 'lack of exposure' to the practice of breastfeeding. Therefore, breastfeeding ought to be part of 'public' life, in terms of representations, discourses and pedagogy, including the presence of breastfeeding women in public spaces, to 'normalise' the practice. Arguments countering this 'promotion' of breastfeeding, saw pro-breastfeeding politics as interfering with individual choices and potentially stigmatising women who choose not to breastfeed, casting breastfeeding instead as a 'lifestyle choice'. Further arguments from both sides rested on the ways in which breastfeeding was a form of maternal 'investment' in a child. On one hand, such investment was seen as a personal, individual and private commitment. On the other, it was deemed an investment in the future health of the population, hence public. To complicate these arguments further, the public/private dichotomy was often conjoined to debates about whether breastfeeding is natural or cultural.

Such a plurality of meanings about breastfeeding, in turn, results in divergent modes of representation, employed by those who want to affirm breastfeeding and by those who want to disprove its value. Among pictorial representations were photographs, such as those around which the Warsaw protest coalesced, the maternal-religious imagery, the cartoons and other pictorial-verbal representations, like the placards used in Bristol, but also images of events and protests in the news media and on social media sites (Fig.6). I hope to demonstrate how lactivism intervenes in processes of meaning-making by invoking specific counter-discourses and knowledge(s) about breastfeeding. As I suggest in the Prologue, some debates over the protests and images but also

breastfeeding more generally, particularly the ‘aesthetic’ assessment and critical pronouncements, played out in specific ways of imaging-through-wording. Everydayness, normalcy, care and affection found their opposites in monstrosity, excess, racialisation and disgust. Inciting further connotations of breastfeeding, these representations underscore the semantic complexity of breastfeeding and the socio-cultural and political weighting of the struggles over the meaning of breastfeeding.



While some of the events presented in this thesis take the form of organised protest, I am using the notion of *struggles* here primarily in the sense of notional, discursive rather than physical struggles. Breastfeeding and its implications as an embodied practice are an important concern in this thesis, and struggles over the meaning of breastfeeding shape the embodied experience of breastfeeding for women who undertake it. Here, I am inspired by Marcel Mauss’ understanding of bodily techniques as actions or practices which serve the fulfilment of biological goals, but which are

nevertheless defined by a socially formed *habitus* shaped by ‘societies, educations, properties and fashions, prestiges’ (1973:73). The social meaning of an embodied practice affects its expressions. But changes to embodied practices may also, in their turn, reshape the fabric of the social. Socially determined performances of bodily techniques are as mutable as the meanings of those practices. The practice of breastfeeding is not only ‘conditioned by cultural patterns’ but ‘exerts a definite influence on them’:

the mode of breastfeeding may influence fundamental cultural coordinates such as those which define the concept of the person, or of closeness of relationship and thus the “structure of roles” within a society (Maher 1992: 9-10).

Culturally held and produced notions about breastfeeding serve as important statements about social priorities, relationship between women, men and nature, hierarchies between genders and between adults and children. Moreover, the way breastfeeding or infant feeding more generally is socially organised, ‘may serve to socialise the person to a given political and productive system’ by instilling a socially accepted concept of time and social rules on self-management of emotions and sexuality (Maher 1992:10). The embodied practice of breastfeeding is enmeshed in the social fabric, part of the pattern, it is defined by what surrounds it, while being a thread with the capacity to influence the overall look of the pattern. In this sense, the interplay between the practice and the meanings of breastfeeding could serve as a mode of investigating social patterns.

Breastfeeding as embodied practice

An understanding of breastfeeding as an embodied activity is crucial to engage the complex interrelation between the social construction of breastfeeding and its materiality. This connects to a wider interest in embodiment in sociology, but particularly to feminist scholarship on embodiment and society (Davis 1997). An embodied perspective tackles ‘the relationship between the symbolic and the material’ in the attention it pays to the lived experience and social practices ‘in concrete social, cultural and historical contexts’

and their connection to representations (Davis 1997:15). Furthermore, an embodied perspective sees bodies as ‘anatomical, physiological, experiential, and culturally shaped entities’ (Davis 2007:61). Embodiment impacts on the ways in which the world is experienced by an embodied being, how we may act in or towards it. Gender-specific practices, such as breastfeeding⁷, and particular embodiment conditions will be shaped by the interconnections between the external and internal realities of the body, that which is marked as ‘outside’ the body, and the ways in which these are imagined. Representations gain a particular importance, in their cultural and historical specificity, in how they serve to define or produce the knowledge of/on embodied practices and embodied beings. This complexity informs the struggles over the meaning of breastfeeding.

Practice could here be understood as repeated actions which reflect and establish connections between individual activity and agency, and the social structures which shape and form the context of those actions. Breastfeeding as a practice, according to body theorist and medical humanist Bernice L. Hausman, is a ‘daily pattern of embodied living’ (2004: 278). In thinking of breastfeeding as a practice and ‘an embodied form of caregiving’ it is important to pay attention at once to the social structures and forms of consciousness which shape practices such as breastfeeding, as well as the material and semiotic gendered realities of maternal bodies (277). Focusing on the things that maternal bodies require in order to engage in a practice creates possibilities for a transformation of meanings, whereby breastfeeding as a socially supported practice no longer fits the vocabulary of maternal devotion or sacrifice.⁸ As Hausman writes, ‘focusing on breastfeeding as a practice helps us to avoid over-idealising nursing as a romantic, nurturant ideal of maternal behaviour’ (278). Conversely, breastfeeding-as-a-

⁷ Trans-men prefer the term ‘chestfeeding’, in order to avoid the feminine gendering of *breastfeeding* (see: McDonald 2012)

⁸Hausman agrees with Ruddick (1989) that maternal practices produce a maternal consciousness, but is careful to note this does not occur in a social and semiotic vacuum.

practice could be obscured by the use of alternative understandings sometimes evoked in the context of the protests described in the Prologue – biological determinism/nature and moral obligation/maternal duty. An understanding of breastfeeding as an embodied practice is therefore important politically, as it allows for a space from which to oppose romanticising ideologies of motherhood which could be imposed on breastfeeding. It also facilitates direct political action, with material consequences and material goals. The example of breastfeeding demonstrates that representational politics affect the knowledge, perceived importance, and socially crafted understandings of particular embodied practices.

Struggles over meanings

The ways in which the struggles over breastfeeding exist on multiple levels, including the level of practice, their complexity, engaging a wide range of attendant discourses, is what makes them so interesting. Struggles over meanings, and over meanings of practices in particular, and related struggles over boundaries, definitions, and identities, both shape and reflect aspects of societies in which they occur and of contemporary preoccupations. These are struggles ‘over the forms and contours of our thought, the tools of understanding which we internalise and which constitute us as human beings’, the legal philosopher Jack Balkin observes (1993:878). The concept of struggles reflects the assumption that meanings are not stable and given, but rather that they emerge from the power relations of specific times and places. Struggles over meaning are an element of power struggles between elements of societies, either locked in direct competition or invested in relationships more subtly imbued by power inequalities (Louw 2001). For Balkin, who analyses the struggles around meanings of concepts in his analysis of the ideological drift, these struggles are primarily struggles for “truth” rather than for power itself, but the power dynamics of the struggles cannot be omitted. As he observes, the outcomes of these struggles ‘form the grooves in which our

thought travels when we grapple with the social and moral issues of our times’ (1993:878). In this sense ‘those who shape and control these grooves, those who succeed in fashioning the tools of understanding of a time and place, have enormous power over human beings’ (878).

In and through the ways they enter into the discussions and activism around breastfeeding, breastfeeding women are collectively and individually actors in these struggles. An understanding of the forms of engagement and the mechanisms which aid or hinder their participation in the struggles is paramount. The possibilities of politically successful future trajectories involving meanings and their prevalence within a certain context are partly dependent on their successful integration or obliteration of context-specific legacies. Meanings are not fixed and ‘embedded within the meanings that are circulating are the legacies of past social interactions/relationships’ (Louw 2001:20). In the struggles over the meaning of breastfeeding, present power-bases and past legacies are both a context and a resource. The nuances in these depend on the specific contexts of individual polities, their legal and social contexts, but may also be shaped by a wider global context. The socio-legal context of Poland and the UK, the ‘real life’ contexts of interviews and observations conducted for the purpose of this thesis, is one way in which meanings are framed.

Legal and policy context of breastfeeding struggles 2010-2016

Legal formulations of social issues set the tone for the struggles around them and legal recognition has often been the object of social struggles over specific practices. As already mentioned, one of the biggest differences between Poland and the UK concerns the existence of the provision prohibiting the discrimination against a breastfeeding woman. Set by the 2010 Equality Act, breastfeeding pertains to the protected characteristic of maternity – as a result it is sex discrimination to treat a woman

unfavourably if she is breastfeeding.⁹ But all existing legal frameworks for breastfeeding contextualise the practice in how they define and enable it, but also fail to ‘live up to’ their promise. In a 1982 report for the USAID-funded consortium on Infant Feeding Policy Options for Governments, maternal and child health and nutrition researcher Ted Greiner categorised policy options which aim at protection, promotion and support of breastfeeding (1982). Table 1 offers a breakdown of specific laws, applicable in Poland and the UK in the timeframe this thesis investigates, and their reference to Greiner’s model. This policy systematisation is a pretext to present the national laws and policies applicable to Poland and the UK and offer a discussion of aspects of those

⁹ In Scotland breastfeeding is protected by the Breastfeeding etc (Scotland) Act 2005, under which it is an offence to stop someone in a public place from feeding their child under two. The legislation allows for fines for preventing breastfeeding in public places.

Table 1 Legislation pertaining to breastfeeding framing Polish and UK contexts

Aim	Contents	International provisions	EU Regulations	Polish Law	UK law
<p>PROTECTION (policies, programs, laws or regulations which aim to shield women who already breastfeed from forces that could be detrimental to breastfeeding)</p>	<p>measures regulating and limiting the availability of breastmilk substitutes and the marketing and advertising of these products, also governmental influence over the pricing of substitutes, insistence on local production, ban on use of plastic bottles, and restrictions on free supplies of substitutes under aid programmes</p>	<p>World Health Assembly Resolution WHA34.22 1981 which includes the <i>International Code of Marketing of Breastmilk Substitutes (Code)</i></p>	<p>European Union Directive 91/321/EEC on infant and follow-on formula (Implements Code articles 5 and 9) compositional and labelling requirements for infant formulas and outlines restrictions on advertising and the provision of information on infant and young child-feeding to pregnant women and mothers of infants and young children. Regulation (EC) No 178/2002 of the European Parliament and of the Council of Europe of 28 January 2002 – principles of food law. Commission Delegated Regulation (EU) 2016/127</p>	<p>Act on food safety and nutrition (J. of L. 2006 No. 171 item 1225) requirements in connection with foodstuffs for particular nutritional uses, provisions prohibiting advertising to suggest that artificial feeding is equivalent to or better than breastfeeding, ban on advertising infant milk substitutes at point of sale, prohibits the promotion of products and objects used for feeding infants, and offering or delivery by producers or distributors of substitutes and other objects used for infant feeding to consumers, either directly or by health service entities (Art. 25 § 1 & 2, p.1-3; Art. 5) Ordinance of the Minister of Health on foodstuffs intended for particular nutritional uses and objects used for feeding infants sets out the requirements regarding the content of information and educational materials regarding the feeding of infants and conditions for the</p>	<p>Infant Formula and Follow-on Formula Regulations 1995 restricts advertising of infant formula. Infant Formula and Follow-on Formula (England) Regulations 2007 tightened the follow-on restrictions. Feeding Products for Babies and Children (Advertising and Promotion) Bill 2016-17 - first reading 16.11.2016 proposed by Alison Thewliss MP to control the advertising and promotion of feeding products for babies and children and to set ‘standards for the efficacy of products’ against which claims made by manufacturers would be assessed</p>

			adopted 25.09.2015 to apply on 22.02.2020 forbids the use of nutrition and health claims on infant formula <i>to protect</i> breastfeeding; Until that date, the rules of Directive 2006/141/EC which amended the Commission Directive 1999/50/EC will continue to apply	presentation of such materials by manufacturers	
PROMOTION (safeguarding women's access to accurate information about breastfeeding's long-term benefits)	governmental pro-breastfeeding campaigns; restricting or denying multinational heavy-spenders access to mass media, health facility walls, and health workers	The Code (art 3 and 6)	NA	Ordinances of Minister of Health setting the <i>Standards of Intra and Postpartum Care (Standards) 2012 and 2015</i> NB: Changes in Art. 22 section 5 of the Act on medical activity (2016) put the enforceability of Standards in jeopardy.	NICE guidelines on postnatal care and hospital intrapartum care (2006; 2011) contain recommendations for health workers relevant to breastfeeding. Not mandatory.
SUPPORT (Support for women who breastfeed to	maternity and paternity leave, breastfeeding	ILO	Pregnant Workers Directive 92/85/EEC	Labour Code (2015) Art. 176-189.1 and amendments	1999 Employment Relations Act; 1992 Health and Safety Act (see text)

continue with the practice)	breaks, flexible working hours, child care,				
SUPPORT (contd)	governmental cooperation with and financing of women's groups and forms of support which extend healthcare into the community, in particular women who themselves had successfully breastfed children and had respect in their community	The World Health Organisation recommends that national governments develop "community-based mother-to-mother breastfeeding support groups" to enhance existing services (WHO 2003)	N/A	N/A	NICE guidelines on postnatal care and on improving the nutrition of breastfeeding women (2006, 2008)
Source: Greiner 1982, WHO 1981, 2003, 2010, Shubber 2011, Witkowska 2009, Kojder-Demska 2015, own research					

The first group of legal provisions is based on protection of breastfeeding against the negative effects of substitute marketing (Tab. 1). The logic of ‘protection’ has a specific history and stems from international human rights and social justice activism and continues to affect many activist activities. By the mid-1960s the rapid growth and the negative effects of the expansion of breast milk substitutes as a marketable commodity began to be noted, initially with reference to developing countries and forms of malnutrition linked to the use of substitute milks (Chetley 1979, Lumb 1980). By 1971 the links between infant health and the practices of the manufacturers of infant foods led to the coining of the term ‘commerciogenic malnutrition’ (Jeliffe 1971, in Chetley 1979:13). In 1973 the August edition of the activist magazine *New Internationalist* was the first to publish an article drawing the attention of non-specialist audiences to the unethical marketing practices of the multinational companies and their effects in developing countries. In 1974 the charity War on Want, dedicated to fighting poverty in the developing world, published Mike Muller's report, which exposed the nefarious practices of multinationals and directly connected their actions to infant malnutrition and deaths (Muller 1974). Nestlé, a Swiss-based corporation with a 50% share of the global substitutes market sued the publishers of the German-language edition of the report (Chetley 1979; Guasti 2012). The trial led to a boycott launched in the United States in 1977 by the Infant Formula Action Coalition (INFACT), which expanded into Europe in the late 1970s and early 1980s (Lumb 1980, Palmer 2009). This, and other activist activities, garnered political attention and resulted in legislative and policy efforts, first at a supra-national and then at local levels, to control the marketing of breastmilk substitutes. In 1981, the 34th World Health Assembly adopted Resolution WHA34.22 which includes the *International Code of Marketing of Breastmilk Substitutes (Code)* and regulates the promotion of breastmilk substitutes, binding the signatories to introduce local regulations (WHO 1981; Shubber 2011). This negative attention to substitutes as

potentially harmful resulted in a renewed interest of policy makers in breastfeeding as a practice which could safeguard and ensure the health of populations. During a ‘Policymakers’ Meeting’ on breastfeeding in a global perspective in Florence the *Innocenti Declaration On the Protection, Promotion and Support of Breastfeeding*, signed by 30 countries, including Poland and the UK, announced that ‘for optimal maternal and child health and nutrition, all women should be enabled to practise exclusive breastfeeding’ (Innocenti Declaration 1990). The *Declaration*, writes Greiner, is important in that it recognises breastfeeding as a human right and ‘places responsibilities on governments, *not women*’ to ‘live up to the promises of conventions they have ratified’ (Greiner 2000, emphasis added).

Poland and UK both adopted elements of legislation which purport to make the Code element of local legislation and both remain bound by EU measures on the matter (Table 1). But legal provisions are interpreted differently from specific political positions (cf Labbok 2015). For some feminist critics, breastfeeding promotion conceptually, and much of the biomedical evidence used to support it, are underpinned by understandings originating in the 19th century, based on specific forms of mothering and largely conservative politically (Carter 1995; Blum 1999; Apple 1987; Kukla 2006; Wolf 2007, 2011). As Van Esterik (1989) notes, a conservative approach to breastfeeding promotion might entail a shift from mother's rights to infant's rights. This, by extension, makes certain provisions for breastfeeding exploitative of maternal work, particularly when framed as an obligation or duty to the child (cf Kojder-Demska 2015) and ‘breastfeeding promotion that treats women as mere milk producers is bound to fail’ (Van Esterik 2013). Maher (1992) goes so far as to propose the term *maternal depletion*, suggestive of the way women's bodies are considered a renewable resource in much of the policy interventions. As she puts it,

the exhortation to women ... to breastfeed for long periods means that women ... are being required to meet from their own resources the cost of remedying a situation whose real causes lie in social and political inequalities (1992:153).

The attention to health outcomes for populations in promotion and policies on breastfeeding, critics argue, overshadows the attention to structural reasons, mainly based on distribution of resources, which may affect women's infant feeding decisions. But policy interventions, which purport to address these, are problematic. For example, Healthy Start, a UK-wide scheme to improve the health of low-income pregnant women and families, may have mixed impact with regards to protection and enabling of breastfeeding (McAndrew et al, 2012, McFadden et al. 2014, Lucas et al. 2015). Under the scheme, vouchers which can be spent on cow's milk, fresh or frozen fruit and vegetables, or infant formula milk are available to women from 10 weeks pregnant and/or families with children under four years old in receipt of income support benefits and all first time mothers under 18 (Healthy Start). Some research suggests that rather than contributing positively to maternal nutrition and supporting breastfeeding the voucher scheme represents a significant contribution to the UK milk substitutes market (Crawley & Westland 2013).

Scholarship which focuses on the experiences of formula feeding women stresses the ways in which 'protection' of breastfeeding leads to a vilification of substitutes and by extension leads to feelings of guilt and inadequacy in women who use these (Murphy 1999, Lee 2007, Marcinkiewicz 2014). For Van Esterik focusing on the issue of individual mother's choice, ignores the 'deep contradictions between the ideas of individual choice and the assumptions guiding key commercial and political institutions' (1989: 97). She finds socialist feminist focus on the ways in which market forces influence maternal decisions on infant feeding more useful than attention to 'personal decisions of individual mothers' (100). Van Esterik (1989) also observes that for some feminists bottle-feeding is 'part of the technological solution to the problem of making

reproductive and productive lives more compatible' (1989: 95-6), hence protective measures based on limitations on commercial infant foods, are seen as limiting women's choices. But formula industry is not interested in improving women's status; its representatives would not attend WHO/UNICEF meetings concerned with women, only meetings concerned with marketing and distribution of their products (Chetley 1986:66). Kaja Kojder-Demska (2015) in her review of Polish laws on breastfeeding notes that marketing messages of formula companies use quasi-feminist arguments on maternal participation in the workforce, establishing faux-support programmes, which focus not on women's rights in the workplace, but on products women can purchase from formula companies to 'transition' back to work. By doing this, they not only render protective measures inadequate, but are also appropriating elements of pro-breastfeeding discourse, which focus on the need for support in the context of women's participation in the workforce.

Indeed, under 'support' Greiner's model places the provisions for working breastfeeding mothers. Greiner notes the importance of maternal benefits paid from a social security system in enabling women to initiate and continue breastfeeding. A maternity leave 'as long as possible and paid as much as possible' (1982:7) and protection of pregnant and lactating women from dismissal are favourable. The issue of statutory maternity pay remained practically unresolved in UK legislation until 1999 Employment Relations Act, however currently provisions are in place for Statutory Maternity Leave and Pay for all employed women, and a Maternity Allowance (a benefit) for those whose earnings do not exceed a set weekly threshold. The Polish Labour Code (2015) also contains provisions understood as 'enabling' women to combine motherhood with employment (art. 176-189.1), including the protection of pregnant and breastfeeding women from dismissal, statutory maternity leave and benefit, as well as a complex system of additional leave, paternal leave, parental leave and 3

years unpaid leave. There is also a break provision for breastfeeding, without a set cut-off of applicability and no official requirement of proof other than the employee's statement. All of these provisions leave unresolved the problems of women on casualised contracts. As Kojder-Demska (2015) observes, because one third of women in Poland are currently self-employed or employed in micro-companies which are exempt from these rules, legal provisions of the labour code have a small impact on the actual conditions in which women initiate breastfeeding. In 1992 a requirement for a safe place to 'rest' for a breastfeeding or pregnant employee entered into the UK's legal Health and Safety framework, but it only contains suggestions on breastfeeding breaks at the employer's discretion and the issue of payment remains unresolved.

Some research suggests that culturally adjustments may be read as a form of 'privilege' and result in negative reactions towards pregnant and breastfeeding women in the work environment (Gatrell 2007; Nowakowska, Swędrowska 2000; Radkowska-Walkowicz 2009). Indeed, Greiner talks about attention being paid to 'designing policy that does not result in a disincentive to hire women' (1982: 7). The way in which supportive policy provisions are read as privileges at least partially attests to an acceptance of the neoliberal modes of thinking in society, of individualised responsibility – in the case of breastfeeding of maternal, rather than social responsibility for infant health and wellbeing. Polish sociologists Renata Hryciuk and Elzbieta Korolczuk (2013), in their article on the (related) social movement for maternal and birth rights in Poland note that framing these as *civic* rather than economic and social rights was the basis of success. As a result, in countries such as Poland and the UK where some maternal leave provisions and breastfeeding-specific provisions are in place, attention to the social programme is less pronounced within breastfeeding activism than in countries where such provisions are lacking (cf. Hausman 2003; Kedrowski 2010). For Van Esterik structural changes beneficial to breastfeeding – maternity and paternity leaves, day care,

nursing breaks, flexible working hours – are part of a socialist feminist agenda on reproductive freedom and social transformation. She notes that socialist feminism ‘locates the origin of the oppression of women in industrial capitalism’ which exploits not only paid workers but also reproductive work (1989: 100). The exploitation of all workers becomes a double exploitation of women, ‘forced to compete with men without adjustments’ to the needs created by the burden of reproductive work (100).

Breastfeeding activism which addresses these questions, therefore, has a connection to socialist feminist stances.

Another form of support connected to breastfeeding activism listed by Greiner is governmental cooperation with and financing of women's groups and forms of support which extend healthcare into the community, in particular ‘women who themselves had successfully breastfed children and had respect in their community’ (1982: 7). The World Health Organisation recommends that national governments develop ‘community-based mother-to-mother breastfeeding support groups’ to enhance existing services (WHO 2003). In the UK this recommendation is reflected in guidelines on postnatal care and on improving the nutrition of breastfeeding women (NICE 2006, 2008), which are part of the commissioning framework for the Health Services in England, with analogous provisions in Scotland and Wales. Established organisations, such as the Breastfeeding Network (BfN) and National Childbirth Trust (NCT) run peer support programmes in cooperation with NHS Trusts. Currently in Poland peer supporters, educated by the Centre for Lactation Studies (CNOL) are known as ‘breastfeeding promoters’ [promotor karmienia piersia], but their status is unclear. Describing and assessing the legal situation in Poland, Witkowska (2009) states that while there is legal possibility to include such

activities under Polish laws, at present there are no policy solutions which would clearly establish a *legal* framework for peer support activities.¹⁰

‘Promotion’ is the final element of Greiner’s systematisation. The Baby Friendly Initiative (BFI) combines promotion with support. Launched in 1991 by UNICEF and the WHO BFI aims to ensure that all maternity centres follow the ‘Ten Step programme to successful breastfeeding’ (figure 7), a list of required steps a maternity unit needs to take to support breastfeeding women. Compliance with the ‘Ten Steps’ is the basis for an accreditation system under which maternity units gain the status of ‘Baby Friendly’. Nationally the process is rolled out by UNICEF Committees or independent bodies. In Poland by Komitet Upowszechniania Karmienia Piersią (KUKP) - Committee for the Promotion of Breastfeeding¹¹, and in the UK by UNICEF UK since 1994. In 2006 implementing the BFI in both hospital and community health care settings became one of six key recommendations in Clinical Postnatal Care Guideline and features in the guideline concerning the nutrition of pregnant women, mothers and babies (NICE 2006; NICE 2011). In Poland ‘Ten Steps’ are seen as ‘informing’ the current Standards of Postpartum Care (see Table 1).

¹⁰ A less discussed aspect of peer support is the way in which it rests on unpaid women’s labour and how it creates an expectation that women, or women’s organisations, will deal with a ‘women’s’ issue.

¹¹ an NGO created in 1992 by the Ministry of Health and Welfare, the Polish UNICEF Committee and Instytut Matki i Dziecka (IMiD) [The Institute of Mother and Child], official research and development institute of the Ministry of Health [jednostka badawczo-rozwojowa]

Figure 7 Ten Steps to Successful Breastfeeding (WHO 1989)

Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within half an hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practise rooming-in - that is, allow mothers and infants to remain together - 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Under the existing provisions in both countries medical professions are charged with providing adequate information about infant feeding and the *Code* contains measures which aim to protect and promote breastfeeding throughout the activities of health services. It defines healthcare service as: ‘governmental, non-governmental or private institutions engaged in [...] healthcare for mothers, infants and pregnant women, and nurseries or child-care institutions [and] health workers in private practice’ (WHO 1981, Shubber 2011). In the UK, official guidelines contain recommendations for health workers (NICE 2006; 2011). The guidelines establish tools available for audit and implementation of breastfeeding policies in healthcare settings, but they are not mandatory. In Poland, the Standards of Intra and Postpartum Care (2012; 2015), specify the role of medical personnel and specific services provided to women during childbirth. According to those, use of formulae is a medical intervention for which there needs to be adequate justification, and the mother has right to full information regarding the rationale for and possible influence of the intervention. As many reports suggest, the Standards

were never fully implemented (NIK 2016; Birth with Dignity 2015)¹² and Kojder-Demska (2015) notes the Standards and related acts, which regulate the medical professions and medical services, cover only immediate postpartum care. But the medical oversight is meant to enable ‘mother-led behaviours promoting good health or improvement of the health conditions of the mother and child’ (Wawak-Sobierajska 2002: 36). The idea which underpins this part of policy is one of individuals making healthy choices based on information received from healthcare professionals. On top of individualising social problems such as health and health inequalities, it neglects to engage with the implications of conceiving of infant feeding as a ‘choice’. In feminist studies of infant feeding, choice has been criticised as an ‘unwieldy’ concept, in that it introduces a consumerist perspective over a rights-based discourse (Bartlett 2003; Hausman 2008), which in turn may have a direct effect on the social and cultural conditions for engaging in the practice. The rhetoric of choice in healthcare weakens the political impact of demands for structural changes and serves to divide women into ‘good’ and ‘bad’ choice-makers, a division additionally frequently marked by class and ethnicity (Hausman 2003; Carter 1995; Lee 2011). As a result, critics argue, the efforts turn not to improving the health of women and their babies, but rather to controlling mothers and mothering practices deemed ‘inappropriate’ (Carter 1995: 34).

Breastfeeding as a ‘pro-health’ behaviour?

Although Greiner distinguishes between protection, promotion and support, these three stands are often taken together to comprise a state investment in messages of breastfeeding promotion. It is in this legal and policy context, breastfeeding is promoted in the UK and Poland as a ‘healthy lifestyle choice’, through a rhetorical and programmatic focus on ‘health outcomes’ and the pervasive use of biomedical evidence

¹² And changes in Art. 22 section 5 of the Act on medical activity put their enforceability in jeopardy (Birth with Dignity 2016).

to assert the usefulness of interventions in breastfeeding (cf. Carter 1995; Hausman 2003; Wolf 2010). State-level promotion of breastfeeding in the UK and in Poland falls under the oversight of respective health agencies and governmental bodies: ministries Ministerstwo Zdrowia, Department of Health (MZ, DoH), health care funders and providers National Health Service, Narodowy Fundusz Zdrowia (NHS, NFZ), and standard-setting bodies Agencja Oceny Technologii Medycznych i Taryfikacji, National Institute for Health and Care Excellence (AOTMiT, NICE). The language used to describe and define breastfeeding, therefore, reflects the remit of these organisations and typically points to the health benefits of breastfeeding and breastmilk. Thus, the Polish Ministry of Health describes breastfeeding on its website as ‘natural, healthy, convenient and ecological’ and as playing:

an important role in disease prevention, providing the infant with immune protection. It reduces the risk of atopic dermatitis and of asthma. Breastfed babies are less likely to have diabetes and are more likely to maintain a healthy weight, even in later years (MZ 2013)

Meanwhile the British Department of Health asserts that:

Breast milk is the best form of nutrition for babies and can reduce their risk of developing infections. Breastfeeding delivers significant health benefits for both the mother and her baby. (DoH website 2011)

But the health framing of breastfeeding in state-level promotion is problematic. Deployed un-specifically, ‘health’ becomes a policy catchall for generalised but value-leden statements about ‘quality of life’ and ‘healthy lifestyles’. For example, the British Department of Health states that:

There is a clear case for promoting and supporting sustainable breastfeeding in the early years. This is particularly important for mothers from low-income groups, who are known to be less likely to breastfeed (2011).

This extract reveals how the neoliberalisation of health discourse can result in individuals, particularly disadvantaged sections of the society, being held personally responsible for their health outcomes and deemed guilty or lazy in case of health failures

(Mc Gregor 2001, Martinez and Garcia 2001).¹³ Problems of this paradigm are discussed in critical perspectives on health, or ‘healthism’ as a regime of individual responsibility for health outcomes in Poland (Piątkowski & Nowakowska 2012; Borowiec, Lignowska, Makowska 2009) and in the UK (Rich, Evans, Allwood 2005). Critical perspectives on state-organised breastfeeding promotion also intersect with feminist critiques of medicalisation and regulation of women’s bodies and the disproportionate targeting of women from underprivileged backgrounds (cf Carter 1995; Murphy 2004; Beasley 2010; Lee 2011; Andrews and Knaak 2013). Breastfeeding promotion, critics argue, puts an emphasis on a practice desirable from the point of view of the healthcare system as one which limits costs, but also individualises the responsibility for the avoidance of ‘health risks’ or negative outcomes associated with breastfeeding avoidance on the individual mother and her willingness to take up breastfeeding (Murphy 2004; Lee 2007, 2007a, 2008, 2011, 2011a; Lee and Bristow 2009). Modes of infant feeding are, through their assumed ‘health’ effects also tied to notions of ‘good’ and ‘bad’ mothering, which results in targeting women seen as ‘deficient’ in their mothering practices. For Pam Carter this oppressive practice leads to positioning women against one another, where ‘middle class women [are] being good girls in realising that “doctor knows best” providing a good example to the working class’ (1995:19).

It is interesting that a critical attitude to messages of breastfeeding ‘promotion’, and to the ways in which state-medical agents engage in it, although frequent in women’s own accounts (Zdrojewska-Żywiecka 2012), is largely not taken up in Poland, despite the critique of individualisation in Polish sociology of medicine (cf Sokołowska 1980). One reason might be a more conservative cultural framing of motherhood (Zdrojewska-

¹³ This is further contextualised by the pervasive introduction of the neoliberal agenda into health care, with its pressure towards reform and cost cutting, improved efficiency, and a shift in patient-medical professional relations from care to product or service transaction, where health care is increasingly a commodity rather than a public good.

Zywiecka 2012; Hryciuk & Korolczuk 2013; Kojder-Demska 2015). Van Esterik (1989) contends that policy solutions may be based on conservative understandings of innate differences between men and women based on biological dimorphism. But they also resonate with a strand of maternalist feminism, which asserts 'intrinsic moral superiority of women and motherhood as a sacred trust' and 'affirms devalued and subordinated values' such as nurturance, compassion, cooperation and interdependence (1989: 92). The problem, Van Esterik argues, is that of these two, conservative groups are more likely to shape policy outcomes, and it takes only a small step to see women as 'totally fulfilled only through pregnancy, birth, and lactation' and by extension to question the 'naturalness' of any woman who does not wish to 'stay and home and care for the children' (93). But Van Esterik also notes that the conservative insistence on the 'naturalness' of breastfeeding may also affect the financing of support services. Analysing current policy Kojder-Demska (2015) suggests this is the case in Poland, adding that breastfeeding policies which seem to curb the free market to some extent represent a threat to neoliberal values which were at the core of the Polish 'transformation'. It is this amalgamation of conservative and neoliberal attitudes that she blames for the fact that in Poland state policies are 'not so much about promoting, informing or supporting' breastfeeding as 'top-down sanctions', which more often than not prove wholly ineffective (2015: 179). In the UK, Conservative government cuts to local services affected children's centres which were amongst chief providers of breastfeeding support (UNICEF 2017:3), at the same time promoting measures which facilitate 'return to work' (DWP 2015). Breastfeeding may therefore be seen as affected by the double pressures of economic (neo)liberalism and conservative notions of women's biological 'destiny'.

Nevertheless, for established organisations that advocate for breastfeeding, mobilisation occurs through invoking and foregrounding its health aspects. Analysing

publications by Canadian and US organisations which promote breastfeeding the US sociologist Harmony D. Newman (2010) traced the ideological frames used by these, and the variations between the lay, medical and governmental actors in preferred frames. Newman suggests that most of these frames are used by the global breastfeeding movement and could be applicable elsewhere. The most prominent frames are child-centric formulations of the individualised health perspective. Similar frames, particularly the ‘baby-saving’ and ‘formula risk’ frames, are used across the lay, medical and governmental organisations’ materials. Frames which focus on the perceived benefits for breastfeeding mothers are least common, and if they are present, they are tapping into ‘the cultural obsession with optimal health and the reduction of any unhealthy risks’ (2010: 82). Arguments that breastfeeding relieves some of the demands on the mother, or even benefits in terms of better sleep, ease of use, cost, and other practical issues, mostly come *after* the health benefits to the child and after maternal health arguments. A ‘social good’ framing of breastfeeding in Newman's research rests on a liberal conception of community and predominantly asks how the mother's individual actions (of not breastfeeding) influence her community. In this frame, lack of breastfeeding is seen to be the root of social problems, echoing similar formulations in other Anglophone countries (Murphy 2004; Beasley 2010; Lee 2011; Andrews and Knaak 2013).

If the discourse of breastfeeding promotion based on ‘health’ could be seen as individualising responsibility and potentially oppressive for women, the adoption of health as a concern can also be perceived as a productive strategic adaptation, used to further pragmatic social goals. Newman recognises that lay organisations use some of the framing strategically: ‘women’s organisations recognised the strategic utility in collaborating with the medical field (...) in order to make a more persuasive case to their targets (...) taking advantage of medical authority as a discursive opportunity’(2010: 116-7). Women have in the past used medicalised arguments to further their historically

specific demands regarding the allocation of resources for safe births, maternity leave, or indeed access to milk substitutes (Carter 1995; Hausman 2003; Palmer 2009; Fildes 1986). As I have already signalled in the Prologue, the use of health as a tool may be a form of engagement with a particular discursive opportunity structure (Koopmans & Statham 1999). The pervasiveness of the health orientation in public policies and an ever-growing interest in citizens' health and wellbeing, captured by the notion of biopower (Foucault 1998), with its increasing measuring, controlling, ensuring and promoting citizen's biomedical (reproductive) welfare, can here be conceived of as equally a challenge and an opportunity. This ever-growing interest of the state in citizens as biological beings opens the doors to considerations of biological citizenship, which as Nikolas Rose and Carlos Novas state, may in turn create a possibility for groups using bio-medical definitions to demand specific state interventions ensuring their well-being from a citizen-activist position (2002:3,4). So while biological citizenship can describe the ways in which 'ideas about the biological responsibilities of the citizen are embodied in contemporary norms of health and practices of health education' (Rose & Novas 2002:3), it serves not only to individualise through an awareness of 'somatic individuality' of a 'prudent yet enterprising individual, actively shaping his or her life through acts of choice' (5) but can be used as a 'collectivising moment' through 'collectivities formed around a biological conception of a shared identity' (6).

Returning to Koopmans and Statham's notion of discursive opportunity structure, 'health' – or the state of biological/somatic well-being – is considered a 'sensible' notion within a polity oriented towards such goals (1999:228). Thus, arguments that this state can be ensured through breastfeeding, when backed by biomedical arguments which are seen as 'legitimate', could be seen as 'realistic' propositions. In this sense, biomedical arguments for breastfeeding could offer a basis for collective action in a climate where

‘health’ and ‘science’ offer powerful tools for gaining political grounding. As Rose & Novas argue

citizenship in the contemporary age of biomedicine is manifested in a range of struggles over individual identities, forms of collectivisation, demands for recognition, access to knowledge and claims to expertise. It is creating new spaces of public dispute about the minutiae of bodily experiences and their ethical implications – a politics of embodied or somatic individuals (2002:7).

For breastfeeding women, the use of health framing and biomedical argumentation by breastfeeding advocates would in such a climate no longer be an acquiescence to a controlling discourse, but rather an appropriation of an effective tool. Politically speaking, biomedical perspectives ‘may provide significant leverage in demanding women's political and social right to breastfeed’ securing access to healthcare and medical resources (Hausman 2003: 217), and other public goods and resources, including public space. The attention to breastfeeding needs to be extended by considerations of its material, physical consequences – side by side with considerations of the cultural meanings of breastfeeding. In this way, Hausman argues, an embodied practice perspective could offer a way to reconcile and politically exploit arguments about benefits of breastfeeding presented in biomedical sciences with a woman-centred view. Attention to the social context and material conditions of maternal socio-biological practices importantly also precludes an understanding of breastfeeding *avoidance* as an individualised ‘failure’. An engagement with scientific evidence and with cultural representations of infant feeding and their ‘signifying complexity’, is to Hausman one way in which to ‘not relegate to the realm of private choice a biosocial practice that is central to the enactment of motherhood’ (2003: 32). The political expediency of engaging with biomedical discourses on breastfeeding in an environment which privileges such arguments in the context of struggles over the meaning of breastfeeding, leads me to consider activism galvanised by ‘health’ as a framework for understanding the breastfeeding movement.

Chapter 1: Breastfeeding Activism and Health in Social Movement perspective

Scholarly interest in health-based advocacy and organising has been growing across and between the fields of social movement sociology, medical sociology and science and society studies (cf. Archibald and Crabtree 2010). In *Patient Groups and Health Movements* (2008) the sociologist Steven Epstein argues that while health activist groups have a long history, there has been a marked rise in groups of this type in the last four decades.¹⁴ As Epstein asserts, many such groups have been successful in questioning the authority of experts, of science and medicine, in ways which translate into new perceptions of health rights. The term ‘health social movement’¹⁵ has been used to capture the rise of multiple groups which place their struggles within the framework of health. As defined by Brown et.al (2004) , these are social movements characterised by ‘collective challenges to medical policy and politics, belief systems, research and practice that include an array of formal and informal organisations, supporters, networks of co-operation, and media’ (2004: 52). An attention to those groups as *movements* focuses on the dynamics of their internal and external activities and multiple relations to power (Landzelius 2006; Epstein 2008, 2011). Health movements challenge professional or expert authority, addressing the definitions of health issues offered by experts and the notions of what it is to live with/have a health issue experience. They also stand to represent a group which is at once defined by and defines itself through the health issue or concern it is affected by. There is an affinity with patient movements/groups described

¹⁴ Epstein notes that studies variously adopt the terms ‘patient groups’ or ‘health movements’. Aware of the differences between these two, particularly in the way the figure and status of ‘patient’ would be important for some studies (cf Landzelius 2006), he decides to use them jointly, as a focalising instrument.

¹⁵ or health movements

by Epstein (2008), in which activists challenge the construction of medical knowledge and expertise, or definitions of their problems.

Connecting these understandings of lay activism on matters of health is the political orientation/motivation, one that resonates with the notion of struggles I propose in the Introduction. In their analysis of health social movements, Brown et al (2004:52) use Della Porta and Diani's (1999) definition of social movements as 'informal networks based on shared beliefs and solidarity which mobilise around conflictual issues and deploy frequent and varying forms of protest'. The way that women initiated and carried out the protests described in the Prologue seems to suggest that the movement in support of breastfeeding does 'fit' those criteria. But breastfeeding advocacy ranges from such small-scale, localised events to large transnational initiatives like the Breastfeeding Week, supported by the World Health Organisation (WHO) and UNICEF – hence, a need to discuss the internal organisational variation of the breastfeeding movement. This diversity points to an interplay between common interest and strands of activism which develop, and how these attend to material realities: where do they place emphasis, what actions they undertake, what their aims are. As Miriam Labbok (2015) observes, in the high-stakes level of the movement, women's, mother-to-mother and feminist groups 'do not come to the fore' (L263). Developing these points further, I first bring together diverse bodies of literature on gender and embodiment in health movement perspective that need to be engaged to frame and further my analysis of the breastfeeding movement, and locate more specifically my object of interest: lactivism.

Embodied Health Movements: breastfeeding movement, women's health movement, de- and re-medicalisation

Considering breastfeeding activism from a political-scientific vantage point and placing it within the wider women's health movement, Karen Kedrowski states that social

movements are particularly interesting precisely because they are political ‘outside the usual interest group/government nexus’ (2010:1). Not only do they promote a sense of group identity, they also ‘blur the traditional distinctions between “the public” – issues of legitimate interest to the government – and the private – issues outside of government control’ (1). The connections to wider women's health movement are paramount for understanding the breastfeeding movement as a social health movement. Breastfeeding activism is believed to have risen from the pattern of structured discussion groups, which covered a wide range of women’s reproductive health topics, including infant feeding, pregnancy, childbirth and childrearing. Importantly, in each of these areas the medical standards of the time were challenged. For infant feeding this meant challenging the ‘gold standard’ of ‘bottle feeding and formula’ upheld by the medical profession (Michel 2008:256; cf Kedrowski 2010; Weiner 1994; Tomori 2014). Analyses of breastfeeding activism from feminist perspectives further stress a rejection of practices which serve to control women such as medicalisation (Van Esterik 1989), and a critique of the ways in which discourses of ‘health’ disadvantage certain groups of women (Carter 1995). The criticism is aimed at the framework of medicalised public health advice to women which privileges expert knowledge. The idea of medicalisation of everyday life applies more broadly to managing human bodies in the socio-political sphere, a process of naming and categorisation which removes aspects of human existence from lay management and places them under medical control. Feminist authors have stressed that medicalisation in its controlling aspect applies particularly to women's bodies (Ehrenreich and English 1978, 2005, Martin 1987, Reissman 1983, Oakley 1986, Apple 1987, Offman & Kleinplatz 2004). Infant feeding has certainly been part of this professionalization of expertise on women's bodies.¹⁶ When the first women’s self-help organisation in the

¹⁶ The Canadian anthropologist Penny Van Esterik (1989) provides a clear description of the progress of medicalisation of infant feeding in her account of how healthcare practitioners became the main authority on infant feeding, removing the control of infant feeding practices from mothers and other lay people.

breastfeeding movement, the La Leche League (LLL), was set up in 1956, its central goal was to return control of infant feeding to mothers. As Lynn Weiner writes, ‘the social movements of the 1960's and 1970's welcomed the “natural” methods of the League and its challenge to the patriarchy of the medical establishment’ (1994:1359).¹⁷

Demedicalisation as a central concern is one that united advocacy and activism on breastfeeding with the broader interests of the Women's Health Movement (cf. Kedrowski 2010). The goal, for both Women’s Health Movement and the breastfeeding movement, was the creation of knowledge about women’s health and women’s bodies that would not pathologise states, processes and conditions –menstruation, menopause, childbirth, and breastfeeding – normal for those bodies. Emily Martin describes such a process as moving from the common sense of the descriptions used hitherto towards seeing ‘facts’ as issues in need of explanation (1987:10). The goal of demedicalisation and lay women’s knowledge-making, she argues, is to see ‘female functions as acts women *do* with body, mind, and emotional states working together or at least affecting one another’ (89). Sonia Michael goes as far as to suggest the LLL could ‘be considered one of the roots of the women's health movement that emerged in the late 1960's’ (2008:256).¹⁸ However, for the breastfeeding movement the next step was to simultaneously seek biomedical argumentation to back up its claims, which led organisations such as LLL to cooperate with medical professionals (Weiner 1994; Hausman 2003; Tomori 2014). This led to the creation of ‘certified lactation consultants’ and a body that approves them (International Board of Certified Lactation Consultants IBCLC). Their work, however, has been argued to demedicalise through medicalisation – using the authority of biomedicine to argue for women’s preferences within healthcare

¹⁷ This finds further corroboration in the way *Women and Their Bodies* a 1970 precursor to *Our Bodies Ourselves* advises readers to contact LLL in case of nursing problems and refers to it as a source of useful information (174-5).

¹⁸ In Poland, antecedents of current activism on issues of women’s health and breastfeeding are an understudied phenomenon & there are further problems with chronology and conceptualisation of forms of activism around ‘women’s issues’ more broadly (Graff 2003, Grabowska 2014, Mroziak 2014).

settings (Torres 2014).¹⁹ In this sense, it could be an example of engagement with biomedicine to further the goals of a movement (Hausman 2003).

Writing about the experiences of natural term²⁰ breastfeeding women in LLL UK the anthropologist Charlotte Faircloth points to the way women advocate breastfeeding not just a health-oriented practice, but something that ‘feels right’ (2013). Women's organisations that support breastfeeding, modelled on the LLL, valorise women's embodied experiences of breastfeeding as a valid source of knowledge about breastfeeding. They form networks of support groups, leaders of which are not medical professionals, but laywomen who have engaged in breastfeeding. In her work, Newman (2010) argues that the breastfeeding movement, like the women’s health movement, is an example of an ‘embodied health movement’. In Brown et al.’s (2004) typology, embodied health movements (EHMs) are those social movements that address health issues by challenging their scientific models and addressing the problems caused by weak science and/or scientific oversight of the health issue. In EHMs the participants ‘challenge knowledge and practice’ of clinicians and researchers, and the medical definitions, understandings and research on a health issue from ‘an embodied experiential perspective’ (Brown et al. 2004:54). Newman believes that breastfeeding movement's efforts ‘demand that scientists and the public reconsider “who” should be allowed to “speak” about infant feeding’ (2010:23) and sees its use of medical and other ‘scientific’ argumentation as a strategy employed to widen the reach of the movement. EHMs are specific in that they introduce the biological body perspective into social movements, focusing on the embodied experience of living with a health issue. The breastfeeding movement, Newman argues, fits this, as it focuses on embodied experiences of mothers and children. In EHMs, the body is used as a counter-authority to medical science: what

¹⁹ The move of seeking a medical (re)definition is also similar to the PND/PPP movement studied extensively by Verta Taylor (1992)

²⁰ Also known as ‘full term’, ‘extended’ and ‘long-term breastfeeding’, natural term breastfeeding typically means feeding until the child self-weans, with no set upper limit

it does, experiences and how it is, are seen as sources of knowledge. From the point of view of an EHM framework, this embodied, experiential understanding of breastfeeding is a legitimate concern.

The breastfeeding movement could also be seen as a *health access movement*, centred on equitable access and improved provision of health care to a specific group - breastfeeding women. It could equally be a *constituency based health movement*, addressing health inequalities based on gender, but also race, ethnicity, class, and age.²¹ Brown et al suggest their categories are ‘ideal types’ (2004:53) – a conceptual tool, rather than rigid categorisations – and it is not unusual for a health social movement to extend beyond the boundaries of one category. On the wider, material-political plane social health movements, according to Brown et al (2004), challenge political power in the ways they address issues of health inequalities based on gender, class, ethnicity, and/or sexuality, or actively campaign on behalf of a concerned group for access to healthcare and standards of provisions offered.²² Indeed, the breastfeeding movement has expressed concerns, actively campaigns for, and organises for equitable access to provisions and information for groups with complex intersecting identities, particularly breastfeeding young women, breastfeeding black women, breastfeeding lesbian mothers and breastfeeding women from socio-economically underprivileged groups. One of the concerns for activists and academics alike was a re-conceptualisation of disparities in breastfeeding initiation and duration between women of different social groups. An example is black women's breastfeeding activist efforts in the US expressed by organisations such as the Black Mothers’ Breastfeeding Association and the campaigning group Black Women do Breastfeed. These activists argue it is precisely the health effects of breastfeeding for both mothers and children that are a powerful argument in favour of ground-work to ‘improve rates’, which affect maternal and child outcomes important

²¹Here, there are parallels with infant loss support movement (Layne 2006)

²² In this sense, SHM retain an acute sense of political and economic material realities.

politically, economically and socially, but that ‘health’ is also as a means to access funding (Hausman 2003:26). Coupled with this, there has been academic effort to draw attention to the specificity of black women’s breastfeeding experiences and the multiple, complex, historical reasons for these low breastfeeding rates, the reason for which is often expressed problematically within public health discourses as a ‘cultural’ reluctance to breastfeed. As the editor of *Journal of Human Lactation* Joan E. Dodgson explains, disparities in black women’s breastfeeding experience are not an effect of culture defined ‘using generic racial categories’ but rather an effect of racial bias in healthcare delivery (2012:75-6).²³ Beliefs in a ‘culture’ of breastfeeding avoidance, which exist for black women in the US, seem to inform policies and healthcare delivery in the UK with regards to white working-class women, as described by the sociologist Pam Carter (1995). Carter found no comparable assumptions were made for women of ethnic minority background in the predominantly working-class area she studied. At the same time, some research suggests that certain groups of migrants are likely to take up bottle-feeding as a practice upon settling in the UK, due to ‘changed cultural practices’, such as an inability to have a rest-period after birth, ‘lack of privacy in crowded houses’ and demands of waged work (Condon and McClean 2017)

The disparities of relative power for different groups of women in relation to professional oversight tie into these concerns. In the UK, a 1994-5 study of women from different socioeconomic and ethnic groups by sociologists Alison Bowes and Teresa Domokos revealed that chances of successfully establishing and continuing breastfeeding to the desirable length – of ‘successful breastfeeding projects’ – were more likely for white, middle class women, whose ‘effective stocks of knowledge’ allowed them to ‘negotiate concerted action with health professionals’ (1998:1). Women belonging to

²³ Lee et al (2000) study in a low-income environment found similar rates among foreign-born black women and Hispanic women. Furthermore, US-born black women had a somewhat higher rate of breastfeeding than white women.

either minority ethnic or socio-economically underprivileged groups were more likely to encounter difficulties in negotiations with health practitioners, based on their lower assertiveness, the health practitioners' stereotyping of them, and on their heightened dependence on the health practitioners skills and knowledge (18). However, currently available data suggests that black British women and women of 'other' ethnic minorities have higher breastfeeding uptake and continuation rates across classes than white British women; the differences are most striking in lower socio-economic strata (NIFS 2010). Rather than understanding the link between women's material circumstances, certain forms of government advocacy, such as the quote from the DoH in the Introduction, stigmatise particular groups, treating their decisions as 'irrational' rather than 'responsive to their circumstances' (Hausman 2003:219). As Van Esterik puts it, 'educating mothers about how to feed their infants may easily slip into moralising and blaming mothers for their infant feeding choices' (1989:150). These choices, steeped in a disparity of resources, may be led by expert recommendations (cf Carter 1995, Meyer 1992, Radkowska-Walkkowicz 2009; Zdrojewska-Zywiecka 2012). In Poland Kornas-Biela (1992) concluded that social location factors – such as education, socio-economic status, family/marital status, the age of the mother, rural or urban domicility – all play a part in uptake and continuation of breastfeeding. Available limited data for Poland suggest that women from rural and low-income backgrounds are likely to take up and continue breastfeeding at slightly better rates than educated women in urban locations; yet in the latter group if taken up and continued breastfeeding is most likely to be carried for over 1 year (Gawęda and Fica 2012; Gawęda and Woś 2012). This could suggest that higher levels of access to medical services by a privileged group also result in intensification of oversight of infant feeding practices with detrimental effects. However, privilege may then mitigate the effects of oversight later on – in the same way as described by Bowes and Domokos (1998). From an activist perspective, I believe it is important to see how

effectively the different formations within the wider breastfeeding movement, its different organisational levels, offer alternative conceptualisations and practical solutions to the recommendations which could translate into control and coercion for women in general and women from underprivileged backgrounds more profoundly ‘articulated in the context of the physician's authority to regulate infant feeding’ (Hausman 2003:217). In her analysis of the breastfeeding movement in the US and Canada, Newman (2010) notes the ambiguity with which medical and scientific authority is simultaneously challenged and upheld within *lay* breastfeeding advocacy. Lay breastfeeding activists, like those of other EHMs, ‘simultaneously ally with and contest particular institutions and organisations’ and ‘draw on arguments that resonate in particular socio-political climates (...) that may initially seem unrelated to the health issue at hand’ (2010: 24). Furthermore, Newman notes, activists ‘move fluidly between expert and lay identities’ and ‘utilise accepted authority to challenge that authority structure’ (24). This, then, could be one aspect to interrogate within this thesis.

Boundary movements and boundaries in movements

Following Brown et al, Newman suggests that EHMs such as the breastfeeding movement are ‘boundary movements’ which create *strategic* connections. By ‘calling on activists from traditionally oppositional groups’, such movements cross boundaries of health, ecology, social justice and other sectors (2010:24; cf McCormick et al 2003; Epstein 2008). An aspect of this is ‘bringing together arguments and ideas from across a variety of social issues, demonstrating in each of these strategies their ability to do boundary work’ (Newman 2010: 25). Within the breastfeeding movement connections to other women’s health issues (birth rights, reproductive rights, PND), to social justice campaigns, such as the Nestle boycott, which in their anti-corporate, pro-natural aspects reveal parallels with eco-feminist stances (Remer 2013), and the correspondence with vegan activism are one aspect of quizzing the boundaries of the movement. Breastfeeding

advocates and activists are involved and ‘working closely with environmental and women’s groups to reposition breastfeeding in their agendas’ (Van Esterik 2013).

Boundary work may also concern internal differences. Support for breastfeeding may bring together activists informed by ‘contradictory frameworks’, which as Van Esterik notes can ‘lead to different political actions’ (1989:103). Van Esterik notes that ‘the same rhetoric and metaphors may be used by different groups’ occasionally providing a basis for ‘joint action and statements’ that overlook ‘the contradictions between very different logical models’, with both positive and negative effects (103). In Poland this is visible in the way (catholic-conservative) CNOL and KUKP²⁴ cooperate on joint goal of improving breastfeeding support with the more progressive FPKP (see below). Both Van Esterik and Newman note that within breastfeeding advocacy maternalist and female-exceptionalist positions may collude with conservative understandings of motherhood, as was the case for LLL (cf Faircloth 2013, Tomori 2014)²⁵, in a way which may essentialize women..

Another type of in-movement boundary is the division into governmental, medical and lay organisations, and analysing the framing strategies of the different types of organisations, Newman (2010) is able to demonstrate how their messages on breastfeeding differ. In her sample, however, all display a preference for expert knowledge and medicalised framing, focusing on children's future health, which has led Newman to suggest elsewhere that the breastfeeding movement is at the 'advocacy' rather than 'activist' end of EHM continuum proposed by Brown et al (Newman and Carpenter 2013). Advocacy-oriented movements work within the biomedical paradigm and existing health and science system, but also rarely demand the inclusion of lay knowledge, in contrast to activist movements, where direct action, democratic participation and

²⁴ Nehring-Gugulska 2012a and 2012b

²⁵ Notably, in 2014 LLL has changed its policy and now openly supports chestfeeding alongside breastfeeding, welcoming and supporting LGBTQI families/parents (LLLI 2014)

challenge to biomedicine are evident. But in her analysis, Newman pays attention to the national-level, high-stakes organisations and stakeholders of the breastfeeding movement in the US and Canada. Her perception of the breastfeeding movement as an advocacy movement is a result of sample selection: she presents individual women as recipients of the movement's 'message', rather than as its potential originators. In her considerations of lay women's understandings of breastfeeding neither boundary work, nor direct involvement are visible. While she points to the negotiations of discourses around breastfeeding on an individual level, Newman ultimately omits women's co-constitutive role in the shaping of the movement.

Taking up the notion of 'organisation' proposed by Kira Landzelius (2006) is one way of going beyond the sort of work Newman engages in, that is the assessment of the effectiveness of the message of the breastfeeding movement reaching its intended recipients and tracing the distinctions between specific types of organisations (governmental, medical, lay) in terms of messages sent. Landzelius foregrounds not just types of organisations, but different organisational forms, styles, networks and degrees of consolidation or nucleation, and requires us to pay attention to what she calls the 'organisational continuum' (2006:532). A health movement may comprise a range of organisations: from highly sophisticated organisations with global linkages and high government support, through mid-spectrum associations organised as efforts for recognition challenging and appropriating medical knowledge in their efforts, down to an *informal* end of the spectrum. The breastfeeding movement seems to span across the continuum, starting with the WHO and UNICEF Baby Friendly Initiative, or the LLL International's extensive governmental cooperation and policy influence (LLLI 2014a; Faircloth 2013) and the LLL's worldwide network of groups, including LLLGB and LLLPoland, through more local organisations, like the Association of Breastfeeding Mothers (ABM) and Breastfeeding Network (BfN) in the UK, the Polish Foundations

Mleko Mamy and Fundacja Promocji Karmienia Piersia (FPKP), the (boundary) organisations which combine breastfeeding and birth activism, such as the National Childbirth Trust (NCT) in the UK, and Fundacja Rodzić po Ludzku [Birth with dignity] in Poland. Then, there exist the local groups which represent these larger organisations within cities and towns and more informal organisations which organise cyclical events, such as Mlekoteka in Poland and Breastfeeding Festival in the UK, and finally a plethora of virtual communities ‘imagineered into existence...by cyber-activists’ (Landzelius 2006:532). What escapes Newman is that at each of these levels breastfeeding women may play a role. The high-stakes organisations might be more likely to group what Kedrowski terms ‘surrogates’: women who used to breastfeed many years ago or ‘paediatricians, nurses, doctors, lactation consultants and academics’ some of whom might identify as breastfeeding women (2010:20).²⁶ Other organisations are made up of currently breastfeeding women and their membership sees ebbs and flows (cf Dowling 2014). But rather than the institutional organisations Newman focuses on, in this thesis I am interested precisely in activist work conducted at the informal side of ‘quasi-organised loose networks linked by-and-large via gestures of solidarity and co-identification’ (Landzelius 2006: 533), including various types of support groups and their social media facilitated connectivity, and embodied forms of activism including, but not limited to, feed-ins and other instances of public breastfeeding, as well as the representational forms these groupings use.

Networked Social Movements and Movement Tactics

There is a growing body of literature which attempts to variously approach the ways in which social movements make use of ICT tools (Hara & Huang 2011). Focus on the small-scale, grass-roots pro-breastfeeding activism (lactivism) and its use of internet

²⁶ This also concerns the argument to what extent being a ‘breastfeeding woman’ is a permanent or transient identity. Is it about breastfeeding at present, or about living one’s life with a sustained engagement in and dedication to the practice through serial breastfeeding but also through activism or professional engagement?

as a medium and a resource, but still in connection with embodiment and spatial 'presence', brings me to Manuel Castells' (2012) analysis and hypotheses on social movements which make particular use of the Internet: 'networked social movements'.²⁷ While the grass-roots breastfeeding movement may differ from the specific political networked social movements Castells discusses, there are important parallels, for example in the way flash mob feed-ins move from the spaces of internet networks and into the urban/public spaces, with the clear intention of changing public perceptions. Castells argues that networked social movements communicate with society by establishing public space beyond the institutional public space occupied by hegemonic concerns. This public space is not limited to the Internet, but made visible in 'places of social life' through occupying specific urban spaces. By occupying an urban space or an online space breastfeeding activist are able to make visible their/a community and create a sense of togetherness, which as Castells observes, helps to overcome fear of retribution and allows 'individuals to cross in order to engage in a social movement' (2012: 10). Thus, the practice of small-scale, regular breastfeeding presences in urban spaces organised through internet groups may in this sense be just as successful a tactic as large scale occupations in creating a hybrid public space 'connecting cyberspace and urban space in relentless interaction, constituting, technologically and culturally, instant communities of transformative practice' (11). Togetherness establishes a boundary, a sense of 'us', but also a sense of 'them'; but occupying a public site also creates the possibility of joining and being part of the movement 'without adhering to any ideology or organisation, just by being there' (10).

Seeking such ease of engagement suggests that networked social movements are *tactically* crafted by activists. In the networked society, as envisioned by Castells, power

²⁷Castells hypothesised the appearance of such movements in his *Networked society* (1996), becoming of interest to the wider public and social scientist through events Castells describes in *Networks of outrage and hope* (2012). He is still careful to note that his is only an initial reaction in an attempt to make sense of specific conditions.

is diffused, multidimensional and operates through networks, which he sees as the form of organisation of the various domains of human activity. And in Michel de Certeau's words, 'a tactic is a calculated action determined by the absence of a proper locus', used in political conflict by those who can claim no space as their 'own' but instead 'seize...the possibilities that offer themselves at any given moment' (1988:37). Tactics – and their successes – are based on doing the right things at the opportune time, the frequency of actions, 'the possible intersections of durations and heterogenous rhythms' (38) which establish relations between successive actions as points in time. Throughout the body of this thesis, I am analysing the ways in which the grass-roots breastfeeding movement is animated by activist engagement in specific tactics which, among others, create visibility, affect the nature of spaces through passing presence, or use time-based forms of communication (social media) to effect/affect a sense of common space. In this sense, individual activists' and activist groups engagement in network-based communication is based on a series of individual time-specific interventions and the rhythms and patterns these create both on and off-line. Castells conceptualises Internet and wireless networks as means of mass self-communication, mass because it connects many with many, but also self-communication because of the self-directed and self-selected nature of networked communications. Mass self-communication, he argues, 'provides the technological platform' for the individual or collective social actor to gain autonomy in relation to social institutions (7). In this sense, it carries a particular emancipatory potential in the networked society, where communication networks are sources of 'power-making' (8) played out between those who program the networks and those who operate or switch their connections.

Another reason to view the actions of the grass-roots breastfeeding movement as represented by activism as tactics is their reappropriation of scientific-medical language to bring about change, and the ways in which they deploy narratives, which twist the

meaning of the dominant stories (cf. De Certeau 1988:17). As Castells argues, the ‘fundamental power struggle’ for social movements ‘is the battle for the construction of meaning in the minds of the people’ (2012:5), which for the breastfeeding movement would clearly be the struggles over meaning of breastfeeding. Networked social movements engage these starting from online social networks, which in Castells’ opinion are relatively free from the ‘control of government and corporations that had monopolised the channels of communications as the foundation of their power’ (2). Autonomous communication is for Castells a way in which social movements ‘exercise counterpower’ (5) - that is establish their attempts to change power relationships and to reprogram networks around alternative interests and values (9). It is by influencing meanings and beliefs, by allowing alternatives to come to the fore, that these movements achieve their political goals. The pro-breastfeeding activists this thesis investigates seem to be aiming to do just that. Galvanised by a sense of injustice over the unequal treatment of breastfeeding women in multiple situations they aim to gain wide social recognition for the importance of the practice. The appropriation of language of bio-medicine and the re-telling of breastfeeding can be seen as a specific enunciative practice, which operates ‘both in the field of language and the network of social practices’ (de Certeau 1988:19). This counter-power is exercised ‘by influencing the human mind...through multimedia networks of mass communication’ (Castells 2012:7). Castells suggests that use of digital networks as modes of communication affects networked social movements’ specific organisational characteristics: less hierarchical and more participatory, made up of individuals engaged in mass self-communication. It is this that makes them a ‘new species of social movement’ (15). Chapters 3, 4 and 5 of this thesis consider patterns of communication which establish and shape lactivist online ‘spaces’ and the ways of deploying expertise and repositories of knowledge as tactics of support, and chapters 6 and 7 talk about instances of breastfeeding being/becoming visible in online and public

spaces as lactivist tactics of visibility. Finally, tracing the discursive tactics of storytelling and crafting visions of alternative relations with non-human animal in chapters 8 and 9 and tracing how individual women engage in struggles over meaning of breastfeeding with the aid of social networks is my way of engaging with the breastfeeding movement.

Chapter 2: Methodological-reflexive account

This thesis is about activism which coalesces around breastfeeding. This means that at the heart of it, this thesis is about breastfeeding – the tension between how breastfeeding is known and what we know it to be. It concerns the socially crafted meanings of breastfeeding and the ways in which women engage with these, attempting to influence the social perception of breastfeeding. Because breastfeeding is an embodied socio-material practice, it concerns the bodies of those involved in breastfeeding, as intertwined with the knowledge of breastfeeding they produce and are in turn affected by. The knowledge-making and the various 'truth' claims are investigated as made primarily about/on women's bodies.²⁸ In this sense, the work is in conversation with a feminist tradition of interrogating knowledge on/about women's bodies, which at its strongest is also attention to the knowledge produced *by* those bodies (Ehrenreich & English 1978, 2005, Martin, 1989, Richters 1991, Riessman 1998, Singleton, 1996, Rudolph 2009), and more specifically a feminist tradition of examining the nexus of claims made about breastfeeding, women's bodies, and politics (Carter 1995, Blum 1999, Hausman 2003, Dykes 2006, Newman 2010, cf. Lee 2011). Furthermore, as Epstein stresses, 'a hefty proportion of the recent research' and sociological scrutiny of health movements and patient groups 'is devoted to understanding groups that concern themselves with women's bodies and women's health' and originates in the intersection of feminist politics, women's health and biomedicine (2008: 503). For these reasons, it is women's perceptions, points of view, stories, observations and voices that are foregrounded here.

28 One bio-cultural assumption made about breastfeeding, across domains, is that the bodies it affects are predominantly female bodies. This risks imposing a cis-gender way of understanding 'woman' as female-bodied and with full female reproductive capabilities – it also marginalises the role of partners and families in enabling breast-feeding practices. While the thesis is based predominantly on conversations and observations of cis-women, trans-women and trans-men breast- or chest-feeders, are involved in breastfeeding activism.

But I am not writing about ‘some other women’, who are breastfeeding. As a researcher I am, to use a technological metaphor, ‘enfolded in the apparatus’ (Suchman 2012) – academically, but also personally, mentally, emotionally, and physically, having set out on this project as a breastfeeding woman and a lactivist. And while testing and making claims, I remain conscious of being made by them, of the politics operating on and through my body, and of a partiality and specific situatedness of my own work. One aim of this chapter is to reflexively consider ways of knowing which inform this thesis, whilst looking at the technical aspects of particular research decisions. Inspired by Verta Taylor’s (1998) account of researching women’s postpartum depression movement from a feminist position, my discussion of feminist orientation of this work is interwoven with a discussion of the methods chosen as means to explore the field and to analyse the material gathered. I consciously engage the fact I write this as a researcher, a breastfeeding woman and lactivist. As Taylor stresses,

If feminist scholarship begins by asking questions informed by women's exclusion in the world and from the standpoint of a personal life that has yet to be taken seriously by others, the aim of feminist research is to expand science and culture to create knowledge that makes a difference in the world. Ultimately feminist methodology aims to outline an approach to research consistent with feminist aims of challenging gender inequality and empowering women (1998: 358).

Entering the Lactosphere

The thesis is a direct result of my participation in the online and offline (or ‘real life’) networks of breastfeeding women between 2010 and 2017. I began engaging with the lactivist community and breastfeeding women’s spaces as a researcher in 2011. Throughout this time I have kept an irregular journal of reactions, some of which were deeply personal and others more analytical. In 2011, I began to map out the online and offline breastfeeding networks and spaces, identifying online and offline groups, organisations, sites, and individuals who comprised ‘hubs’ of activity within the network(s), which I called ‘lactosphere’. Lactosphere is both local and global, made up

of organisations and individuals advocating for breastfeeding. The connections between them are ones of cooperation and proximity, affinity and connection, mutual awareness, or recirculation ('sharing') of objects: books, flyers, knitted boobs, borrowed breast pumps, factsheets, articles, links, memes, cartoons, photographs. It consists of real-life entities and their online avatars – websites, blogs, profiles, screen-names ('nicks'). It was more 'Polish', when I lived in Poland, but still connected to UK, US and other Anglophone nodes. It is dynamic: nodes and hubs 'going offline' or folding in real life, like the Mleko Mamy Foundation, or the original 'karmienie piersia' Facebook group brought down by mole reports (Appendix 1). It was intensely personal in terms of information shared by people I interacted with and by being 'mine', originating in personal experience of feeding my first child and accessing online resources for information and support. Lactosphere also felt like a community: connective, supportive and interlinked. Looking at it in this way allowed me to see that some concerns shared by women – specific 'myths' about breastfeeding, legal or policy issues, available forms of support – are local, yet many more were shared. Despite local nuance, campaigns on breastfeeding as a global health, social justice and development issue resonate worldwide, and women within the lactosphere support each other through daily struggles with forms of regulation and control of their bodies and the practice.

My entry point was organic, in that I was a participant in two forums, from which I started 'branching out' through the forking paths of the web and through real life events. My first space was the expert-led²⁹ 'karmienie piersią' forum hosted on the e-dziecko platform, mentioned in the Prologue. It is an open forum: whatever users write is visible to others without restrictions. 'Guests' can write in the forum and questions can be asked and answered anonymously. The other forum, 'karmienie piersią powyżej roku', requires a signup to the gazeta.pl forums, it is a closed group and questions can

²⁹ The 'resident' expert was a certified lactation consultant and author for the Dziecko monthly (see Prologue)

only be asked and answered by members with identifiable ‘nicks’. Both forums had been used in online research on breastfeeding (Radkowska-Walkowicz 2009; Zdrojewska-Zywiecka 2012). I posted about my change of status from ‘mother’ to ‘researcher’ in the closed forum but not in the public forum. I have, however, sought interview participants in both, thus my identity and presence was made ‘known’. Having started out in 2010 as an inexperienced first time mother, by 2011 I was sharing my knowledge of breastfeeding gained through experience but also through active online research. Like others, I was using my knowledge of English to access US- and UK-based sites and to relay the information found there to fellow Polish forum users. I was also beginning to build my own ‘library’ of links to sites and resources, content that I could share with others, and which I could incorporate in my work, images and texts, medical and anthropological papers on breastfeeding, advocacy literature, and relevant policy documents. My growing competence as someone conducting academic research about breastfeeding was inextricably connected with my growing competence as a breastfeeding mother and an activist seeking to support others in their breastfeeding.

My study was a specific form of ethnographic engagement based on participation in on and off line spaces. In this sense the research I carried out is different from the methods used by most scholars working in the paradigms of online data analysis. These scholars use social media to ‘harvest’ data, employing a contained and specifically timed ‘data extraction’ protocol, but aim not to enter into interactions and never become emotionally entangled with or personally responsible to those they study (boyd & Crawford 2012). In contrast, my research *resembles* an anthropological immersion in which portable devices and apps such as Facebook become ‘mundane research tools’ (Joyce 2010). But my research practices also differed from those of conventional ethnography in which entrance and exit from the field are marked temporal variables (cf. Tuncalp & Le 2014). Rather, my personal modes of living on/offline life emerged as no

different to those of the breastfeeding mothers who participated in this study, becoming a new iteration of ‘anthropology at home’. Consequently, ‘the field’ and ‘time spent in the field’ are emergent and cannot be delineated precisely.³⁰

Online ethnographers recognise that this mode of being ‘on’ rather than ‘in’ reorganises the ways in which space, time and social relations are structured (Hine 2000, Prior and Miller 2012). Internet, and especially social media, as ‘mundane tools’ – used daily to a point of integration into life-routines – are also crucial for understanding online activism: at the most basic level, research happens where the people are (cf Joyce 2010), and whenever they are there. At times this means synchronous ‘being together’ online, at other times the encounters are asynchronous, as ‘social network web sites combine media with different temporalities, such as static pages, forums, instant messaging’ (Tunclap & Le 2014:65). Researching such phenomena requires engagement in ‘an online world with fuzzy space and time boundaries’ and includes ‘experiencing’ and ‘reconstructing’ time (Tunclap, Le 2014:59,65,69). Time boundaries are also difficult to establish because of the ‘omnipresence of artefacts’ which does away with any sense of linearity (Hine 2000:59; Tunclap and Le, 2014: 64). This means that while I attempt to delimit this study by the 2011-2017 brackets, some of the objects analysed may be pushing against this boundary; as Tunclap and Le note, ‘the “observed period” is no longer coupled with the duration of real time observation’(2014:68). The obsolescence of conceptualisations of units of measurement is one of the ‘challenges of and affordances’³¹ of research based in environments which undergo swift technological changes (Tummons 2017: 137).

By early 2012, continued participation and observation of frequently raised and discussed topics in the forums allowed me to formulate a guide for interviews

³⁰ Nevertheless, the encounters which took place on the physical plane are listed, timed and quantified in the Appendices.

³¹ For an easy introduction to affordances as ‘the social capabilities technological qualities enable’ (Baym 2010:44) and interactions online see Tiidenberg 2018.

(Appendix2), through which I was hoping to gather as much detail about women's breastfeeding experiences as I could. Relying initially on the guide when talking with participants as a way to remind myself of the topics I wanted to bring into the conversations, I intended to keep the interviews conversational and open in character. This allowed me to remain 'ready to be surprised' - a commitment my supervisors kept reminding me of. I was open to disclosure and ready to answer questions regarding my situation, my experiences and personal life, as well as those to do with my research. Throughout working on the thesis, interviews were followed by reconsiderations of what I believed was happening within the lactosphere and intensive writing and re-drafting of material, ideas and concepts. This seems to suggest, perhaps, a coherent mode of socio-anthropological interviewing and 'being in the field', of immersion and surfacing, of research 'proper' and of writing up. Yet I was never *not* immersed in breastfeeding and the lactosphere – writing about it was not an exercise in detachment, but a continuation of a developing conversation. Breastfeeding was an everyday practice for me for all but one year of research and the structure adopted – of daily and ad hoc engagement with the chosen environments and interviews guided by serendipity and opportunity – allowed me to be 'in the research', whilst also being a mother, attending to the various practicalities of life. My observations of lactivist spaces were organic in the sense that they happened at the opportune moments used by most breastfeeding women to check on groups: mobile device in hand, breastfeeding a child. And this research *had* to be iterative and reflexive as a direct consequence of knowing the particularity of my own situatedness: of being an embodied being, occupying a specific social position as a researcher and an insider.

Feminist research, reflexivity, and knowing

Feminist research of social movements, proposes Taylor, is best understood as 'multimethodological, experiential, contextual, involved, and politically relevant'

(1998:359). What unifies feminist researchers is a concern with gendered power³² in claims from the position of a 'knowing subject': the question of who may/does assume the position of being knowledgeable and what counts as knowledge (Ramazanoğlu & Holland 2002, Rose 1994, Haraway 1991, Harding 1987 and 1991, Stanley & Wise 2002). This leads to a concern with the political and ethical implications of knowledge (Ramazanoğlu and Holland 2002:6, Rose 1994: 238, Haraway 1991:187 *et passim*, Harding 1991, Richters 1991). But if feminist research is best defined by its political and ethical orientation as being *for* women and serving their emancipation (Stanley & Wise 2002: 32, Ramazanoğlu and Holland 2002:16), feminist researchers may differ in making connections between theories, experience and reality, or may even claim an impossibility or irrelevance of making such connections (Ramazanoğlu and Holland 2002:2,15). The philosopher Alessandra Tanesini stresses that there are multiple feminist epistemologies, or 'many partly overlapping accounts of knowledge which rightly could be called "feminist"' (1999:4). In short, feminist research is not a monolith – instead it is alive in its diversity and in the multiple, politically invested (non-innocent) conversations it strikes up with the world (Haraway 1991). It is the awareness of these complexities of knowledge production that 'enables the feminist researcher to question existing "truths" and explore relations of knowledge and power' (Ramazanoğlu and Holland 2002:16). As a result, what we know and how we come to know it are questions treated seriously by feminist scholars.

Knowledge(s) of breastfeeding and the social and political implications of knowledge are central to the struggles that are at the heart of this thesis. But how we 'can know' is not an inborn faculty: it relies on a process of education and instruction in the ways of knowing and takes place in the specifics of time, place and presence. What I

³²All strands of feminism, Ramazanoğlu and Holland contend, have in common an interest in "gendered power" - even if there seems to be no unified, specifically feminist theory of power (2002: 5). Oldersma & Davis (1991) provide a good introduction to discussion of feminist notions of power.

mean by presence here is as much about alertness and awareness, as it is about physical, *embodied* being. And the questioning of those elements begins with the researcher – with her ability to reflect on the process (cf Schrijvers 1991). This thesis originates in personal experience, but it engages it in a politically conscious way, intent on avoiding solipsism. Some feminist scholars insist on the way in which feminist methodology is shaped by women's experience. Dorothy Smith, the Canadian sociologist of knowledge, argued powerfully against the claim for sociology as an 'objective' knowledge, in the sense of being detached from the lives of the researchers ([1974] 1987). Some believe that experience is important for shaping a 'feminist consciousness' (Stanley & Wise 2002:32; Ramazanoğlu & Holland 2002: 16), which to Liz Stanley and Sue Wise is 'deeply and irrevocably connected to a re-evaluation of "the personal", and a consequent refusal to see it as inferior to, or even very different from, "science"' (2002:21). In this they echo Smith, who says that as sociologists we erroneously 'learn to discard our experienced world as a source of reliable information or suggestions about the character of the world' (1987:87). Personal experience can therefore be one source of knowledge about the complexities of life as a specifically embodied individual engaging in a particular social practice: breastfeeding. This form of starting from experience may also be part of research in online spaces, where the researcher is at once an informant (Hine 2000:60, Kunstman 2007).

And yet, I am cautious of uncritical use of experience as sole basis of knowledge. As the philosopher Sandra Harding reminds us, our experience 'lies to us', since we all by necessity 'live in social relations that naturalise, or make appear intuitive, social arrangements that are in fact optional; they have been created and made to appear natural by the power of the dominant groups' (1991: 286-7). Population and infant health, labour laws, media reports, and lay knowledge typically frame breastfeeding as a 'women's issue', 'naturally' done by female bodies. The Prologue reveals breastfeeding is neither

simple nor straightforward. Through feminist theories of gender inequalities we can see the matter is not one of biological difference between sexes, but the complex social interpretations of the biological base. Breastfeeding concerns women's access to public space, matters of public health, and 'the sexual division of labour, the fit between women's productive and reproductive lives, and the role of physiological processes in defining gender ideology' (Van Esterik 1994:542). Lay and scientific conceptualisations of its 'naturalness' need to be examined as culturally produced (Hausman 2003). But breastfeeding as a practice is also 'made' – conceptualised, changed and shaped – by women who engage in it. In paying attention to the constructedness of breastfeeding I remain committed equally to women's multiple (and contradictory) understandings of it and to my ability to critically engage with breastfeeding on the level of discourse.

Knowledgeable subjects

Given the importance of personal experience in knowing, it would be foolish to insist on a knowledge hierarchy, placing me as someone whom a 'scientific' detachment grants a position over and above women whose experiences she learns from. Such hierarchies are what Stanley and Wise (2002) see as a shortcoming of many quantitative and qualitative studies. In their revised, feminist version of social science there is no place for a detached, 'omnipotent' researcher, 'an expert on a different critical plane from those they study' (2002: 7). Furthermore, as Taylor stresses, feminist scholarship (qualitative and quantitative) involves 'bringing the researcher into the matrix of knowing' and a deep understanding of 'the issues, blind spots, politics, and commitments that might impede the researcher's ability to listen to and hear voices unlike one's own' (1998:365). To ensure a level of peer checks, I remained part of the lactivist and breastfeeding community I studied and subjected my ideas and findings to their scrutiny: through conversations, questions in groups, and by making public many of my academic

presentations.³³ This is how the definition of who a breastfeeding woman is for the purpose of this thesis evolved, guided by women's own sense of having breastfed their children. Breastfeeding is understood here as an experience of at least 4 weeks of breastfeeding, including mixed feeding (with formula) and exclusive pumping. It was through interactions that the notion of 'exclusive' breastfeeding – meaning the child never received anything but breastmilk for the first six months of her life – revealed itself as exclusionary and unsustainable. The pervasiveness of hospital practices which see one in three children in Poland supplemented with formula within the first three days of their lives, and the frequent use of glucose during hospital procedures in the UK mean breastfeeding is rarely 'exclusive' (NIK 2016, Brown 2016). There is not an absolute either/or, but rather a continuum of infant feeding practices, which still result in the woman identifying herself as a 'breastfeeding woman'.

The group of self-identified breastfeeding women I interviewed (Appendix3) consisted of women who were actively breastfeeding, had recently weaned, or through their involvement in peer support retained an identity of a 'breastfeeding woman'. I spoke to first-time mothers of babies and toddlers, to serial breastfeeders with years of combined experience, to women who had their children in their early twenties and mid forties, to women who self-identified as lactivists and ones who did not like '*shouting about it*'.³⁴ I used a mix of purposeful and serendipitous 'sampling' – from self-selected participants, through group or milieu-based respondents, to unexpected contributors, and those specifically selected and approached. In Poland Mleko Mamy published information about my research and I was contacted by women who wanted to take part. In the call I disclosed that I was breastfeeding a toddler and used an email address which incorporated my online 'nick' – I was recognisable as an 'insider'. Throughout my

³³ Akin to what Joke Schrijvers calls 'dialogical' ethnography (1991)

³⁴ In-crowd and outliers can shed as much light on breastfeeding activism. Each group has its preferred modes of performing breastfeeding (see Chapters 6 and 7)

research, I was also given names of people ‘I should talk to’ by acquaintances and colleagues, offered breastfeeding stories at conferences I attended, contacted people because of comments made online, met women through various online and offline groups and during events. The AGM of the BfN in Lancaster in 2013 was an opportunity for observation and allowed me to organise interviews. A public engagement event on breastfeeding I organised in Lancaster became an opportunity for two interviews. A total of 20 interviews were conducted in Poland (Warsaw), in the UK (London, Lancaster), and via Skype; 19 of these are included in this thesis. Four of the women lived in both of those countries, two having moved from Poland to the UK and two returning from the UK to Poland. Lack of travel funding was a serious limitation in venturing further afield and some interviews were held when opportunity happened.³⁵

The group of women I interviewed is in turns homogenous and diverse, and each personal characteristic potentially corresponds to factors identified in public health research as influencing breastfeeding. For example, young (Nickie, Maria) and ‘old’ (Lisa, Marysia) mothers, migrant mothers (Tatiana, Maria, Sylwia, Paula), primi- (Lina, Marta, Vicky) and multiparous (Magdalena, Shel, Joanna) women find themselves variously recipients of scrutiny and insufficient support. On the other hand, educational attainment – which was mid- to high amongst my participants (from A-level/equivalent to PhD level), is seen as ‘positively correlated’ with breastfeeding. But other aspects proved to matter much more in my research. I have spoken to women living in and coming from rural, quasi-rural, and urban settings. Lancaster is classified as ‘significant rural’ by the British Office for National Statistics, London as exclusively urban (ONS 2010). Warsaw is an urban centre, but some interviewees were commuters from rural, quasi-rural and other urban areas. In Poland the rural-urban divide – 39.2% and 60.8% (GUS 2011) – continues a significant social division and may be a factor in breastfeeding

³⁵ One, during a lunch break at the woman’s workplace, with a strict prohibition on audio recordings, meant I was taking notes only.

uptake and continuation (Gaweda & Fica 2012). In the UK, a similar split is found in Wales (33.9% and 66.1%, ONS 2011) where one interviewee used to live and might have a similar effect. For England and Scotland the split is 81.6% for urban and 18.4% for rural populations.³⁶ While not always recorded as a factor in infant feeding epidemiological data, in practical terms a rural residence is reported by women in interviews and in online settings as a barrier to access to lactation consultants and breastfeeding support networks.

Ethnicity is another factor with complex impact on breastfeeding (see Chapter 1). Majority of the women I interviewed identify as white, reflecting primarily the ethnic composition of the areas in which I was based (cf Thomson, Balaam, Hymers 2015). One of my Polish participants self-identifies as ‘not quite white but able to pass’. In Poland no data on breastfeeding records ethnicity as a factor as *legally recognised* minorities together account for a small 3% of the population (GUS 2011). But in the UK, the National Infant Feeding Survey 2010, found lowest incidence of breastfeeding among white British women (86%) compared to women from minority ethnic groups (97% for Chinese women, 96% for Black women and 95% for ‘other Asian’ women), a chasm which grows in deprived areas (McAndrew et al 2012, Oakley et al 2013). Migrant status also complicates breastfeeding (Condon and McLean 2017), but Polish migrant women in the UK are singled out by some studies as ‘improving’ local breastfeeding rates (PHE 2013, Lancashire Council 2013).

For each of the women, breastfeeding was closely tied to their personal circumstances, and the broader socio-material and regulatory realities. As Pam Carter (1995) observes, breastfeeding decisions are made in the context of ‘maternal working conditions’, such as having a supportive partner and environment, access to healthcare

³⁶The data is given for orientation as there are slight differences in the thresholds used to establish population types between countries. See ONS and GUS for details.

provisions, maternity leave, or working in or outside the home (cf. Chin and Dozier 2012). In interviews it was clear women were aware how having a job and the possibility to take breaks to breastfeed or pump (or not) did, or could soon be influencing their breastfeeding ‘choices’. Interviews suggest that in Poland for women in employment, irrespective of job type, there is an obligation to ‘put in the hours’ (cf Radkowska-Walkowicz 2009). From group/forums observations, this is clearly felt by women in manufacturing jobs or private enterprise white collar employment. While some women use legally available provisions, it is easiest for those in ‘budżetówka’³⁷. For women on casualised zero or flexible hours contracts, and in the so-called ‘gig economy’ of commission- based work in both countries their precarious work situation and its supposed ‘flexibility’ has complex prohibiting/facilitating effects on breastfeeding. Agricultural workers, teachers and medical professionals also report job-specific problems. Research conducted in the UK shows breastfeeding women experience intense negotiations of their ‘good mother’ and ‘good worker’ roles, and obstacles to breastfeeding in managerial and manual occupations (Gatrell 2007, 2011, 2013). Being a job-seeker, having to travel to interviews irrespective of breastfeeding status under risk of losing benefits under the current ‘workfare’ provisions in both countries had similar consequences. In both locations women working in the home stated clearly that they had ‘full time jobs’. Women who do housework and mother-care work, ‘stay at home mothers’, are typically classed economically inactive, so it is interesting that the mothers in my study insisted on an understanding of themselves as working, undoubtedly in part as a defence against stigmatising depictions of people outside of paid employment. When asked, ‘stay at home mothers’ resisted class identifications, refusing to identify with their spouse’s income and job type as defining *them*. This refusal might also be connected to the perception of housework as menial and ‘dirty’ (‘lower-class’) work. For migrants this

³⁷ A wide colloquial term meaning the state budgetary sphere (state entities, universities, businesses owned by the state, as well as its various offices at all levels of government and administration).

was compounded by a perceived ‘downgrading’ effect where own/spousal job was below educational attainment (cf Lopez Rodriguez 2010).

This affected my problems with conceptualising class neatly, as it did for my interlocutors, typically unsure of their own class position. While some of the women described where they ‘belonged’ in terms of ‘class of origin’ or current position, others offered alternative definitions. Two women in receipt of benefit packages (disability, housing, unemployment) used ‘very Jeremy Kyle’, and ‘one the Dail Mail would hate’, signalling their precariousness and reflecting the intensified climate of mediatised prejudice towards people imagined to be dependent upon state welfare, mothers in particular (cf. Jensen and Tyler 2015). This finding reflects wider confusion around class, as people in the UK increasingly dis-identify with class, while simultaneously growing inequalities sharpen economic and social divisions between different populations within the state (Savage et al 2013, Bradley 2014, Rollock 2014). In post-socialist Poland, much attention in public discourse had been paid to the ‘formation’ of the middle class as a social project (cf. Domański 2002) and specific forms of middle class motherhood (cf Hryciuk & Korolczuk 2012, 2015), while sociological analysis has mostly centred on ‘stratification’ (Żuk 2010; Pluciński 2010).³⁸ The terms used in Poland to refer to people from disadvantaged socio-economic groups increasingly employ a stigmatising ‘underclass’ discourse around dependency on state-welfare, which mirrors that in the UK.³⁹ Monika Bobako, gender and race studies scholar, suggests that a racialisation of ‘victims of the economic transformation’ is occurring in Poland, a shift which speaks to long standing debates about the ‘underclass’ in the US and the UK (2010:165, see Tyler 2013). Bobako points in particular to Ewa Charkiewicz’s analysis

³⁸ This may be a move legitimising neoliberal ideology, though it may also be shying away from a language believed to pertain to a previous socialist regime and its class ideology (Pluciński 2010:105).

³⁹ With *homo sovieticus* gaining currency; usage differs from the coinage of the Russian sociologist Aleksandr Zinovyev and denotes a benefit-dependent, ‘demanding’ individual, unable to move past their ‘conditioning’ on state-dependence (see:Kolodziejaska & Hnatiuk 2012)

of thousands of internet opinions on local and national internet forums following a protest by *mothers* evicted from unoccupied buildings they moved into with their families (Charkiewicz 2008). The combined class-gender prejudice gives rise to what has been termed ‘matczyzm’ (maternal-racism), or ‘matrophobia’ (Graff, Hryciuk, Korolczuk, Szelewa 2015), felt particularly by those who had more than one child. But the effects of class on breastfeeding are complicated: where in the UK working class women are seen as ‘less likely’ to breastfeed (see Chapter1) and breastfeeding is seen as a ‘middle class’ practice (Faircloth 2013), in Poland these effects are less clear – educated, urban dwelling women are less likely to breastfeed overall, but more likely to continue over a year if they do (Gaweda & Fica 2012). In each case individual stories recounted in interviews complicate (and speak back to) statistics and labels and women I spoke to wanted to engage in this activity as best they could. All of them chose to be identified by their first name and allowed me to use their circumstances fully, often aware of their own ‘framing’ by existing discourses and sometimes wanting to resist it.

Doing research as a breastfeeding body

Interpretations within this thesis are a result of multiple engagements in the field. But they are also ‘mine’ in the sense of being channelled through my interpretive abilities and specifically situated personal experience. I consciously allowed myself in the process to be guided by chance encounters, serendipity, or luck and my own breastfeeding body was at many points a way into the conversations I had. Some of my encounters started as I was feeding my children - like the one with Vicky, who struck up a conversation with me as I sat feeding my 3 month old, leading to a later interview. In this sense, my experience of being a breastfeeding woman is a crucial part of research practice, a consciously chosen mode of engagement with(in) the field. My activism also positions me specifically in relation to my work and drew me to engage with breastfeeding as a sociologist. Disciplinary formation in the ways of knowing influence how we approach

and conceive of our 'objects'. Smith points to the role of sociological education through which 'we learn to think sociology as it is thought and to practice it as it is practiced (...) that some topics are relevant and some are not' (1987: 87). And subject-specific education is important in creating and fostering certain approaches, which construct 'objectivity' as an erasure of the researcher's presence:

the methods used in this practice are concerned primarily with the separation of the knower from that which he [sic!] knows and in particular with the separation of what is known from any interests [...] which he might have, which are not the interests and concerns authorized by the discipline (Smith 1987:88)

What Smith is criticising is the belief in a social science that is objective by virtue of being done in a 'scientific' manner and those who claim their methods and procedures, and the discourses used to assert themselves, are value-orientation free. This still seems to be a concern for much sociology in Poland, even if it has not always been so (cf Nederman & Sztompka 1993).⁴⁰

Disparate effects of ways of knowing about breastfeeding could be illustrated by comparison with a quantitative study such as the (discontinued) National Infant Feeding Survey – a policy impact assessment study which presents some 'truth' about breastfeeding. Based on a survey, it produces answers in terms of uptake and continuation rates, which can be compared to previous studies and allow researchers to speculate on the effectiveness of government measures to 'promote' breastfeeding. The method *produces* its effects of credibility, validity and replicability, assuming that its sampling of respondents is done in a way than can be extrapolated to the rest of the population and assuming that repeated every five years the survey provides comparative material. But most importantly it is based on the assumption that breastfeeding is unproblematically 'out there', as something women with female bodies do, ready to be measured. While it served its purpose as a tool for public health monitoring, its usefulness and ability to serve as grounds for explorations of breastfeeding as a *social*

⁴⁰ While a thorough discussion of this matter is beyond the scope of this thesis, I have engaged some of the historical reasons for this elsewhere (Bielecka-Prus & Walentynowicz 2008).

phenomenon strikes me as incomplete. Knowing what the uptake rates are for each differentiated category within the group of women studied, it would not be possible to find out about the interplay of the numbers with the embodied experiences of breastfeeding. The numbers might tell the story of women's belief in health benefits of breastfeeding. But how many simply tick a box that 'ought to' be ticked? A survey obscures the subtle workings of power intertwined with the respondents' specific situation. It can tell me 85% of respondents stop breastfeeding due to work, but says nothing of the intense identity negotiations involved in these decisions (cf. Gatrell 2007, 2013, Payne & Nicholls 2010). In a survey there is no way of controlling for subtle changes in meaning of 'woman', 'mother', and differences in *meaning* of the practice of breastfeeding these women perform. There could arise a temptation to 'write reality' from abstract numbers, not from their socially lived lives. Value neutrality and detachment is also taken up by Jean-Claude Kaufmann, who writes that the increasing positioning of sociologists as experts dedicated to the collection and processing of data has a detrimental effect on the 'soul' of the profession and goes against the logic of significant, or theoretically loaded research (2010:20). Research, as opposed to data gathering, writes Kaufmann, is a process of deconstruction/reconstruction, capable of changing our understanding of the world around us, and a process involving interpretation (20-1) Paradoxically, because such research process involves interpretation it is erroneously seen as falling short of the 'neutrality which guarantees objectivity' (21), dealing with 'proper objects', which can be abstracted from common knowledge and the subjective perceptions through the scientific procedures of objectification (32).

This thesis espouses the idea of *embodied* and *gendered* knowing, in line with Smith's contention that 'it is a condition of a man's being able to enter and become absorbed in the conceptual mode that he does not have to focus his activities and interests upon his bodily experience' while for women 'those conditions are central as a direct

practical matter [...] in which the particularities of persons in their full organic immediacy (cleaning up the vomit, changing the diapers, as well as feeding) are inescapable' (1987:89, 90-1). This suggests a need to 'rescue' some form of realism, to counter the 'forgetting of the real' (Bryant 2010). It is one argument of this thesis, that combining attention to the embodied experiences alongside the discursive representations of breastfeeding gives a fuller picture of the social reality of this practice. This reality is available to the researcher in and through interactions and interpretation – and these constituted my main approaches to the study of breastfeeding. While Tanesini rejects foundationalism outright for feminist epistemologies (1999:8-9), Stanley and Wise propose to reject the 'traditional foundationalist views of "reality" as single and unseamed, "out there"' and propose that 'there is a social reality, one which members of society construct as having objective existence above and beyond competing constructions and interpretations of it' (1990:41-2). Their feminist sociology 'recognises that social life is in good part composed of discussions, debates and controversies concerning precisely what this objective reality consists of', an approach they call 'fractured foundationalism' (1990:41-2).

These negotiations and invested conversations, these *struggles*, affect me as much as those I research. It would then be *scientifically* incorrect for me to erase myself, my body (and its facultative tools - eye/mind/ear) from this thesis. In other words, this work cannot be presented as being able to see the 'reality' of breastfeeding neither from everywhere, nor from nowhere in particular. As Donna Haraway warns us, to do either of these is to perform a 'God trick' (1991:189,191). Politically and intellectually, this thesis comes from 'women's lives', a feminist standpoint as argued by Hartstock, Harding, Hill-Collins, Rose and many others. It is very specifically situated, in the sense of belonging to, identifying with and being influenced by networks of theories and knowledge, of institutions, people and organisations, but also in owing to multiple conversations,

agencies, bodies. Finally it is situated in the most literal sense – in and through my particular body, its faculties, and the various extensions applied/used to gather, collect, process and make sense of breastfeeding. It is not simply situated in any possible ‘identities’ that should, could, might, and do shape my ‘consciousness and subjective limits’ (de Laurentis 1985:249 in Haraway 1991). For one, as Haraway stresses ‘[t]he knowing self is partial in all its guises, never finished, whole, simply there and original; it is always constructed and stitched together imperfectly...’ (1991:193). This thesis is not a simple ‘product’ of my identity as a breastfeeding woman, or indeed of the identities of others – this would be a mistake, as Haraway reminds us that ‘[i]dentity, including self-identity does not produce science; critical positioning does’ (1991:193). This thesis is an attempt at engaging with the possibility ‘to see together without claiming to be another’ (1993). As Stanley and Wise point out, situated knowledges are ‘small slices of reality confronting each other in an epistemological frame that systematically adjudicates between them’ (2002: 41-2). What I propose, are interpretations of the encounters in the field from a very particular perspective. My academic work and continuous conversations with peers and supervisors allowed me to create what I understand as a lovingly critical⁴¹ relationship to my subject matter. As Taylor observes, feminist researchers of social movement often find themselves insiders, whose work directly benefits the movement and people they research. I conceived of this research as a participatory affair, co-organising and taking part in events that brought academic work on breastfeeding closer to those whom it hoped to benefit. I shared parts of my work with activists: the voices of women I spoke to, in turn ‘speaking to’ NGOs and government agents. I also took part in academic events where I would stand up to speak with a child attached to my breast. I belonged, and yet, I was always also distant: observing others and myself, making notes, taking screenshots, writing reflections. As Haraway stresses,

⁴¹ Love and criticism are believed to pertain to separate private and public domains; loving criticism is a way to oppose the Kantian ‘disinterested’ criticism (cf Davies 2005:238)

‘the split and contradictory self is the one who can interrogate positionings and be accountable, the one who can construct and join rational conversations and fantastic imaginings that change history’ (1991:193). There is as much design as there is serendipity in who we are and in what and *how* we know. I can only be grateful that many recognised and respected the complexity of my academic-activist entanglements and that so many allowed me to use their words to speak of experiences we shared.

But love also has an embodied dimension. To say that research is a ‘messy’ process is almost a cliché. I have engaged in it simultaneously recognised as being me, a breastfeeding mother, and my academic self; these two ‘selves’ are not separable. I protested alongside others - online and in the flesh. I was active in exchanging advice, information, support, and knowledge within my chosen online groups, slowly migrating from the anonymity of the e-dziecko forum, to a more extensive use of Facebook, with its ever stricter policy of personal pages being those of ‘real people’, with insistence on real names, pictures and other ‘authentic’ data about oneself. The data on which I draw from the Facebook groups are for this reason partially anonymised, according to the wishes of participants: situations and people can be recognised by those within the groups, but are ‘protected’ to a degree from outside scrutiny. My presence in the forums, events, and Facebook groups was always a participant affair. It engaged me on an embodied level: my senses and my emotions. I celebrated breastfeeding community events (see chapter 6), or other women’s ‘milestones’: attending a weaning party, or cheering online, sharing in the small triumphs of women who managed to breastfeed their children for a few weeks, a few months, a few years, often despite negative comments from friends, family and healthcare professionals. I shared pictures of myself breastfeeding my children and in doing so, I was as exposed as any other breastfeeding woman on there, when our images were getting ‘lifted out of the group’ to be used as objects of ridicule elsewhere. Our anger, but also fear, was further compounded by the

frustration with Facebook's corporate dimension: their administrators never answered our queries after closing down one of the most vibrant Polish support groups for 'indecentcy'. Some of the complexities of projections of self into and onto those spaces are beyond the scope of this thesis, but the frequency of representations of breastfeeding used within group 'spaces' are another way in which embodiment is enmeshed in the 'cyber' space (Ferreday 2009). I was 'on' for the night feeds, tapping away to fellow night-feeders with one hand, as I nursed and held my first and then my second child. I was there in between pregnancies and lactation, still engrossed in work on and about breastfeeding. I laughed at the memes, the comics, and the more personal stories of breastfeeding-related shenanigans, and I shared these myself. I also cried and had to step away from the computer, leave my phone under the pillow, pull myself away from the space, 'vicariously traumatised' by the death of a fellow member's child, reports of neglect and abuse, illness and birth trauma (Oxford University 2016). Such complex interplay between text-based environments and embodiment is worth mentioning. Researchers of online communities remind us that in the attention to the written and the discursive it is important to realise their complex relations to material lives. As the sociologist Adi Kuntsman notes 'words in cyberspace may have more weight as they are the main medium of communication; but they are never "just words"' (2007:25). Likewise, Rhadikka Gajjala (2002) points to 'embodied negotiation' of discursive spaces, the interconnectedness of online communities and off-line materialities.

Positions and locations

Distance is not a requisite mode of doing research, nor does it lead one to a 'truer' understanding of complex and dynamic processes: at times being in the thick of things becomes a way to a powerful account. But distance and belonging are a way of making sense of the relationship between me as a researcher and the spaces across which the research took place. In his book on use of symbols in the Polish People's Republic Jan

Kubik (1994) evokes the concept taken from M.N. Srinivas of being ‘thrice born’, of a re-emigrant observing his culture of origin from his particular positioning. I found this concept useful: entering the lactosphere I was already a bilingual and bicultural subject. I entered it as a breastfeeding woman, kept engaged within it as a non-breastfeeding researcher, and re-immersed myself fully as a second-time mother. Because the research ‘took me’ to both online environments and real life places and events, ‘space’ as metaphor was useful because of its conceptual ease as an organising principle helping me make sense of my research and breastfeeding journey trajectory. I moved between real-life places, like Warsaw and Lancaster, but also online spaces like the forums and the groups, meeting people in real life whom I had met online and becoming ‘friends’ online with those I met in real life. But there was also a sense of people ‘belonging to’ or being from ‘somewhere’, in ways that mapped themselves onto and crossed my ‘field’ in its broadest sense. The groups, event spaces and towns within which I was engaging in research activities evoked for me a sense of ‘home’ and ‘not-home’ with all of the implications this has for emotive/affective sense of belonging in an imagined community, but also the political effects of boundary setting, of an ‘us’ and ‘them’ (cf Kuntsman 2007; Ferreday 2009). Insofar as I identified with the ‘us’, wherever I went I was amongst ‘my people’ and observing a breastfeeding/lactivist culture that was ‘my culture’. So despite the multisitedness, this is at a basic level a research ‘at home’: one that requires I put my critical attention to that which may seem obvious, shared, and seek to interrogate the understandings that emerged within those spaces as ‘common’.

I am also applying a spatial metaphor to online environments based on its widespread use by the people I interacted with. Facebook ‘walls’, personal, commercial and group pages, are conceived of as ‘spaces’ curated, cared for, ruled by their ‘owners’ – similar to personal www pages and blogs (Ferreday 2009; Brady 2005), even if actual ‘ownership’ is problematic (Lunceford 2012; Bruns 2008). In open forums or groups, the

rules remind the members that what they post in the group is visible to those ‘outside’. Conversely, closed Facebook groups, such as the breastfeeding support groups I accessed, seem to be conceived of by their creators and users as ‘safe spaces’, even if some of those groups have thousands of members (Appendix 2). There is a need to ‘enter’ such a group by becoming a member, sometimes with a vetting process – typically an email sent to the applying person asking what their connection to breastfeeding is – with administrators ‘letting in’ the new member. For Bruns (2008) this creates a sense of ‘enclosure’ parallel to a gated community. Group rules often underscore the spatial, bounded character: Lactation Quarterly Support Group is ‘a space filled with empathic support and credible knowledge’. Speaking of accepted and banned behaviours, rules (but also members and administrators) use phrases such ‘in this group’, and emphasise their internal beliefs by stating what the members ‘*come to* support groups’ for. Taking screenshots and posting them ‘anywhere’ is banned and UK Breastfeeding and Parenting Support (UKBAPS) warns members that if ‘found to be talking about threads on BAPS negatively *elsewhere*, you will be removed’. Such moves serve to establish the group as a ‘here’ and delimit boundaries (cf. Hine 2000, Gajjala 2002, Kuntsman 2007, Bruns 2008). The act of becoming a member thus marks a threshold between being in and out. In most groups I entered as a Facebook user and functioned primarily as a member; administrators and fellow members were aware of my presence and of the fact I would be using observations for this thesis, but for most I was another breastfeeding mamma, with a quirky habit of asking sometimes if I *really* could use a particular quote. I was treated as an insider and trusted to be fair in my representations of the groups ‘outside’, which I hope I was able to carry out.

‘Collecting’ and ‘curating’ ethnographic objects

I have compiled a collection of digital and physical materials, including reaction notes, field notes, transcripts of interviews, handouts from events, leaflets from medical

professionals and peer supporters, media clippings, audio and video recordings of interviews and events, as well as some 300 digital images. The images comprise of breelfies, commercial/professional images from photographic projects on breastfeeding, breastfeeding memes created by unknown individuals and established organisations, comics, drawings, and finally the most contentious of materials – screenshots, shared by others, circulated in various spaces, but also those taken by myself and described in lieu of notes, in the middle of the night, on my phone. I have amassed a physical objects archive which spreads across three shelves of a heavy-duty unit in boxes, files and a general state of disarray. There are cards, leaflets, peer supporter training materials donated by a friend, and a bag of ‘stuff’ from a lactivist event in 2014. There are the less ‘tangible’ digital objects such as links and bookmarks to breastfeeding-related content, news media sources, personal and institutional blogs, research papers in the fields of psychology, medical science and even law. They came from my participants and members of groups I engaged in, or supervisors, friends and colleagues who, knowing the topic of my research, would send me an article or a piece that ‘made them think of me’. Some, I collected for my own pleasure, even before I began conceiving of this project. Being in possession of a digital collection of relevant materials, such as links to important research and informative websites, appropriate memes referencing breastfeeding, or own breelfies is a fairly common practice in the community, and from the outset my collection was as much a personal as an academic project. I have lost and recovered some of my data, my collection, and my writing twice, in 2013 and 2015, because of child-induced hardware failures. Some of this data is easily attributable, and has been attributed here, but much of the online content appears across sites and has no defined author. Where applicable, I contextualise it with conversations and spaces it appeared in.

Participant's consent to sharing of information and images – from conversations and groups – was given under an understanding of being part of a project that espoused the goal of 'normalising' breastfeeding they ascribed to. There is, or could be, an expectation on the part of at least some of my participants, that what I have gathered will be made public and that my research has been conducted in order to have some form of public impact. The blurring and mixing of personal and public is part of a (lactivist) project of making that which is sometimes deemed 'too private' a public and political matter. This is why the first names of my interviewees used here are in most cases their real names and easily identifiable. For in-group recognition the names of Facebook group members are given as initials, in other instances nicks or screen names are used, but to partially anonymise them materials from closed spaces are not dated. Translation of Polish materials also works partly to anonymise these. But the materials contain information not only about myself and others who consented to being part of it, but third persons – partners, friends, spouses, parents, family members, healthcare professionals, social service workers and persons *unable* to give consent – the breastfed children. The difficulty of curating an ethnographic materials archive is precisely the personal nature, confidential content, and ethical considerations of consent and disclosure of ethnographic materials, which makes researchers reluctant to share their archives, despite growing institutional pressure from research funding bodies and despite the ways in which 'the emergence of born-digital materials has created and enhanced possibilities for rapidly sharing data' (Asher and Jahnke (2013:2). Considerations of curating and sharing publicly an archive consisting of those materials fall largely beyond the scope of this thesis, but are an important decision I will have to face in the near future.

What I have selected to include and draw on here followed a process of consideration of personal and political effects of including and excluding 'objects' from my final account. Materially, the time of my maternity leave, halfway through my PhD,

was used to re-organise the collection. Because it was used for several different purposes when the project was ongoing, my collection of materials and data was ‘nested’ in several different places: office and home, password-protected devices without internet connection, and cloud storage I could access whenever I needed to, on my personal computer and whatever mobile devices I used to access the online spaces. Curating it, bringing it together in a specially created archive, seems a project in its own right, a different sort of activity to dealing with its unruly nature for the purpose of writing this thesis. I began the process of writing up by re-engaging with interview materials. Manually transcribing the audio recordings of interviews, I was beginning to craft an analysis of the material, grouping and re-grouping objects, pre-coding and re-coding the interviews and images and observing the ways in which themes and topics were emerging out of my engagements, approaching the transcripts and my online fieldwork sites as texts open to interpretation.

Beyond textual approaches

Any and all ‘repositories’ of ‘common knowledge’ may become sources of data: health and work policies, leaflets, medical texts, expert statements, journalistic articles, advertising copy, photographs and cartoon images. Similarly, blog materials, group discussions, and transcripts of interviews are texts produced through the fieldwork process (cf. Hine 2000, Rudolph 2009). Textual methods allow for a ‘reading of breastfeeding’ through texts on and about breastfeeding. This sort of work has been performed on various texts on breastfeeding by, amongst others, Hausman (2003), Carter (1995) Newman (2010), and Lee (2011). Text-oriented methods of critical analysis are the procedures I have been trained to use, coming to sociology via literature and cultural studies. I was accustomed to ‘knowing’ based on reading and interpretation, to looking at, within, and beyond texts, at their intertextuality, treating ‘texts’ in the broadest sense,

encompassing representational forms such as images.⁴² This textual approach has strengths and limitations. At its most radical poststructuralist/ deconstructivist everything is text – or, as Derrida claims, “*il n’y a pas de hors-texte*” (1967:227) – what can be known is already in some sense textual. This has implications for an understanding of ‘truth’. In many instances I am reliant on ‘fieldnotes’ – a textual account of events and observations, of how I was in the field, and how each interaction felt from within my ‘self’. Yet, as Harraway (1991) states we are not immediately present to ourselves and our experience requires textual mediation, a semiotic-material technology linking meanings and bodies. Fieldwork and transcription produce *accounts*, from which a researcher may take extracts, which are not ‘evidence’ in the sense of pointing to an original moment. In this sense, where I am using women’s voices, these voices might seem to be left to ‘speak for themselves’ – but they have been consciously selected where they fit as part of a broader argument. Their value as texts is that they may be open to interpretations which diverge from the ones I offer.

While Kuntsman (2007:20) writes of her online research as text-based fieldwork ‘with the exception of images’, I approached all online materials as ‘readable’ text. I focus on the role images play as utterances within a wider discourse on breastfeeding and thus focus less on the properties of individual images, and more on what we might term their social modality (Rose 2001). But while I am ‘reading’ these, I do so recognising that ‘objects, texts, images, and technologies’ are inextricably interwoven with the ‘everyday lives and identities’ (Pink 2001: 6) of the women who share and generate them. At the same time, by placing these images in my writing, I am also bound by interpretive conventions of the academic culture and note that these images inevitably undergo a ‘transformation’ through the process of analysis and inclusion in this thesis

⁴² I approached all online materials as text, where Kuntsman (2007:20) writes of text-based fieldwork ‘with the exception of images’

(Pink 2001:95). As objects, they are not displayed here ‘as found’, but are used, discussed and contextualised in specific ways by me.

Internet based communication can be seen as both text and site of interaction, where it is possible to observe forms of intertextual but also interpersonal dynamics, which contextualise the texts, creating as Christine Hine stresses the need to ‘develop an understanding of the meanings which underlie and are enacted through these textual practices’ (2000: 50). And Kuntsman (2007) in her analysis of discussion forums draws on Sara Ahmed’s understanding of the ‘emotionality of texts’ (2004:12) to observe how emotions are produced online (see also Baym 2010), while Markham (2003) reminds us that as researchers online we co-produce that which we study. This is why a qualification of the textual approaches is needed here. Urging sociologists to ‘go beyond the text’ and devising his ‘sociology of stories’ Kenneth Plummer reminds us that individual texts are produced and read in specific social conditions, undergoing changes within specific polities, and perform roles in the social order and political processes (1995:19, see also Pink 2001, Markham 2013). While Plummer focuses on sexual stories, he states that all intimate stories are ‘socially produced in social contexts and embodied by concrete people experiencing... everyday life’ (16). Language(s) and symbols are being used to write ‘the story of the world around us’ (20) and we use stories and representations to invent identities, create communities and practice politics. I am also concerned here with the ways in which lactivists employ images to speak about breastfeeding embodiment in a way that echoes Coleman’s concerns with ‘the ways in which relations constitute bodies and images and the ways in which it is through relations that bodies and images become’ (Coleman, 2008: 168), where images are more than representations to be looked at. Furthermore, feminist researchers have long used (hearing) voices and stories as crucial tools and I wish to follow this tradition (cf. Miller 1998, Parr 1998). My engagement with breastfeeding then, involved seeing, hearing and feeling, and

understanding as tools I employed in the research and analysis process. This thesis, as a result, is a critical reconsideration, a textual rendering, and an amalgamation of multiple accounts, a story of breastfeeding women's activism based on their accounts of experiences of breastfeeding, and an approximation of a 'truth'. As a social scientific endeavour it cannot stand outside of the 'vast and negotiated web of dialogue and conversation' (Plummer 1995:16): it is a text, engaging with other texts. Yet for its partiality and specificity I take sole responsibility.

Chapter 3: Woman to woman support and online groups

The growing importance of mediated sociability – daily interactions and constant connectivity – seems to be changing not only the sense of women’s everyday environments, creating the ‘digital mundane’ (Wilson & CHivers Yochim 2017) but also the ways in which women develop competencies in mothering practices, including breastfeeding (Romano 2007; McDaniel, Coyne, Holmes 2011; Huberty et al 2013; Fredriksen, Harris, Moland 2016; Leune, Nizard 2012; Radkowska-Walkowicz 2009; Zdrojewska-Zywiecka 2012). Research on maternal presence online in the context of health-related issues (Drentea, Moren-Cross 2005; Madge, O’Connor 2006; Barkhuus, Bales, Cowan 2013), and research on parents, particularly mothers, involved in patient groups in online environments (Mickelson 1997; Hardey 1999; Akrich 2010, Schaffer, Kuczynski, Skinner 2008, Niela-Vilen et al 2014) offers important insights into how these online spaces facilitate information sharing and knowledge building, translate biomedical knowledge into usable information, foster social support and empower their users, often leading to mobilization and activism around the health issue. Over this and next 2 chapters I consider the ways in which breastfeeding women use online breastfeeding support groups. One of the functions of online groups considered here is support – from the ‘know how’ and information to emotional support – and the effects proximity fostered by emotionally charged interactions has for the movement.

The need for support.

For Shel, a pioneer of breastfeeding online support, who set up one of the first breastfeeding groups on iVillage, the need for support clearly arises from the conditions of parenting in isolation. As she puts it, ‘*not long ago*’ she would ‘*not have been in a situation of having to go online to find someone who was having a baby*’, as she would have been able to see women in her immediate circle ‘*have babies, feed babies, raise children*’ before she would do it herself (05/03/14). Families are generally said to ‘*not know very much about it*’ (Magda 30/07/12), ‘*mainly bottle feeding*’ (Maria, Tatiana), not

having had this experience, *'so it's a bit alien to them'* (Vicky, 26/11/15). Family advice was also framed as burdensome, unwanted, unhelpful – something to *'shut your ears to and get on with what you do'* (Magda). 'Dated' beliefs are common in both countries and often come in the form of 'advice'. Gemma says her mother in law frequently brings up suggestions of early weaning, saying things like *'Oh, he will be on baby rice soon'* (10/11/14); she and her wife *'tend to just leave it'*, but it is not welcome. Advice is also not welcome where there is a preference towards formula or a suggestion to limit breastfeeding, or even wean, before the woman is ready:

My family is like 'the baby isn't getting enough, you need to top up! [zrobic topapa] Or if a baby wants to eat loads then: 'Your milk is not good enough, the baby is hungry, you need to give it formula'. So I'm glad there was no one to advise me. (Tatiana 26/05/14)

While unsolicited advice is often merely a nuisance, families imposing their own practices would anger the women. This sense of families 'imposing' by suggestions or actions led some women to reassert the boundaries, resonating with research that suggests frequent grandmother contact may have a negative influence on breastfeeding (Emmott and Mace 2015). Other studies find that families are more likely to help the mother feeding the child formula or food rather than taking on other forms of caring or domestic labour to lessen her load (Carter 1995; Brown 2016). Dealing with families is a complex affair for breastfeeding women and conflict with families, especially with mothers and mothers-in-law, was somehow *expected*, even if it did not materialise. For Radkowska-Walkowicz (2009), this mistrust of older kinswomen is clearly visible in interactions within breastfeeding online forums.

Friends can also be another group of people women avoid talking to about breastfeeding. Because, as Shel puts it, *'it is all on the woman, it's not actually a parenting choice, it's the mother's choice'* (05/03/14) whether she will take on breastfeeding, if she feels she can continue with it, and for how long, most women avoid

conversation on the topic of infant feeding, no matter how strong their own beliefs. This is perhaps heightened by the sense that in mainstream narratives being a mother is represented as a choice and consequently as something a woman should be able to cope with. As Taylor observes, the pervasiveness of instruction to mothers through ‘medical consultation, formal childbirth education, the advice of child-rearing experts, and self-help reading’ creates a sense that given

so many choices available to a woman and so many resources at her disposal, the new mother who experiences anxiety, fear, and ambivalence over her caring labour, although no longer a biological misfit, is nevertheless someone who failed at ‘accommodating the female role’ (2000: 283).

But women are seem aware how lonely this experience is. Silence can be alienating, and if breastfeeding is a non-normative choice in the friendship groups, without silence there could be comments, sometimes jokes, at times menacing, with friends saying they will ‘call social services’ (Maria 17/09/14). Tatiana ‘started biting her tongue’ when friends tell her of their own feeding experiences (26/05/14). She also observes that much of what she hears from her friends is a result of a view of maternity more broadly as a burden, a sacrifice, and of the social control that accompanies it:

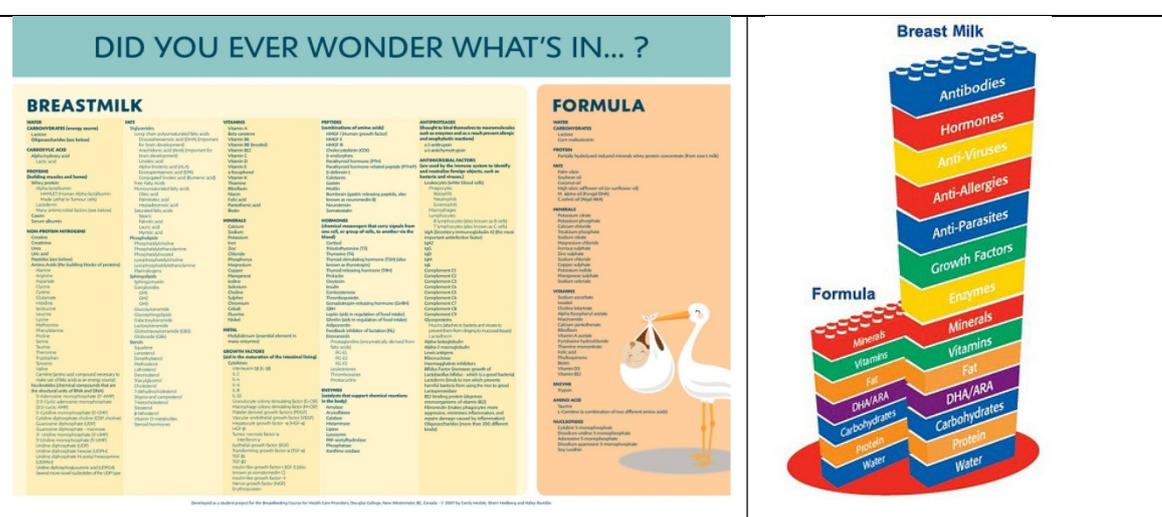
Having a child is like a total sacrifice, because you’ll have to stay indoors, can’t go outside for two weeks (...) and it’s also breasts: protect the breast, don’t protect them, put a compress on, don’t put them on, you’ve got to lie down, pregnancy is an illness, when you’re 3 months in you have to hand in your doctor’s note, then you’re bedridden, need time off, and it’s pushing you down that path: pregnancy is an illness, a child is all kinds of limitations; like you’re not going hiking in the mountains EVER – total horse shit [‘gówno prawda’] (26/05/14).

Such cultural attitudes further compound the sense of isolation within the immediate context. But while observations and interviews suggest women may mistrust those around them, there is also a sense that women’s ‘insistence’ on breastfeeding may be seen as ‘suspect’, as a post by a UK Breastfeeding and Parenting Support (UKBAPS) group member reveals:

Can anyone answer this question so I can send the responses to my Dad, as I tried explaining, but need more knowledge on the subject....”How do you know your breast milk is what’s best for him, it hasn’t been tested, isn’t formula better?” Bloody men (NN)

Like NN, women may seek information to help them to ‘defend’ their choice to breastfeed, and even more frequently to breastfeed for a certain time, to their families. To counter pro-formula arguments, women are typically offered information to share with significant others – typically images which offer comparisons of components of formula and breastmilk (Fig. 8).

Figure 8 Breastmilk and formula comparisons.



L: Comparisons list exist in several graphic forms, this one created by Heslett, Hedberg, Rumble (2007), although credits are often cropped out, a common problem with much graphic content circulated online.
 R: Stacked bricks - most likely a reworking of a WIC poster, not entirely clear (source: circulated in BF support groups 2011-7)

Used to ‘defend’ breastfeeding, such biomedical knowledge shared in online translates into the support functions of breastfeeding groups. Researching young people’s online sociability, Chieh-Peng Lin and Anol Bhattacharjee (2009) propose that several forms of social support may be found through IT-enabled communications, which they define based on needs fulfilled. They class providing practical assistance and resources as ‘instrumental support’. While I consider the repositories and knowledge exchange in Chapter 4, online spaces simultaneously provide positive feedback about the women’s

behaviours and decisions, which Lin and Bhattacharjee (2009) refer to as 'affirmational support'. This is illustrated by Vicky who in interview (26/11/15) recounts the way in which 'going online' helped her realise her decision to sleep with her daughter and feed her to sleep was not, like many around her insisted, 'wrong'. As she says, her daughter *'wouldn't sleep without being attached to me, so I'd be on the bed feeding, on the laptop basically googling "how to fix my broken baby"*, which led her to online groups. She says that through the information received in online support groups along with reassurance that her baby was not 'broken' she found confirmation that her own practices of breastfeeding and bed-sharing were not 'wrong' and causing her daughter sleep problems. On the contrary, Vicky said that she found evidence that her practices were more widespread than she had thought: *'in the process I discovered that it's fine, it is normal, and it is ok'* (26/11/2015). Because she was guided by other mothers in the online group towards useful resources, Vicky described gaining knowledge about feeding and infant care practices (alone in bedroom, on a mobile device) as being facilitated by interactions with others: *'you only need to be pointed in the right direction, don't you, and then you find out for yourself'* (Vicky). For the women I observed in on-line spaces and for the women I interviewed, information seeking is bound up with seeking reassurance about decisions that they have made and implemented, through other women's accounts of their experiences, which corresponds to 'informational support', in Lin and Bhattacharjee's (2009) model. Paula describes her process of seeking information and support online, as starting with a need for practical, breastfeeding-specific knowledge:

I guess I went there [forum] first because I had no knowledge of practical stuff. Like, I want to go out or I have to go (...) and now what? Should I express, should I not express? How much should I express, or maybe not at all?.... So in the beginning it was all technical stuff (03/03/2014).

Paula says she would initially browse through existing topics on the forum, and then ask her own questions. Over time, she began to look for posts that supported her decisions to refuse formula supplementation when her son ‘*dropped from the 50th to the 25th percentile*’ (in weight) and to wait with weaning until 6 months even though a paediatrician advised that she should start at 4 months: information and affirmation seem to intertwine.

Emotional support

In Facebook breastfeeding support groups I have experienced and witnessed an astounding level of emotional support between relative strangers, with whom – unless a group specifically requires members self-identify as women – you might ostensibly share one characteristic only, namely breastfeeding. Expressions of concern and compassion are another important form of social support available in online environments (Lin & Bhattacharjee 2009). Emotional support may be offered in response to specific problems, but also to ease the *lack* of support from partner or family. The reasons why women look for online breastfeeding support groups are complex:

I was too anxious to leave the house by myself when [she] was a baby, and too embarrassed to ask for help (I didn't even feed her in public til 5 months). I had one irl [in-real-life] friend who was breastfeeding but everything else was learned in groups. I wasn't able to go to a single local group but felt really supported online (KE private exchange).

Online peer support groups fill the gaps that many women, like KE, experience and, to some degree, overcome the spatio-temporal constraints of real-life community support, without compromising on the ‘group’ nature of support. Online support is also not ostensibly a public health intervention – it is an intervention *for* women. It helps them achieve their goals and through sustained interactions creates a commonality of shared experience. Emotional support is also about someone ‘being there’ to answer the question, appease the worries, or simply acknowledge the difficulties. It creates a sense of community and togetherness. As NH writes:

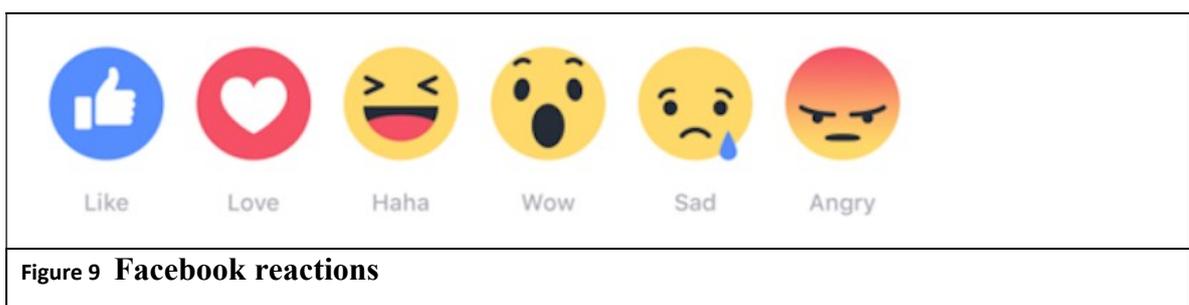
Well it breaks down barriers doesn't it? You can ask a question, at any time of the day, which means you won't make any rash decisions at that second as usually someone is online to help at that moment (activist group).

The exchanges between women in Facebook breastfeeding support groups are typically topical, timely and accessible when needed. Attending a breastfeeding support group 'in real life' at a specific time with a small child requires a high level of commitment, and could be said to be conditional on a set of privileges – an aspect only marginally recognised in literature (Ingram et al 2008).

Although there might be the occasional sense of urgency in a specific post asking for help in a pressing problem, there is a sense of communication being unrushed – despite an acknowledgment of external pressures on everyday lives of the group members. This sort of interpersonal interaction sustained over time often leads to the formation of ties that seem strong enough to warrant labelling them friendships, despite never having met the people outside of the virtual spaces. The development of such friendships might involve participation across several (online) spaces and time, as in Vicky's case, who says she has '*a very strong internet group of friends*' who have '*all come together on the basis of being in a*' group, which developed from a Baby Centre due date forum and moved to Facebook (26/11/15). '*We were all on there a few years ago and kind of met up in there*', she recounts. Within the larger group that she is still part of, a smaller, tighter-knit group formed, who '*know each other really well now.*' And, Vicky adds, '*that's great because you can say anything there*'. Vicky offers night-weaning and going back to work as examples of things '*people's*' opinions on might differ, but which seem not to antagonise (26/11/15). For the women involved, a 'good' group is one in which you can share aspects of your breastfeeding experience without fear of being judged *for* breastfeeding or other parenting choices. And breastfeeding support groups are not the only places accessed for emotional support by the women I interviewed. To Magda her '*fourth pregnancy was not 'happy news*' and she was she not

supported by her family in her decision to go forward with it (30/07/12). The ‘due date’ group she accessed online remained her main source of support because the women were ‘reasonable’ and ‘respectful to one another despite differences’. Similarly, Paula reported ‘still being close’ to the women in her due date group four years after the birth of her child because they ‘have been through a lot together’ (03/03/14). Central to emotional support then is a sense of sharing of experiences, but also, as other research shows, the fact that the parents participating in internet-based peer support communities enjoy interacting with each other (Niela-Vilen et al 2014).

But emotions also have their own ways of mediatised presentation in Facebook support groups. Users often use terms of endearment with each other (‘hun’/‘kochana’), and in Polish groups the rules specify scrapping the polite appellation ‘Pani’ (‘w grupie mowimy sobie na ty’, LQ). The tone of member exchanges in groups is direct and relational-emotional. Emotional input may take the form of a simple acknowledgment – on Facebook it is as simple as a ‘like’ on a post. Since the introduction of the ‘reactions’ emojis (emotion expressing icons) on Facebook in February 2016, the simple acknowledgment and agreement that a ‘like’ (thumbs up) conveyed has been further extended by the possibility of ‘loving’ the post, or ‘sending love’ to the OP with a heart symbol, expressing anger (being angry ‘together with’ the OP), sadness (saddened by what is happening to the OP or what she is describing, sad *with* her), being shocked, amazed, stupefied or flabbergasted (or left with one’s mouth open/drop jaw), or rejoicing, laughing out loud, and enjoying a particular post (Fig.9)



There is also (since 2013) the possibility of having a pictorial answer to a post – cartoons (‘stickers’) and simple gifs available through the platform – which can be expressive of emotions and general attitudes to a post. These are not seen as ‘lazy’ answers: a simple like or a sticker are a convenient way of expressing support by acknowledging, mirroring or validating the emotions of the OP at a time it is needed and when the person answering might be extremely busy herself. As noted by Baym, ‘people show feeling and immediacy, have fun, and build and reinforce social structures even in the leanest of text-only media’ (2010:59) – and likewise people will find a way to use the most minimal of visual cues to express a broad range of emotions. A similar function is played by short expressions or specific turns of phrase used by members, some of which validate the OP’s sentiment (‘I’d be fuming!’; ‘You have every right to be angry/sad’), acknowledge her feelings, express curiosity, empathise (‘I’m sorry this happened to you’, ‘I’m sorry you are going through this’), or express feelings or pretend to feel something (‘I’m fuming *for* you!’; ‘So sad!’). The impact of those phrases is not diminished by the fact they are frequently used by members. The examples cited in parentheses come from the UKBAPS, however, each group and forum has its preferred forms of carrying out these functions, to some degree based on the language of a given generation and on the variant language used online in a given country (or indeed a more universal version – both OMG and WTF are increasingly used in Poland).⁴³

Empathy is crucial. For Tatiana peer-support – online and in real life – is about *‘allowing someone to be themselves and to do that so that they are not feeling guilty in any way for not choosing what you’d like – now that’s great, that’s freakin’ awesome! [zajebiste]’* (26/05/14). And this needs to be based on an understanding of another

⁴³ There is no space here to discuss to what extent the use of a group-specific language matters, or the degree of difference, but it would be an interesting socio-linguistic exploration.

woman's experience: *'if the child goes through a second night syndrome or a growth spurt or what not, you've been there'*. However, as Tatiana notes, there is good reason trained peer supporters are not supposed to share their experience: *'when you're down, the last thing you want to hear is "I had that, mine cried"'* And yet she admits: *'I do say it sometimes: it wasn't easy'*. Underlying this is the recognition of the 'realities of breastfeeding' taking the mother's perspective as a starting point. Zdrojewska-Zywiecka (2012) describes the transition from pregnancy into motherhood as a shocking reorientation, particularly in interactions with HCPs, from a focus on maternal health to a child-centric focus. Tatiana offers a visceral description:

I've put in the effort. I've had the caesarean. I gave birth for twelve hours. I pushed him out of my vagina. I have a broken vagina now. And now he's the centre of the universe and everyone is going 'goo-gaa' and I'm here, trashed, and I'm told my milk is not right, too watery and what not. (26/05/14)

Medicalisation of infant feeding ('too watery') and maternal disempowerment as a result of negative practices around birth ('caesarean'), leads to a situation in which mothers doubt themselves. Women are *'taught to mistrust'* their own bodies says Shel (05/03/14). On-line groups may provide reassurance to counteract these feelings of doubt (Drentea & Moren-Cross 2005).

Support to negotiate medical encounters

Next to rebutting the 'advice' from families, the second most common reason women cited for accessing online groups was to 'check' advice offered by a healthcare practitioner (HCP). When asked about the frequency of such posts, administrators of some of the Facebook groups I accessed estimate 'around 20%' on a daily and weekly basis are related to seeking clarifications of statements or advice by HCPs (private communication July 2017). The questions sometimes are about specific issues such as how to breastfeeding a baby with a cleft palate, what to do about reflux and pylorostenosis, or tongue-tie, in which cases the Original Poster (OP) is often asked

where they are by a member of the group and, if geographically possible, they are offered offline help and trustworthy contacts. But the most common questions relate to management of infant weight. As Zdrojewska-Zywiecka observes, based on her research with women in online support groups, in Poland where the standard hospitalisation following birth is three days and maternity wards are renowned for ‘obsessive weighing of newborns’:

The mother receives a clear message - the weight of a child is an important variable. Its decline is something dangerous, which, in addition to the health consequences, is associated with the imprisonment of her and her child yet another day in the hospital, because the basis of discharge is often the stabilized weight of her newborn (2012:9).

Divergence from the standards of growth charts can lead to suggestions of ‘top up’ feeds using expressed breastmilk or formula.⁴⁴ Even a suggestion by a HCP may make a mother feel insecure, as SL writes in UKBAPS:

My baby was 3 weeks yesterday, born at 7lb 10 and now weighs 8lb 13. The HV wants me to see her again next week to check he's putting on enough weight. I was really pleased with his weight gain but is it not enough?

Questions accompanied by a phrase such as, ‘my health visitor/midwife/doctor suggests’ or ‘my mother/mother-in-law/sister said’ indicate that the OP has previously tried to access some form of support from HCPs or her immediate environment, but encountered a gap in either (or both) knowledge and support. Like SL, they are unsure of the quality of the information received, its accuracy and relevance, but they also doubt themselves, faced by such comments from persons with authority. Group members affirm the mother is correct, commenting with ‘sounds good’ or ‘fine’, and ‘nothing to worry’, but AW writes about her own experience:

⁴⁴ ‘Top ups’ of milk, or even water with glucose, are also suggested in some cases of infant jaundice. Such interventions are unnecessary, and, by affecting the signals of hunger in the child, lower their need to suck, leading to a lowered stimulation of the breast, resulting in diminishing the supply of breastmilk, and potentially creating a vicious circle of increasing top ups. Ultimately the whole breastfeeding relationship could be at stake, leaving the woman with a sense that her body was unable to provide sustenance to her child.

Sounds good to me, as long as there are plenty of dirty/wet nappies I wouldn't worry. I refused weigh ins this time round after being told by my health visitor that I was failing, needed to put him on formula, and to grow up and stop pretending that breastmilk is what he needs he hasn't been seen by a health visitor since a week old so its certainly not needed for them to grow.

Several members agree they had similar experiences. That reply is symptomatic of posts which address complaints about HCP behaviour, where similar complaints tend to come to light. This can lead to suggestions of HCP incompetence. In the Polish Lactation Quarterly (LQ) breastfeeding support group IK writes:

My son is 9mo bf +solids. He's teething and has a sore throat, atopic skin. And the lady doctor says "At his age he doesn't need milk, bf is sex"... I am upset, humiliated, the worst... :(((bf was hard to start and now my milk is blamed for upsetting his tummy and I... am a pervert :(((

Members are outraged and suggest she formally complain about the doctor's behaviour. Such suggestions are fairly common in groups. Reactions to many posts about HCP 'advice' support demands for respect for maternal autonomy in the decisions on continuation or cessation of breastfeeding. Deeming the woman capable of making decisions without input from HCPs is key for women, which suggests some of the postulates of demedicalisation of infant feeding made by the breastfeeding movement have clearly taken root (cf Van Esterik 1989, Palmer 2009). This seems particularly important for Polish women. Hanna concurs: her observations within the Karmiace Cyce na Ulice (KCNU) group she administrates demonstrate that while '*there are many mothers who know more about breastfeeding than medical personnel*' what women recount online proves

healthcare is paternalistic, patronising, in the sense that the patient may not, cannot know, doesn't know, is completely uneducated and has to submit themselves to the knowledge of the personnel. (20/04/2016)

This is corroborated by research suggesting that the first thing that strikes Polish migrant women in other European care settings, including the UK, is how different the doctor-patient relationship is (Main 2016). And yet in LQ a poster recounts how a doctor in the

UK told her at 13 months there is no need for her to breastfeed, saying '*In a civilised country there are better ways of feeding children*'. And my observations in UKBAPS confirm that is not unusual for HCPs to make women feel inadequate for breastfeeding beyond six months, or for not introducing solids earlier, despite the official NHS guidance stating otherwise.

Groups make recurring efforts to negotiate medical knowledge and problematic HCP advice *without* denigrating medical knowledge wholesale, which proves difficult at times. An example of this in Karmienie Piersia group happens when new member NW asks '*Ladies, my HV came and told me to introduce solids slowly at 3mo. What do you think about this? Little girl is 7 weeks old.*' Some members answer the query correcting the information, like AR, who says '*Nonsense! After 6mo. After all, the tummy or rather the digestive system is not yet fully developed...*' She then questions the HV knowledge, as does SC, who says '*Oh My! Where do they get this knowledge...*' And HB asks '*Are there any good health visitors in the world? I'm losing faith... mine was just as 'clever' with her 'golden nuggets' of advice...*' Some of us suggest NW should write a complaint letter, several others write '*Don't let her come again!*'⁴⁵ Some mock the 'advice' with absurd offers of ever earlier weaning, from feeding baby steak from birth to AR who says '*pity she didn't ask you to put carrot puree into your uterus...*' and KJ who says '*give her a beer and a fag straight away... f*ck what b/s*'. For an outsider this anger may seem strange, but posts such as NW's are not rare, so some of the reactions are ways to express frustration. The more patient members start discussing medical recommendations: KP says '*no solids at 3mo, and if you had to only on paediatrician's advice.*' But MAS counters: '*Even if the paed says so, you need to think, mine told me to give her a bun at 3mo. I don't trust paed, they are sponsored by jar makers and if they're diet experts then I'm a tractor XD*'. MSG writes of her own experience '*I had to introduce solids at*

⁴⁵ In my experience, most groups suggest complaining if the HCP advice relayed by member is deemed inaccurate or misleading, and some support members through the complaint process.

3mo with my first, he was on allergy formula and had tummy problems, the doctor said weaning will make his digestive system mature faster. But I wouldn't have done it if it came from a midwife or my lb didn't have tummy issues'. The doctors' advice she cites is swiftly corrected by one of the admins JK 'introducing solids too early does not support digestive system development; on the contrary it permanently damages it'. JK is a breastfeeding promoter, a 'created peer' (Trickey 2013) a lay woman with breastfeeding-specific training. It is not the mother's experience she questions, but the advice offered by HCPs corrected with current bio-medical information. Her response is similar to findings for pregnancy online support groups: members with education in medicine-related fields raised concerns about the Internet as a source of erroneous information and horror stories, and were actively engaged in trying to minimize potential negative effects, by providing 'correct' information (Fredriksen, Harris and Molland 2016). Because group members are likely to share correct information, breastfeeding support groups online are increasingly seen as a safe and viable form of peer support (Cowie, Hill and Robinson 2011). But because groups are also spaces of 'negotiation' of HCP lactation knowledge there are occasional clashes of authority between lactivists and self-styled parenting gurus with problematic medical credentials, or particular investments.⁴⁶ Different levels of challenge to medical knowledge seem 'acceptable' to group members who might be medical professionals.⁴⁷

Limits of support?

Maternal autonomy – and member opinion – may be limited within the spaces of groups by adherence to the principles of the *Code of Marketing of Breast-milk Substitutes* (Code) as well as administrators' perception of what can and cannot be 'endorsed' by a

⁴⁶ In the UK most ostensibly by Claire Byam-Cook, a former midwife and parenting author (often styled 'BuyMyBook' in groups) with no breastfeeding qualifications, who in late 2016 called groups 'dangerous' during a morning television programme. Byam-Cook is often used as a 'breastfeeding pundit' by the right-wing press (Daily Mail, Times, Telegraph). Articles featuring claims she makes have been subject to extensive scrutiny by the breastfeeding community (Analytical Armadillo 2012)

⁴⁷ See for example Sen Wai 2013

group. A dispute between members about some aspect of the group's functioning, activity, beliefs, or 'ethos', particularly if involving group admin, can be an emotionally taxing experience. If the challenge is seen as particularly inflammatory and attacks some of the groups 'core' beliefs or practices it may be labelled a 'shitstorm' [gownoburza]. Such 'shitstorms' are the result of internal group dynamics, they offer a criticism and should be examined. Women who participate in online support groups appraise and selectively apply 'information and advice that resonated with their own experiences' (Fredriksen, Harris and Molland 2016:5). But such members might find themselves removed from the group – cut off from the support they were seeking and a community they have grown close to. Some groups seem to be applying what Faircloth calls a 'science knows best' approach (2013), where biomedical-scientific advice becomes the ultimate arbiter of 'correctness' of advice, without due regard to the systemic and personal conditions which may make breastfeeding difficult, in the name of satisfying 'health' requirements as 'exclusivity' (non-supplementation) of breastfeeding. The groups I observed, do markedly differ in the level of flexibility (cf. Newman 2010) and understanding of a woman's circumstances and their influence on infant feeding – indeed some groups are formed as a response to a perceived lack of flexibility in another group, as in the case of Karmienie piersia bes fanatyzmu set up in 2015 in response to the 'harshness' of Karmienie Piersia.

In some interactions within Facebook breastfeeding support groups I have seen members share stories of their own 'sacrifice', as a painfully moralising way of deeming a woman who *feels* like she wants to give up 'inadequate'. Often no practical advice is given; instead 'perseverance' is called up as a mode of ensuring success in breastfeeding (cf. Wawak-Sobierajska 2002). When EV asked on the KP group '*What do you think about mix feeding after the child is 6mo?*' she was immediately asked, '*Why? Are you tired of BF?*' (BRC). When she affirmed a few members offered tips and encouragement

to continue until 1 and then wean without introducing formula, but others started questioning her *why* she was tired. EV replied she never particularly enjoyed breastfeeding and that she was put off by the idea of feeding an older child. There were many voices urging her to persevere, like JF who said ‘*you have to sacrifice, no one said it will be easy*’. Such attitude, Shel observes, is counterproductive: ‘*persevere is a harsh word*’, which disregards the needs of the mother (05/03/14). In this respect, Kojder-Demska (2015) and Zdrojewska-Zywiecka (2012) observe a certain child-centricity, potentially tied to the conservative roots of Polish ideology of motherhood expressed in the ‘Mother Pole’ figure, which affects some aspects of breastfeeding activism. But this lack of flexibility and ‘pushing’ a mother to continue is also resisted: ‘*Why is there always this sick witch-hunt [chora nagonka] of either 100% bf or ff, but mixing is evil, and in general how can you mix or stop before a year. WTF*’ writes ZK in Karmienie Piersia. Her comment resonates with a considerable number of members: for a late-night conversation it gathered a substantial number of likes. It also seems to express anger at a lack of understanding of the complexities of other women’s needs. This is why a ‘woman-centred’ approach is so important in peer-support says Tatiana:

‘We put the woman first – not the child, (...) she is the centre of our attention, we need to take care of her and whatever she chooses, whatever the form of feeding she opts for, even if she breastfed only after the birth – that’s great and we tell her that.’(26/05/14).

When she joined Karmienie Piersia, Tatiana was surprised by the particular style of advice and the way group members interacted. Having been trained to put the woman first, she wanted to continue this in the Polish group. But her upbeat attitude of ‘any breastfeeding is good’ was taken as not being invested enough in supporting mothers to continue breastfeeding. In our second meeting, Tatiana was critical of a mother being told ‘*she knows she wants to go on*’ as a form of encouragement within the group (16/10/16). Typically groups take an encouraging stance towards a mother who is

‘finding it all too much’, saying things such as ‘don’t give up on a bad day’, as well as sharing practical tips to make it easier for the woman to ‘find her feet’ breastfeeding or explaining how breastfeeding would get easier with practice. But in this particular group women might chastise a woman who wants to give up for not being steadfast enough in ‘giving her child the best start in life’ replicating the mainstream breastfeeding focus of individualised maternal responsibility for child’s future health.

Disagreement on aspects of running the group, or its adherence to the Code in matters as simple as use of pacifiers, can be met with a strict enforcement of boundaries. This can take the form of reminding the member who is seen to ‘promote’ the use of pacifiers or another breach of group rules that she has agreed to the rules when joining the group, telling the member they are free to leave, branding their comments off topic⁴⁸, removing comments and finally the member from the group. The last two are forms of symbolic violence, ‘amputating’ the member’s voice and cutting her off from a community and a resource. In some groups there are ways of negotiating return to the group, in others a removal might be final. Such extreme cases reveal an imbalance of power between individual members and admins, in spaces that normally profess a democracy of views, such territoriality can be a group’s undoing (cf Kuntsman 2007). As a result of such events groups can divide and split, but lack of fair ways of dealing with grievances can also lead to revenge-seeking behaviours by disgruntled members and/or people associated with them. Revenge can be acted out by a ‘mole’ who screenshots group content or ‘lifts’ breastfeeding pictures of group members by downloading them, and shares them publicly on other forums with the intent to ridicule and offend. Group members might then have to face an outpouring of inflammatory and hateful language directed at them and their children. Even when such attacks are directed at individual members, the whole group seems to suffer the indignation, but also a sense of

⁴⁸ UKBAPS and KP have ‘off topic’ groups for posts unrelated to breastfeeding support, a poster/commenter might be asked to take their comments there

persecution *as a group*.⁴⁹ But, similar to instances of flaming (posting of inflammatory comments) described in the Prologue, this can contribute to a negative sense of group identity.

Groups, with membership in the thousands, might find it very difficult to detect who the mole is, while Facebook as a platform offers limited reporting and complaint tools to prevent the spread of such materials (cf. Lunceford 2012). This has severe repercussions for the sense of safety of group members and as a result can affect the group and the individual members who are targeted. But revenge can also take a less visible or less ‘spectacular’ form of repeated reporting of group or its contents. Pictures of breastfeeding women might be flagged to Facebook as pornography, which can lead to group closure. This creates the risk of losing the repositories of knowledge and the connection to people the knowledge may be bound to. In 2014, the (original) Karmienie Piersia group was shut down by Facebook. Despite members’ efforts not all of the contents of the group’s repositories were reconstructed. During the hiatus, when the filial ‘off topic’ group served as a stand-in, some valuable members have also drifted off – some lost interest due to lack of a group they were invested in, others have drifted off to other groups. In this sense, the intensity and interpersonal investment of members of online support groups is the source of their strength and one of their main weaknesses.

Together as a base

Typically, breastfeeding groups ascribe to the WHO Code and to recommendation of exclusive breastfeeding until six months, introducing solids alongside continued breastfeeding until two and beyond if the mother and child so wish. While research poignantly shows the ‘two and beyond’ seems to be in breach of a cultural sensibility (Brown 2016; Zdrojewska-Zywiecka 2012, Faircloth 2013, Dowling

2014), from the group rules and administrator's enforcement, there is a strong sense that criticism of breastfeeding to self-weaning is not welcome in most groups. Dowling (2014) theorises (irl) group support as a 'communitas' from which to withstand the taboo and liminality inherent in breastfeeding to term. But while breastfeeding to term carries with it its own set of problems, in her research with support groups Faircloth (2013) writes about women 'finding their tribe' even at the earlier stages of breastfeeding. With Facebook breastfeeding groups offering support where it seems to be lacking in the women's specific environments, and protection from the negative reactions of HCPs and family members, groups may be deemed 'safe spaces' for breastfeeding.

In a systematic integrative review of parents' participation in online peer-support spaces, Niela-Vilen, Axelin, Salanterä and Melender (2014) found that for mothers, Internet-based peer support provided 'emotional support, information and membership in a social community' (1524). Care and community, support and friendship encountered in groups, and the sense of not being alone during the breastfeeding journey are specifically tied to the mediated nature of the online group's interactions. The searchability of member's posts opens a possibility to check a 'case history' of what someone has been asking the group and in this sense Facebook groups allow for a 'continuity of care'. This is also strengthened by support being available 'round the clock'. And NH, who praised the possibility to ask a question '*at any time*', also notes that '*at the newborn stage, it can be really challenging to try and fit your baby's routine around the short hours the breastfeeding clinic is on for*'. Unlike real life groups and other forms of support, online spaces are not limited by 'opening times', or culturally prescribed notions of desirable interaction frameworks marked by daytimes and night times. Online groups allow interactions such as 2, 3, or 5 am 'shout out' to all 'feeding or pumping mamas' facilitating a sense of togetherness outside personal spaces and potential for social interaction outside 'normal' activity times. A 'shout out' breaks the solitude of the

experience, but it also serves to instigate an awareness of other bodies sharing a markedly embodied practice and may be ‘felt’ as sharing the space of the group even if located in distant physical spaces. The effect of physicality and materiality of the experience being shared can also be achieved through reference to concrete physical objects in the writing woman’s physical proximity (or their felt lack: *‘I have bubba on me and cannot reach my tea’*), through description of physical reactions, or through sharing photos, which may activate memories of *‘having a little squish’* (a newborn baby) in one’s arm. For a ‘virtual’ environment this may allow for a strangely *embodied* level of interaction – to the point that members comment about experiencing leaking breastmilk. This contributes to a sense of familiarity, perhaps even intimacy, which only heightens the sense of being together.

The fact that groups provide informational support accessible despite geographical distance or time constraints seems also important (cf Niela-Vilen et al 2014). In both countries younger women and women from rural areas often state they find online groups a resource of the type that they could not access in their area, or felt awkward accessing. Naomi, one of the UKBAPS admins posted on the group’s Facebook fan page:

When I became a mother for the first time at 17 people were shocked to learn that I was breastfeeding. If you look at the stats, young mums are one of the demographics that have a lower rate of breastfeeding but it looks like things are changing! Through support groups like UKBAPS & more education, we're seeing more and more young mums successfully breastfeeding.

Online groups have the potential to broaden the outreach of breastfeeding peer support. This may be especially important for groups of mothers who are marginalised. For example, recent migrants might find access to online groups easier (and less risky) than accessing health care services. As FT writes:

My first BF experience was entirely online. I was living in a different country, I barely spoke the language, I felt super awkward at groups but online it didn't

matter where I was or what I was or wasn't doing- it was much safer for me than putting myself out there in real life. (activist group)

Overall, Polish online groups have a visible presence of women who are located outside Poland. Again, this seems symptomatic of searching for a community. Some women come for advice they cannot access for linguistic reasons in the country they are living in.⁵⁰ Also, as Tatiana observed, some Polish women saw her in her uniform as an extension of the NHS and ‘the system’ and were for various reasons mistrustful. This may also be, for other reasons, the case for other women who access support groups and forums. One of my interviewees spoke of her fear that if she was seen not to cope due to mental health issues her child would be taken away.

Trust, safety and understanding appear in different configurations in the Facebook breastfeeding support groups. Trust might develop through sustained interactions, based on repeated help and continuity in terms of sharing of experience, on the possibility to observe previous advice, and on the constant evaluations and re-evaluations of knowledge(s) within the space of groups - this is what makes Paula trust groups she is in. Trust also emerges through the repeated disclosures of smaller, less significant details of one’s life, as well as the heavier emotional loads that accompany parenting. There can also be a sense of trust derived from a belief in common goals – just as shared goals can lead to a desire for and a sustained effort to create safe spaces. For Hanna, it is the notion of ‘*being on the mother’s side*’ that defines breastfeeding support and shapes the ethos of the group that she runs (20/04/16). In her group (KCNU), similarly to many other groups, this translates into *rejection of criticism* of individual women’s formula use alongside strong criticism of the actions of the industry which produces substitutes and the social conditions that lead to women’s decisions to stop breastfeeding. In UKBAPs this is expressed as being ‘not against formula feeding

⁵⁰ Organisations providing peer support in the UK recognise this problem and offer Polish-speaking help

families but against formula industry'. And trust can be sustained by a sense of safety provided by the remit of the group's *support* for breastfeeding. For Honorata, the knowledge that someone is supportive of breastfeeding extends into knowing '*they will be ok about other things too*' – adding a further emotional layer to the support in breastfeeding support groups she is a member of (27/07/12). In this way, commonality of experience is translated into mutual understanding, beyond the scope of breastfeeding alone.

Beyond support

Apart from offering the possibility of 'being together' in a time and space, through the practices of sharing of experiences, words, posts, knowledge, but also time and space, breastfeeding support groups create a sense of community and togetherness. Sharing is part of an economy of gift and 'generosities', a characteristic of tactics noted by de Certeau (1988:26), while by allowing the being/feeling together, the groups foster recognition of similarity between their members and a sense of a group identity as breastfeeding women. Helping each other becomes a form of commitment. The importance of emotional interactions within Facebook breastfeeding support groups as a mobilizing factor in activism becomes clear when groups rally behind their members outside the spaces of groups (see Chapter 7). Douglas Shrock, Daphne Holden and Lori Reid note that 'interpersonal emotion work' can 'aid or hinder mobilization through its shaping of agency' within support groups or other 'facilitative contexts' (2004: 63). Examining the trans- movement, they argue that interpersonal emotional work is an important aspect of individual members' motivation to act on behalf and as part of a movement.

The various forms of support encountered by women in groups are not easily separable. Information and instruction or advice may also alleviate worries, and a growth in 'knowledge' can be felt as a growth in 'competence'. Many seem to value the

informational and emotional support received, and the building of their personal capacity to offer support to others (cf. Niela-Vilen et al 2014). Others come to *share* advice, the way Tatiana did after training in breastfeeding counselling in the UK. In breastfeeding support groups on Facebook advice posts often generate comments from members about the ‘value’ of group membership, for example women say that they are ‘learning something new every day’ from the group. Because of the form of knowledge exchange that mixes practical with biomedical knowledge, the support offered is mutual, in the sense that most members feel equipped to contribute in some way, or at some point, to the exchanges. But through instrumental support, groups are also accessible resources, which members draw on in practical matters, not limited to ‘health’ advice. This is the function I investigate in the next chapter.

Chapter 4: Groups as a resource

As suggested in Chapter 3, many women experience a loss of support systems and a loss of collective knowledge and experience/skill of breastfeeding within their primary contact groups, as part of a wider loss of traditional networks of support for mothering (cf. Kitzinger 1992, Oakley 1992, Carter 1995, Wolf 2001, Hill Collins 2000). This lack of knowledge and experience in immediate contexts becomes visible in online environments when women discuss mothering generally and breastfeeding specifically (Drentea & Moren-Cross 2005; Radkowska Walkowicz 2009). With a few exceptions, the women I interviewed have no recollections of seeing a child fed at the breast, either in their families or their friendship groups. Most women reported in their immediate circles using formula was a 'natural' suggestion. But a well-meaning suggestion to offer a bottle of formula – rather than to seek lactation support – was sometimes seen as undermining their parenting (cf. Graffy & Taylor 2005). For women who are committed to breastfeeding, an offer of a substitute devalues their efforts to sustain it. This may result in avoidance of the subject of breastfeeding altogether. The lack of practical knowledge and skills is one reason why women turn to other (lay) women outside of their kin and friendship groups. Non-related, former strangers, who have experience of breastfeeding, who are doing it now or have done in the past, are increasingly becoming a source and emotional and practical help to one another, but also of specific forms of breastfeeding knowledge.

Breastfeeding support groups and forums are spaces where experiential knowledge of experienced mothers and biomedical and socio-anthropological 'facts' co-exist (cf. Radkowska-Walkowicz 2009). In interviews, most women stressed that using the internet facilitates access to information and makes learning about both practical and highly specific aspects of the physiology of breastfeeding relatively easy. There is a wealth of written and pictorial information available, at varying levels of complexity, and

covering diverse aspects of breastfeeding: from the practicalities of positioning, to biomedical mechanisms of milk production, and mechanics of milk ingestion by infants with specific complications, such as a tongue tie (Fig. 10). In this chapter I explore the modes of sharing of knowledge and digital resources within groups beyond their ‘support’ functions.

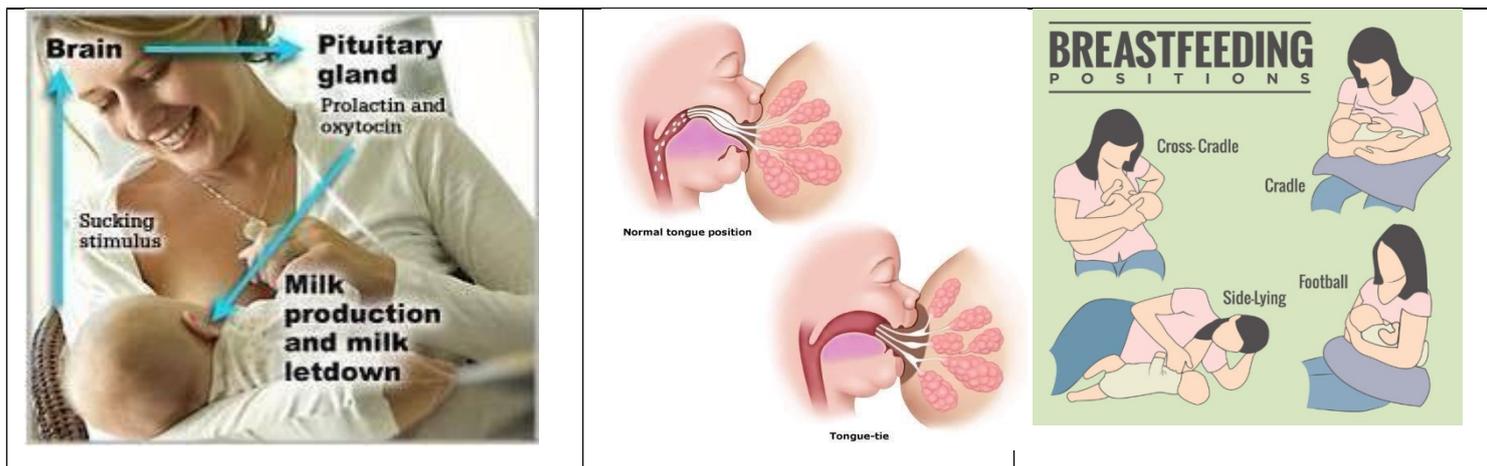


Figure 10 Pictorial breastfeeding knowledge

L to R: Milk letdown schematic superimposed on a ‘happy dyad’ image; normal and tongue-tied sucking; breastfeeding position illustration with names (authors unknown, source: online breastfeeding groups 2011-17).

Breastfeeding women as e-patients?

For breastfeeding women the information they might be seeking is related to an embodied practice seen as having health consequences. In this sense, their accessing online groups parallels the use of online communities increasingly common for ‘patients’: people affected by health-related issues. This has been the focus of studies tracing human interactions with technology in public health, medical research, and related fields. Such studies have tried to understand the changes that use of groups has brought to experiences of living with a health condition (Mo & Coulson 2013), the motivations for choosing online rather than face to face groups (Van Uden-Kraan et al 2011), or to evaluate how people might benefit from online communities (Idriss, Kvedar, Watson 2009, Finn 1999; Poll-France and Eenbergen 2008) and specifically whether participation in online patient communities fosters empowerment (Barlett and Coulsons

2011; Van Uden-Kraan et al 2009) and affects the patients relationship with HCPs. All of these studies describe patients who, through their online engagements, become involved in managing their health conditions, in line with the paradigm of participatory medicine, described by Frydman (2009) as:

a model of cooperative health care that seeks to achieve active involvement by patients, professionals, caregivers, and others across the continuum of care on all issues related to an individual's health.

This paradigm is predicated on removing some of the obstacles patients might encounter in becoming active participants in determining the course of their treatment, and sees the use of electronic means as a way to achieve this ideal. The white paper by the US-based activist/professional Society for Participatory Medicine defines such users as e-patients:

the new breed of informed health consumers, using the Internet to gather information about a medical condition of particular interest to them. The term encompasses both those who seek online guidance for their own ailments and the friends and family members who go online on their behalf (Society for Participatory Medicine 2015: II).

Clearly problematic through defining anyone in a healthcare situation as a 'consumer', this definition seems broad enough to capture breastfeeding women: the potential e-patients need not be currently 'patients' in the sense of undergoing treatment. The White Paper cites Cain, Sarasohn-Kahn, and Wayne's (2000) classification and provides the following categories: (1) the well and their caregivers ("The Well"); (2) those facing a new medical challenge and their caregivers ("The Acutes"); and (3) those with chronic but stable illnesses and their caregivers ("The Chronicles") (2015:6). Under this definition, breastfeeding women could be both the 'well' and caregivers of 'well' patients.

At the same time breastfeeding is not an issue of *ill* health, rather it is an expression of the capabilities of a healthy human body. And while under the dictates of individualised, neoliberal health logic, Newman (2010) sees women as embodying their children's future health, a form of pseudo-embodiment, breastfeeding is rather an

alternative, co-dependent form of embodiment, where the maternal and infant body are connected, often referred to in medical literature as *the dyad*. Adopting an optic based on Hausman's (2003, 2004) work, we could think of the challenges this embodiment poses to the regime of individualised health, as well as individuality and autonomy as norms for the (neo)liberal subject more broadly. So while not embodying a health issue, breastfeeding women nevertheless embody a *health conundrum*. It is in relation to the specific issues that interconnected embodiment gives rise to that some of the women's quest for knowledge stems. Painful breast engorgement, sucking problems, thrush, tongue-tie and nipple injuries are all issues that require working out within the dyad. Breastfeeding women, just like 'e-patients' of one US study, might initially use the Internet to search for information in their 'health situation' (an issue of health rather than illness) over support group membership (Atkinson, Saperstein, Pleis 2009). But just like people embodying other health issues, this search for information may lead to group membership, where resources are combined with psychological and social support as discussed in the previous chapter (see also Idriss et al 2009).

Friedriksen and colleagues draw attention to the way in which the health advice received allows women to navigate the health care system. Online groups and discussion forums affect maternal 'health literacy' offering 'increased health-related knowledge and competencies' (2016:1). Again, this is a feature I observed in both Polish and UK-based groups, with members sharing specific guidelines related to breastfeeding issued by professional bodies, such as the World Health Organisation (WHO) or American Academy of Pediatrics and making suggestions based on those how to deal with 'reluctant' HCPs. A specific case was the discussion in KCNU of the latest guidelines on weaning issued by the Polish Gastroenterology, Hepatology and Infant Feeding Medical Association (PTGHiŻDz). Members of the group swiftly noted that the guidelines, endorsed by and reproduced by the Ministry of Health, were at odds with those promoted

by international bodies. And yet such ‘lay’ lactation knowledge, even if it comes as a result of specialist training, is often disregarded in therapeutic situations, an observation made by Shel:

A paediatrician isn't going to listen (...) they think it's a bit – uhm – ‘fluffy’. A little bit ‘nice’ and ‘fluffy’, and it's about ‘supporting’ (...). They don't take it seriously, which is really [pause] stupid, because there's an awful lot of very, very knowledgeable peer supporters.’ (05/03/14)

Like the work of lactation consultants (Torres 2014), trained peer support may offer a route into demedicalisation of infant feeding, even if it uses the biomedical rationale to establish itself and operates within the confines of ‘evidence based medicine’. Peer supporters often call up their training to advocate *for* breastfeeding mothers helping them access resources and safeguarding their needs. Facebook breastfeeding support groups seem to be aiming to do the same by facilitating access to biomedical knowledge. But they also offer a platform for sharing of experiential knowledge – the ‘knack’ of breastfeeding – and of a host of related issues.

Making knowledge practical

Seeking the experiences of other women may occur when a specific issue is encountered. For example, a member asks on UKBAPS: *‘I think my milk has high lipase. Does anyone have any experience with this?’* (TS). Asked how she knows this, TS explains that her baby refused a bottle of expressed milk and when she tasted the milk *‘it tasted soapy (...) When I googled it the only thing that came up was high lipase.’* Some questions that women ask to online groups demonstrate prior research. TS used a search engine to find a technical explanation but this was not enough: she was looking for *experiences*. One member of the group offers a link to the KellyMom blog on lipase and treating milk. Other members then ‘jump on’ asking numerous questions about high lipase: how to detect it, how to prepare and how to store such milk, what to do with milk already expressed. A member – ‘tagged’ by one of the administrators, as someone

‘knowing more’ about the issue from experience – provides answers to TS and general information in her reply:

Unfortunately it's one of those things that you only find out once you've defrosted the milk & tried to give it to baby. The big giveaway with high lipase is the soapy smell, some babies are more than happy to take high lipase milk whilst others won't because of the taste. There's absolutely no harm in giving baby milk containing high lipase, so if baby is happy to take the milk, continue to do so. Scolding [sic] the milk before it's frozen is the way to treat high lipase, this won't take away the nutritional content. If you find yourself with a load of milk that your little one won't take, you can use it for other things, moisturiser, bottom cream & milk baths are just a few options. The kellymom link is a great resource for dealing with excess lipase. (NH in UKBAPS)

The response is an example of practical, experiential knowledge, aimed at allowing both TS and other potential readers to understand the issue better. TS knows NH is capable of giving such advice because she dealt with the issue herself. The experiential aspect is important from the point of view of other users: a recent study carried out in Norway on women’s health literacy and online pregnancy forums found that for many such medically-informed ‘information provided online by other women in the same situation was valued more highly than advice from health professionals’ (Fredriksen, Harris and Moland 2016:1) and that the information gained from online forums facilitated their interactions with healthcare practitioners. NH is able to anticipate and empathise, where she offers suggestions for alternative uses of breastmilk already expressed and stored, acknowledging and allaying potential maternal worries about loss of milk and labour already expended. She offers this on top of knowledge of the process of dealing with high lipase, such as scalding and freezing. The wording of the advice is direct and caring, using forms like ‘baby’ and ‘little one’. Her reply came swiftly after the original post and she responded in real time to further questions. While she does not explain what the enzyme lipase is, deferring to the link on this, NH’s reply engages a form of practical knowledge, informed by the biomedical discourses and not easily separable from them,

but which ultimately offers usable recommendations for dealing with the issue at hand (cf. Pols 2013).

Technology and knowledge dissemination

Facebook breastfeeding support groups translate biomedical knowledge into practical tools through the use of content which can be easily shared and circulated. Typically a member looking for knowledge resources will be given reassurance and might be directed to what I call ‘entry-level’ links, as in the example of TS above. Entry-level links are links to pools of resources where the user might find an answer to their problem. These range from the group’s repositories (docs/ files or forum/question archives), through articles and resources (data factsheets) held by lactivist organisations, such as the BfN, ABM, or LLLI and to professional or semi-professional lactivist blogs, which might contain extensive references to academic sources. Resources such as academic journals, typically in biomedical sciences, but also excerpts from literature and references to books and specific authors, all manner of ‘specialist’ knowledge, are sometimes shared and discussed in groups. But these links represent a ‘secondary level’, both because of their specificity and also because they are only of interest to a smaller, dedicated group. Importantly, they are also less accessible: placed behind paywalls, these may be accessed by some through a subscribing library. Members occasionally share such articles with each other, though outside of the space of the group. This might be signalled by ‘if you’d like to know more, send me a PM’ [‘...na priv’], which serves to absolve the group of the issues surrounding the (il)legality of this form of sharing of knowledge.

Occasionally, secondary level links will be used as support in debates (see also chapter 9). One such example was a discussion on breastmilk and caries in infants in the support group ran by the Lactation Quarterly, where several breastfeeding women, amongst them a research dental health student, a practicing dentist and PKPs discussed

the issue, revealing very different perspectives. The discussion escalated and in the course of it links to various papers and suggestions regarding on-going research were made. Each of those papers was also simultaneously ‘translated’ for the broader membership, according to the person sharing. Because of the level of specialism, not all members believe themselves capable of accessing these directly, signalled by comments like ‘can someone explain in simple terms’ and ‘I have no time to read this, can you give me the gist?’. Ability to present academic knowledge in a way accessible to others is another way to establish oneself as within a group. More broadly, those users able to provide the most relevant links, or able to answer in a way that displays a practical and theoretical level of knowledge of breastfeeding are seen as ‘helpful’ by other members and become recognised, within the space of the group, as experts and leaders – these are sometimes, but not always the group’s administrators. This is perhaps even clearer in Polish groups in the case of English-language resources, where a ‘double translation’ – from English to Polish and from medical jargon to practical recommendations – occurs. I explore this further in chapter 5.

Memes, photographs and infographics are important sources of information and support because of their easily accessible format. They can be instantly forwarded to others, or saved for future reference on most devices. They are easily remembered and because they are widely shared can be found online in time of need and shared again. Someone in a group is bound to have one handy at any time. And groups can provide and make many more such images. With the use of accessible online software, any image can be manipulated or captioned to create a different linguistic version, replicated, redone, reassembled, without extensive technical knowledge. It can present knowledge gathered across several (online) sources in short, snappy copy, or it can present one ‘fact’ in an accessible (and memorable) form (Fig 11)

Figure 11 'Biomedical' memes

(UKBAPS/LJWhite; author unknown)



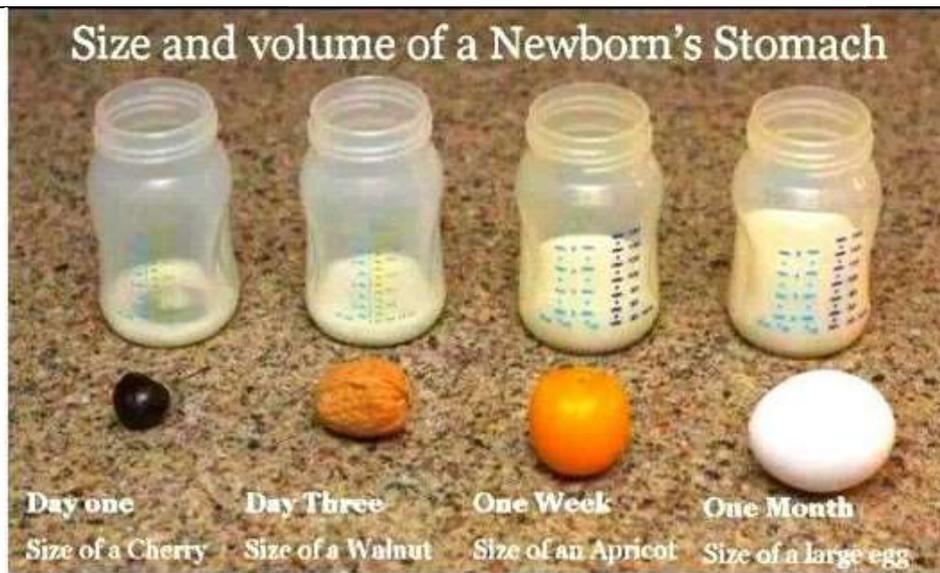
The *stomach size meme*⁵¹ (Fig.12) is one of the most frequently shared images. This image is shared by women to other women in facebook support groups and other breastfeeding environments in order to reassure first time mothers that they are producing enough milk to feed their infant.⁵²It uses visual comparisons such as fruit, marbles, or sweets to represent the size of a newborn infant's stomach. This is an example of knowledge visualised in an accessible way, shared between women not only as information and instruction, but also as reassurance – typically with a new mother worried that her milk has not 'come in' yet and when she is being pressurised to use formula to supplement by either HCPs or relatives. While it can be printed out, its widespread use in online forms of breastfeeding activism (in groups, pages, blogs) attests to a synergy between content (easy to read, pictorial information) and its digital format (easy to replicate, duplicate, copy, forward, and access – including access on mobile hand-held devices).

⁵¹ The accuracy of calling it a meme may be questionable, yet this is what groups call it.

⁵² Some midwives and lactation consultants use 'lactation lanyards' (marbles on a string) during hospital instruction.

Figure 12 Variants of stomach size meme

(authors: unknown, unknown, blizniaki na piersi)



ILE MLEKA POTRZEBUJE NOWORODEK?

W PIERWSZEJ DOBIE	W TRZECIEJ DOBIE	PO TYGODNIU	PO MIESIĄCU
5-7 ml	22-27 ml	45-60 ml	80-150 ml

www.blizniakinapiersl.pl

Some of the ways knowledge about breastfeeding is collated and circulated by members of support groups resonates with the findings of Nettleton, Burrows and colleagues (2004) who have demonstrated the complexity of the ways in which people search for and share health-related information, creating their own ‘stores’ of ‘research’

for easy dissemination. As multiple online situations revealed to me, having a collection of ‘handy’ memes and useful links is a fairly common practice. Often the items are ‘held’ on the personal computer/laptop and the need to access will be signalled in a response to a question or thread in a group, such as *‘I’m at work now, but let me get to my laptop’* or *‘On my phone, but I’ll paste links when I get to the computer’*. Sometimes the request comes from a user who needs to forward a specific link but is away from their own ‘holding device’. They ask members to find the appropriate link, prefacing/explaining their request with *‘At work and can’t browse’* or *‘Stuck under a sleeping baby and can’t get to a computer’*. In Polish groups the users are sometimes chastised for asking *‘the same question over and over again’* and admonished to use the search tool on Facebook – the ‘magnifying glass’ [‘uzyj lupki!']. So a request might be prefaced by *‘I am on my phone and cannot use the magnifying glass, so could someone tell me...’* to explain why the user is relying on others.

The swiftness of reply and the ease of re-posting are crucial. In BAPS, IN asked to be provided with information to *‘share about the dangers of early weaning’*. She explained that she needed to counter a self-disclosed social worker *‘in another group’* who weaned all of their children at 3 months old. CP responds *‘KJ has a masterlist of links with why not to wean early haha’* and KJ responds *‘M beat me to it (...)’*. MH provided an extensive list of links: NHS advice on introducing solids, WHO recommendations on infant feeding and complementary foods, NCT materials, UNICEF BFI link on solids, and various related links from diverse sources: bloggers KellyMom, Analytical Armadillo, and Gill Rapley, and ‘medical’ sources BMJ, WebMD, Medical News Today. But KR suggests *‘Just walk away from the post with some of these memes’* (Fig. 13). She offers memes not with biomedical facts, but rather ones ‘debunking’ popular beliefs or dated medical advice.

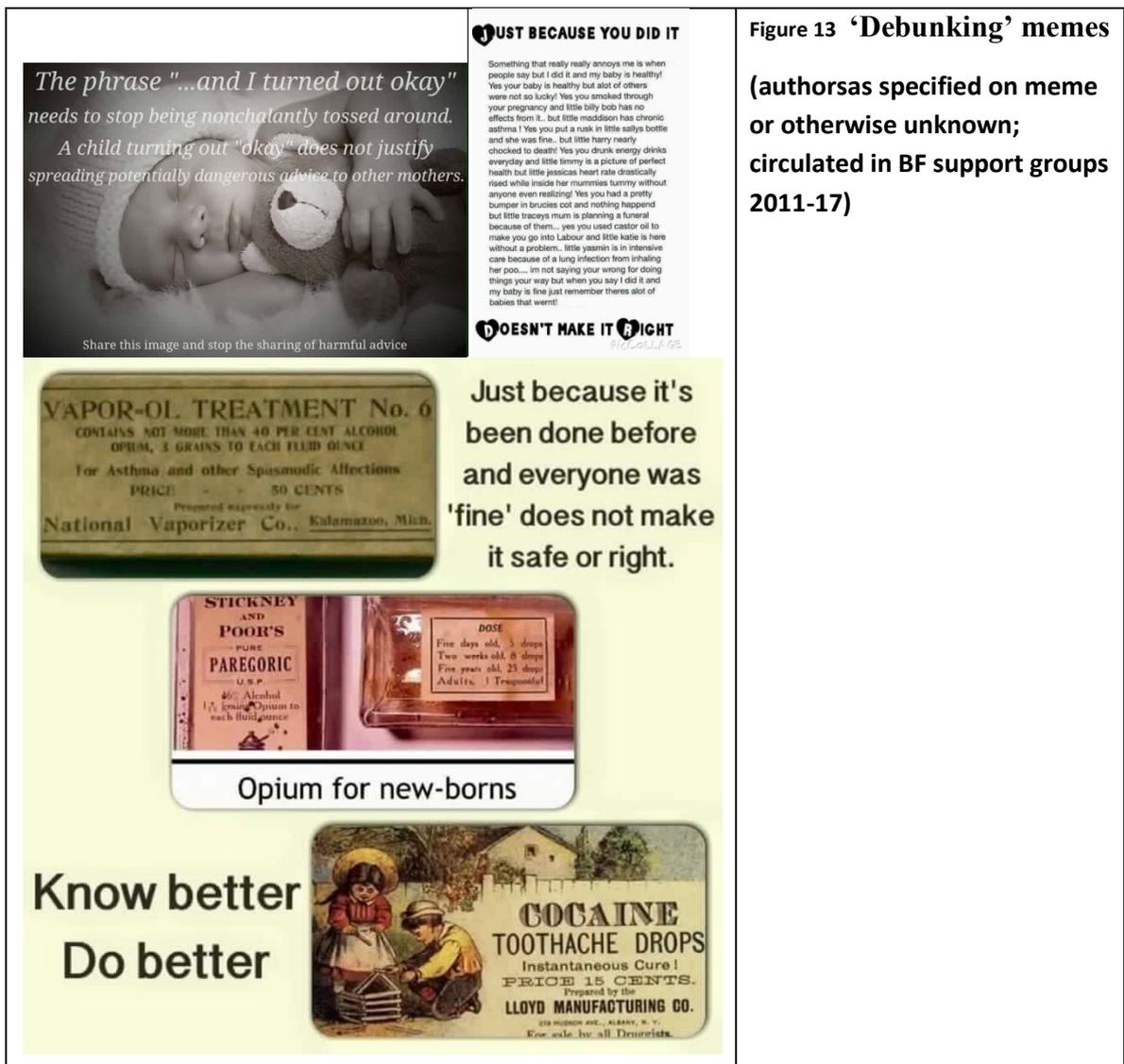


Figure 13 ‘Debunking’ memes (authors as specified on meme or otherwise unknown; circulated in BF support groups 2011-17)

Beyond the biomedical: uses of knowledge and resources

The use and accessibility of biomedical models within the spaces of groups is an important way of empowering women in providing them with specific information about their particular embodiment of a health conundrum – the dyadic nature of breastfeeding – and by providing argumentation related to breastfeeding which can be used to their advantage in a wider politico-cultural environment which recognises the individual responsibility for health. Eva Fredriksen, Janet Harris, and Karen Marie Moland note (2016) note that for pregnant women their exchanges online lead not only to sharing of information pertinent to their health situation, but also to a growth in awareness of their social rights: workplace adjustments, leave entitlements, access to services. In both

Polish and UK breastfeeding support groups on Facebook women frequently ask about their rights upon returning to work: rules governing breaks, availability of spaces to express breastmilk, the realities of keeping expressed milk in a communal fridge, discussions of employers' attitudes. In Poland, aside questions relating to the Employment Code [Kodeks Pracy], there are complex questions from those employed under other forms of contract, or laws such as Teachers' Charter [Karta Nauczyciela], a specific set of employment rights for teachers. In the Karmienie piersia group there was also a brief exchange about the rights of women in the military.

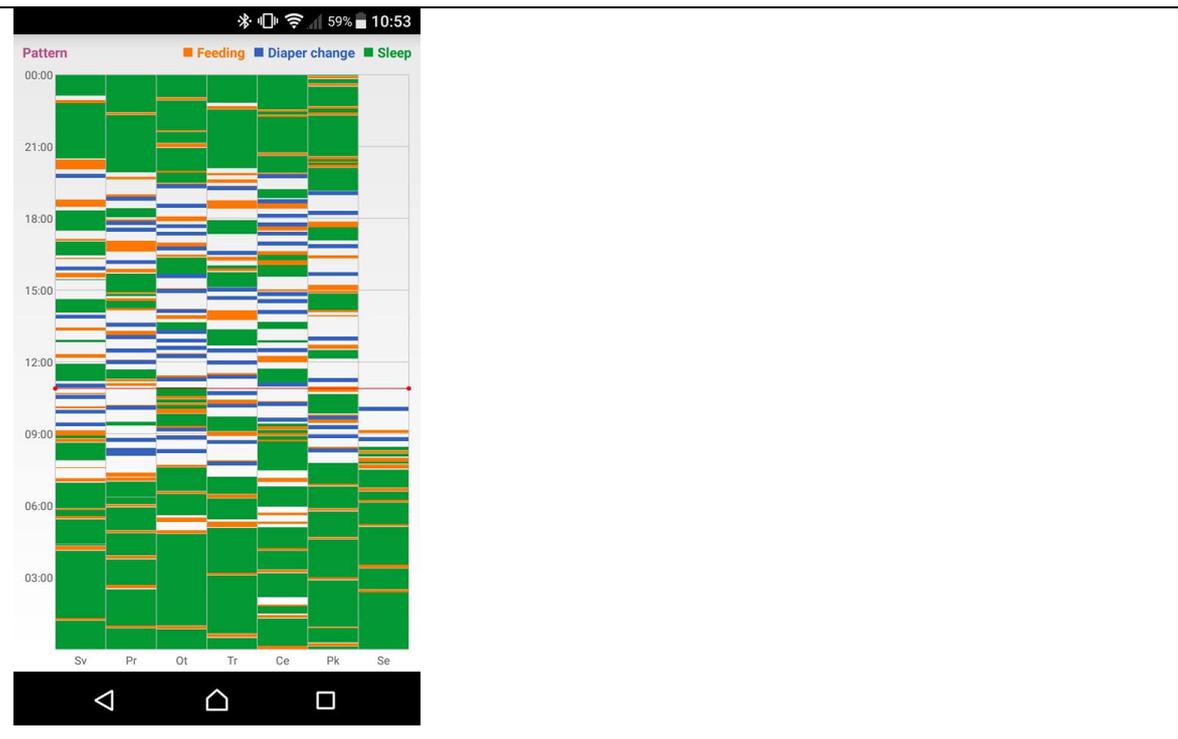
Competing pressures on women to be both good mothers and model workers can be seen in exchanges between women online (cf Radkowska-Walkowicz 2009, Gatrell 2011). Women access breastfeeding support groups to 'arm' themselves with 'evidence based' arguments and to gain an awareness of their rights. Throughout my time participating in the groups teachers and midwives, both in Poland and the UK, were the two groups whose conversations were about the difficulty, if not impossibility, of expressing at work. Teachers in the UK often state there simply is no place and no time to express – an observation Gemma confirmed stating most of her co-workers at school would wean before returning to work (10/11/14). And Shel, speaking of maternity wards practices, also noted that in high-pressure environments it may sometimes seem unfair to expect the rest of the team to 'pick up the slack' (05/03/14). But even office jobs can create co-worker resentment. Ola says she accessed breastfeeding support groups to find out about her rights at work, because her co-workers gave her 'funny looks':

It's like they think I'm just leaving early, but not really doing it [breastfeeding] anymore now she's 'so big'. And I had to find out if there's an upper limit for the break. How long you can take it (20/09/12).

She needed practical information on her specific entitlements, and information about the importance of feeding an older child, as a way to be able to 'defend' her breastfeeding to her co-workers.

Women who are 'at home', either over the course of their maternity leave or because they are their children's principal carers and do not return to study or take up waged work, may also come for evidence supporting their maternal work in clashes with housework. This is most commonly framed as negotiations with their 'OH' (other half), husband/maz or partner/'niemaz', and sometimes mother, MiL(mother in law)/tesciowa, or 'in-laws'. Commonly marked as a 'rant' or a need to 'vent'/'wygadac', the subject of negotiations is the load of housework undertaken by a breastfeeding mother and the share taken on by others in the household: the share is believed to be inadequate by either side. The conversations are marked by a need to have a strong negotiating position against someone who either oversees/manages the household (older kin) or who 'brings in the money' from waged employment. Answers to such 'rants' frame breastfeeding *as* work, the performance of which is a viable reason to expect other members of the household to 'pull their weight'. In UKBAPS AG writes: *'I'm so fed up with my husband. He is so busy all the time that he can't help me out with taking care of our child and housework.'* She mentions how she has already attempted to evidence the work performed *'I dropped him a screen shot* (which she provides in the group – Fig 14) *of how my week looks'*

Figure 14 Maternal workload pattern
(AG in UKBAPS)



Other members swiftly suggest *'If he's not willing to do his bit at home, don't wash his clothes or cook his meals'* (JB) and *'it sounds to me that he needs to grow up and take responsibility for his family! I would stop cooking for him and doing his washing'* (CR). LS concurs: *'Do what I did don't cook 4 him wash his clothes just think off u an the baby, my husband of 13 yrs is now great was he fun watching him reading the washer manual 2 see how it worked:)'*. Breastfeeding is framed as a work-saving mechanism in the context of housework: the ease of breastfeeding for the mother is juxtaposed with the time-consuming alternatives such as formula, which is seen to require additional work and time expenditure (*'think of all the sterilising'*). In negotiations with relatives, this may be followed by suggestions that it could be up to them to perform this additional work, preferably at night.⁵³ In situations such as AG's, members of the breastfeeding support groups I participated in might also attempt to quantify the financial contribution

⁵³ Expressing may also be suggested, adding time to pump to the time demands on the woman. Things might get trickier when the other negotiating party is suggesting they are willing to take on the feeding and are not formula- or bottle-averse, either because of having experiences of using it, or deeming it a way to 'bond' with the child.

of breastfeeding and housework provided by the person who ‘rants’ or giving examples of what they believe their own contribution is, relative to cost of formula, nanny care, cleaning services and so on.

The value of breastfeeding in the household budget is usually quantified as a ‘saving’ on substitutes. Some responses might also suggest calculations which take into account the price of teats, bottles, sterilising equipment, electricity to boil kettles, water and sewage, and waste. In May 2015 an online calculator that estimates the amount of breastmilk produced and ‘gifted’ to one’s child appeared on the Polish blog Mataja. It was shared and commented on in all of the Polish Facebook breastfeeding support groups. The blog is dedicated to ‘pregnancy and parenting based on scientific evidence’ and combines science popularisation with parenting advice. The calculator was created together with Mlekovka activists. The assumption behind the calculator, write the authors, is that while women ‘know all the benefits of breast milk’, and ‘the difference between day and night milk’ or may have heard about ‘the molecules that have the ability to destroy cancer’ in breastmilk, they certainly ‘have no idea’ how much of ‘this precious substance’ they have given their child (Mataja 2015). Mlekovka and Mataja decided to change it, so that women would know ‘the astounding power’ of their bodies (Mataja 2015). The calculator estimates how much milk had been produced by taking the start and end date of feeding. For serial feeders separate calculations needed to be summed to get the total. The blog post encourages women to share a picture ‘on FB/Instagram/own blog’ with the caption ‘my body has gifted <quantity> ml’ and a tag #MojeCiałoPodarowało [my body has gifted] (Mataja 2015).

In group discussions women universally praised the calculator. There was some confusion how to calculate tandem nursing output or feeding multiples, but overall, the calculator created a celebratory mood. The tallying and publication of results happened

several times. In one of the repeat ‘tallies’ on the 5th of December in Karmienie Piersia Off Topic JK wrote:

‘I asked my sister and she calculated it ☺. Taking into account that “if you love your baby you give [brand name]” base data: one scoop of 5.2g per 30ml, average price is 30PLN per 350g. In my case that is a saving of 10 170 pln!’

Other women were surprised and pleased to find they had ‘saved’ enough for, as they pointed out, ‘a lot of shoes’, a family holiday or a second hand car, in formula purchases alone. It was swiftly noted that apart from feeling proud, this can be ‘used to show all those who say we ‘sit’ at home with the kids!’ (KN). This comment resonates with research carried out by J.P. Smith on the value of breastmilk and the possibility of its inclusion in economic statistics (2013). As Smith argues, the ‘nonmeasurement of human milk production devalues and makes invisible the quantitatively significant economic contribution by women’ (2013:544). To Smith, the devaluing of breastfeeding and human milk-making means these activities face unequal competition from ‘women’s other paid and unpaid work activities, and with commercially marketed baby food products, for maternal time and money resources’ (544).

What groups and other online spaces dedicated to breastfeeding seem to be doing then, is offering a knowledge base, from which to argue for and sustain the practice of breastfeeding in accordance with the woman’s wishes. Akin to Hausman's (2003) injunction to 'reclaim' biomedical evidence as a way to foster women's political demands regarding breastfeeding and equitable gender politics, the groups seem to be giving women access to biomedical arguments in order to safeguard their rights at work and in the household (as well as being sources of specific information on issues connected with work, contracts, payments, payroll in the context of breastfeeding and childbearing more broadly). Through their use in a group context, the biomedical, ‘evidence based’ arguments used by the breastfeeding movement to attain specific workers rights, are being extended here to the sphere of work within the household typically invisible to the

wage-work oriented official economy. Group interactions certainly serve to reveal a sense of rising awareness of women who ‘stay at home’ not as economically ‘passive’, but as making a quantifiable contribution, albeit through a mechanism recognised as a generation of ‘savings’. This is an inspiring moment, allowing for parallels to such socialist feminist ideas such as the 1970s ‘wages against housework’ campaign (Federici 1975), which is regaining currency particularly in Poland (Desperak 2012; Janikowska & Lupa 2012). However it also acutely reveals how breastfeeding remains an area of unpaid women’s work. This work includes both the actual work of breastfeeding, which UNICEF UK estimates to be generating savings of £40 million a year to the NHS (Renfrew et al. 2012) and the work of the women within the groups who help others breastfeed, by creating and maintaining the knowledge resources and providing emotional support. But the social network formed becomes a resource for resistance on the job and in families (cf. Aptheker 1989:175).

Resources as protection?

The sharing of knowledge and experience within Facebook support groups leads women to feel better equipped to deal with challenges. As one of UKBAPS members writes *‘I made choice not to carry on with my first (...) I had no support from my midwife or elsewhere (...)’*. She puts the reason women give up to lack of support – in her case with her nursling’s tongue tie, which she only realised was the problem upon accessing group resources – and she adds *‘with baby no 3 coming I’m hoping you guys will fill the support gap’*. A motivation to know more about breastfeeding as a ‘condition’ is one of the lenses that could be used to understand breastfeeding women’s quest for knowledge they could deem ‘reliable’. A health-based contextualisation of breastfeeding sees breastfeeding women as motivated to become ‘expert patients’ who are informed about and capable of managing their condition. This is evidenced by the existence and activity of multiple lactation support sites, including groups on Facebook drawn on here, and also

by the popularity of breastfeeding ‘manuals’ like the LLLs *Womanly Art of Breastfeeding* or Malwina Okrzesik’s *Piersia Spoko*. One of the reasons women adopt such a position is personal advocacy – for their children, for themselves, or for the breastfeeding *dyad* – in immediate therapeutic situations or in potential HCP encounters. This sometimes develops from a personally motivated pursuit to wanting better support and being an advocate for breastfeeding women, as it did for Tatiana, Shel, Maria, Honorata, Lisa and Hanna. For Tatiana this was interweaved with wanting to ‘*give back*’ to her host community and provide help to the Polish women she encountered in her work as a casual medical translator (26/05/14). There are also those who, informed by personal, negative experiences seek to prevent other women having the same experience. This is the ‘back story’ offered by a number of group administrators (and bloggers), like Emilia Kosecka-Lysiak ([mlecznewsparcie.pl/Karmienie piersia](http://mlecznewsparcie.pl/Karmienie_piersia)), who highlights her difficult experience of breastfeeding children with allergies in her online posts.

But the invoking of biomedical evidence as the ultimate arbiter on infant feeding, argues Faircloth (2013), leads to abdicating authority over infant feeding to science over an affective, mother-centred position. Within LLLUK Faircloth notes that advocates of breastfeeding often use the phrases ‘science says’ and ‘studies show’ to ‘legitimate moral arguments about the importance of particular styles of care’ such as attachment parenting (2013: 150). In her view, the way science is mobilised is mediated by the moral orientations of groups. Science is often used as a basis for practical recommendations which clash with a discourse of choice regarding infant feeding. To simplify, if breastfeeding is deemed scientifically best then ‘good mothers’ will inevitably breastfeed. However, Faircloth's research participants suggest they invoke those discourses in situations of confrontation with doctors, health professionals, or other mothers, who challenge their practices. As an LLL member interviewed by Faircloth states, such challenges prompt her to ‘fight back with “did you know...” interesting

research, facts, stories... my decision is evidence based and theirs [...] is not' (2013:159). In this sense, expressing knowledge related to breastfeeding in biomedical terms may serve the purpose of promoting recognition of the value of the practice. To Faircloth women who become expert patients and display 'encyclopaedic knowledge about breastfeeding' seem to 'appropriate scientific knowledge as a means of self-realisation' (2013:156). This resonates with Newman's (2010) findings on 'health' frames used by women to support their infant feeding choices. But if, following Newman (2010), we recognise 'science' and 'health' as discursive opportunity structures for the breastfeeding movement, we might also see that women are using politically effective discourses to affirm subjective positions and agency. There is a difficulty, observed by Hausman (2003) in arguing for women's reproductive rights, including infant feeding, based solely on what women want. And if women are highly conscious of the need to use 'knowledge' to fortify their affectively motivated positions, or indeed to argue for their social rights, this seems far from abdicating to medical or scientific authority. As Faircloth's interlocutor asserts: 'I'm really well read on this stuff now. I'm super empowered with the knowledge I have' (2013:159). It is here that the building of internet repositories of knowledge reveals itself as an everyday tactic, in which specific items become powerful tools. As Vicky says: '*I could still pull a bunch of parenting links if I ever needed to **defend** myself...*' (26/11/15). In Chapter 5 I look at personal expertise and the role it plays in empowering women.

Chapter 5: Communities and their experts

During their Twitter and Facebook based #ExpertDebate, The Wellcome Trust published a poll, asking how a person's expertise ought to be measured: by citations, awards, position/standing, or years of experience (04/2017). Replies most commonly suggested interplay of these factors 'makes' an expert. Answering a question within the thread on who decides who the experts are, one Facebook user wrote

What about experts in other kinds of knowledge? A doctor may be an expert in a given field but the patient is an expert in their own body...Where we are considering science at the interface with society, it's problematic to only consider someone an expert for the letters after their name (Pamela Calderwood)

An important aspect of health-issue groups is fostering the creation of patient-specific knowledge based on lived experiences, which exists in specific relations to medical forms of knowledge (Akrich 2010; Pols 2013). Such knowledge is important for mobilisation of health-issue/patient groups and plays a part in the ways they can become what is known in STS-informed patient movement research as 'epistemic communities' – groups of (often transnational) experts, who may enter positions of advisory and policy-making (Akrich 2010). The position of an expert patient (and of parent advocate) is fairly well recognised by the UK healthcare system (cf Donaldson 2003), less so perhaps in Poland (Borek & Chwialkowska 2014). However, in the case of breastfeeding, the value of which is seen at the level of populations, it may be difficult for HCPs and policy-makers to see the immediate value of individual expertise, and to understand the dedication and level of maternal involvement. This is further complicated by the fact that while health is the dominant frame for breastfeeding, healthcare is not the only space in which the breastfeeding woman has to prove the validity of what she does. Further, as already noted, breastfeeding itself is a case of different(ial) embodiment, rather than a specific health condition. The position of 'expert patient' then, becomes a site of struggle for recognition and appreciation of the value of the practice of breastfeeding, of the mother-child dyad, and of maternal involvement.

Empowered through ‘research’

The attainment of a level of expertise in techniques and knowledge of breastfeeding can be empowering, and even exciting. It also allows women to confidently negotiate HCP advice. As Vicky describes it:

As I became more confident and as I found my sources, it's been – it's my thing. I mean obviously this [motions around office] is my job, but my most important job is as a parent and I like to be well-informed (...) I'm already comfortable with what I know and when somebody says something I can just say 'Yeah, that's what the NHS says, but...' or 'That's what the HV is bound to tell you' or 'that's what the GP will say, but..' (26/11/2016)

Vicky describes her experience of online groups as one of both ‘*finding likeminded people*’ and ‘*being directed to more stuff*’, after which she started doing her own research. And, as she says, she feels she has become ‘*quite an expert*’. There is a level of self-direction and empowerment gained through the ability to pursue the knowledge. And Vicky’s ‘*job as a parent*’ is to some extent autonomous through her ability to scrutinise, gain and display her knowledge. But it also puts even more emphasis on mothers being ‘informed’, self-regulating subjects. Carter (1995) links mainstream breastfeeding ‘promotion’ to *scientific motherhood*⁵⁴ where a woman's sole interest and responsibility is to provide care and nurturance to her child under the oversight of ‘expert scientific’ and ‘medical advice’(Apple 1995:161). There is a connected expectation that women will be responsible for the management of health of their households. Increasingly, we are expected to access and (re)produce this ‘authoritative knowledge’. All of this, points to a link between a biopolitical drive to ensure health of population and the realities of neoliberal cost-cutting and shifting the burden of preparedness onto patients and their potential to breed inequalities where it promises to alleviate their effects.

Carter (1995) argues that the ability to ‘research’ and ‘make sense’ of biomedical knowledge on breastfeeding is a middle class position. And Vicky recognises the privilege of education and access to scientific journal articles through her University job.

⁵⁴ Cf Apple 1987; Murphy 1999; Blum 1999; Avishai 2007

She also acknowledges that being born in a ‘*much, much lower income household*’ could have created an obstacle to such ‘research’ (26/11/15). Yet, interestingly, in studies of health information seeking online this form of ‘extramural research’ (Anderson 2005) was not defined by a person’s wealth, educational attainment, Internet experience or skills (Nettleton et al 2004, Friedriksen, Harris, Moland 2016). ‘*Doing [her] own research*’ is also important to another of my informants, Lucy, who would see herself as coming from a much less privileged or ‘*troubled...very Jeremy Kyle*’ background (06/03/14). Groups, and their Internet connectivity, facilitate and to some extent democratise access to information and knowledge, and while doing so facilitate the emergence of new experts. In Poland, Magdalena Radkowska-Walkowicz (2009) classifies lay breastfeeding ‘experts’ emerging in online environments as ‘modern urbanites’. Yet some of the groups’ emergent experts, like Honorata, are not ‘urbanites’ and many are not necessarily ‘modern’– there is an identifiable group of ‘crunchy conservatives’, whose conservative attitudes mix rather freely with ecological stances and for whom breastfeeding is part of their specific beliefs (cf. Dreher 2010:8).

In her observation of Polish breastfeeding support sites, Radkowska-Walkowicz (2009) traces the emergence of local, in-group experts, whose credibility is based on their experiential knowledge of breastfeeding. While Radkowska sees them as primarily *lay* experts, my observations of Facebook breastfeeding support groups show that some of the in-group experts might have ‘other’ (medical or non-medical) credentials, which combined with their experiential knowledge of breastfeeding establish them as trustworthy experts. In the case of HCPs, it is perhaps surprising that online communities of breastfeeding women facilitate the emergence of experts who are simultaneously members of the professional community they often seek to resist. Crucial here is that ‘expert’ status extends from and builds on women’s embodied experiential knowledge of breastfeeding: not simply the experience of it, but a reflexive appreciation of the

contribution this knowledge can have for others. In this way, lay women who display such experiential knowledge are also important embodiments of the ‘knowledge’ but also ‘credibility’ and ‘acumen’ of the group.

Local experts - facilitators

Groups allow women who might not have the privilege of particular forms of education to play an active part in fostering supportive breastfeeding communities. Such women are ‘local’ experts and most similar to the idea presented by Radkowska-Walkowicz (2009). Early studies looking at online *support* groups named them ‘group facilitators’, making parallels between the online environments and the traditional ‘face to face’ self-help groups (Finfgeld 2000:248). Those ‘emergent online group facilitators’

use the system frequently and provide structure for group participants by addressing their posts to specific individuals, providing support, agreeing, using humour, and focusing on others’ concerns more so than their own (Salem et al., 1997 in Finfgeld 2000:248).

Local experts are active in answering questions and signposting useful entries by tagging members-in-need in threads. Local expert status, as Radkowska-Walkowicz (2009) notes, hinges on breastfeeding experience. From observation of Facebook groups, experience can be derived from a combination of length of breastfeeding and number of children breastfed. In particular, some claim to ‘expertise’ can be based on having reflexive grasp on one’s own experience of breastfeeding one or more children to term (anything from 2 to 7 years), breastfeeding multiples or a tandem (simultaneously feeding children of different ages), or serially breastfeeding several children (up to 17 years total). But the status of local expert is based less on experience being known to other members as much as time *given* to group. This is clear in the case of Honorata, who became an admin in one of the groups based on her frequent participation, ability to answer members’ questions, a very specific sense of humour, which helped disarm several conflicts, and a general sense of being there when needed. Secondary to that was the fact that she

breastfed her first child to term (6 years) which was part of her 'expertise'. Within groups, her experiential knowledge seems to trump the PKP course she took.

In Facebook breastfeeding support groups, members of admin team are typically seen by others as local experts. Admin teams in groups are also shaped through this facilitative participation, as members who are seen to be contributing might be recruited to the admin team. They are often providing links or memes and may have large meme and link 'libraries'. They are typically the people who update the group's repositories of knowledge, whether they are members of the admin team or not. They use humour and convey emotion through the use of emojis, symbols and in UK groups virtual kisses (xx) as 'warming' mechanisms. It is interesting that while they might be members of several groups, they typically have 'expert' status in one specific group. Their status might not be recognised equally by members in filial groups, especially where the membership composition in the two groups differs. This is understandable because there are clear time constraints on active participation across groups and there might be personal preference towards groups that dictate how actively a member facilitates for group users/members within each.

Active participation mattered in Lucy's recognition as an important 'presence' by UKBAPS members, even after she stepped down from the admin team. Lucy frequently used humour and shared aspects of her private life, beyond breastfeeding. Her experience of breastfeeding her son until he self-weaned was known to group members, as she shared updates about their breastfeeding relationship and brelfies featuring her son, and she never screened out the difficulties she experienced. This mode of participation created a sense of her being *like* other members, while her being active in sharing their moments of joy and doubt creates a sense of being *for* them. Lucy's level of openness contributed to a sense of safety, a place where 'things' could be shared. But she also

harnessed personal experiences to create content for the group, asking other group members to contribute either through testimony or through pictures of themselves. One of her memes, on maternal diet while breastfeeding (Fig 15) was shared on the group's Facebook page and accompanied by a message signed by Lucy, in which she combined her personal experience with information that breastmilk is *'synthesised from blood rather than stomach contents'*. This meme was in response to *'many memes floating about "foods to avoid" when breastfeeding'* deemed *'complete misinformation!'* (UKBAPS 2016). The message was signed off with a double kiss (xx), in the way messages directed to friends are. It was only below this introduction that quotes from KellyMom and LLL's pages regarding maternal diet were included. In this way the post served the 'knowledge sharing' function. Reposted within the group, it served to highlight Lucy's function as a local expert. Outside, it is a sign of the group being spurred into activism through the actions of members like her.

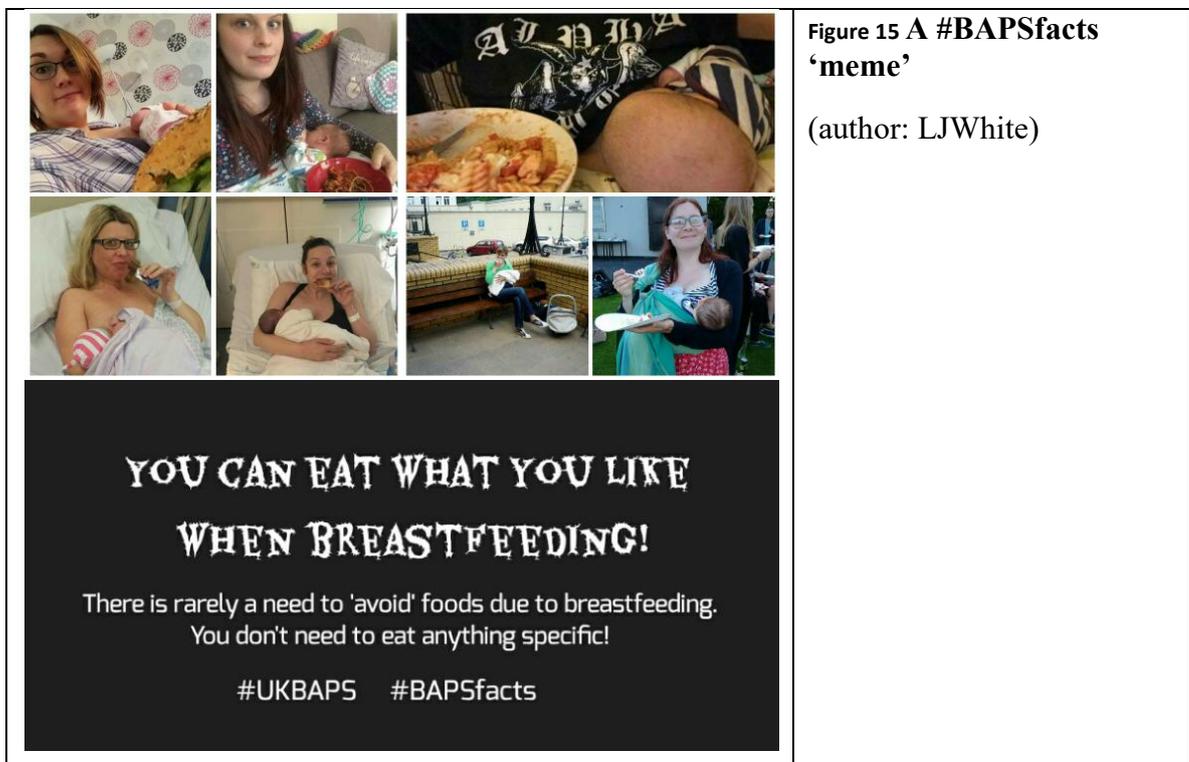


Figure 15 A #BAPSfacts 'meme'

(author: LJWhite)

‘Credentialed’ members

Across all the groups I have participated in, there are always a number of members who hold specific qualifications, or are on the way to gain these, and will use this position to support other members. Their claims to authority are made with reference to a combination of academic, empirical (practice in the profession) and experiential knowledge: they will stress their professional credentials, but also foreground their maternal status. In this sense, their authority could be seen as ‘mixed authority’ and although they might be experts in the traditional sense *outside* of the space of the group, within they need to establish themselves. It is important to note that credentialed experts are the most likely to ‘travel’ across groups and lend their expertise in several of them. Typically, they might ‘self-disclose’ in answering a specific query, and once their presence is known, they might then be ‘tagged’ by members or administrators to help answer a question. In other versions, the admin or a member might know an expert and ‘call on them’ when needed: flagging the post to them, either in the ‘backstage’ of group via PM, or by calling on them in a post or in a reply, when a member has specific issues and requires specialist advice – Shel, an IBCLC, is often ‘called on’ in such a manner. Facebook support groups differ in how heavily the credentialed presence is relied on, but the emergence of those experts depends on the same principles of giving of one’s time and sharing that is applied to local experts: qualifications alone will not suffice.

Credentialed members can share very specific and up-to-date knowledge as answers to member queries and in comments to more general discussions to add powerful arguments for defending breastfeeding in multiple public and private contexts. This can develop into a structured presence, as it did in Karminie Piersia, where credentialed members are named in the group’s documents repository. This evolved from contributions made by breastfeeding women who happened to be a gynaecologist and a dentist and was then extended through a call out by administrators to include speech

therapists, early education specialists, nurses and midwives, payroll officers and legal experts. Lactation Quarterly, on the other hand, and the support group it runs, was established by women who held different specialities before becoming breastfeeding promoters, and who use this knowledge to support others within the group. Credentialed members will bring the weight of their credentials to bear on what they are saying when a particular situation requires it, and especially when their credentials could add weight to a member's argument made outside of the group. This 'lending of authority' to potential claims women might want to make outside of the group is the main function of the credentialed experts in the group. But credentialed members also initiate posts about their areas of expertise as knowledge sharing exercises. They might write about papers read or written by themselves, report on studies they are familiar with, or from conferences attended.

As an example, one of the credentialed members of the KP group posted about a conference in child and young women's gynaecology she was attending, relaying the importance of breastfeeding girls with low birth mass, as *'formula feeding of such a child may increase her chances of developing polycystic ovaries syndrome in her teens'* (Fig. 16). This is a national-level, specialist, medical conference, but the information is shared with a group of lay women, as instantly as possible, and is deemed interesting and important enough to be shared. Many members of the group respond with enthusiasm, some mentioning that they are personally interested in the information because they are affected by the condition, others, because it could affect their children. This is a moment of mutual recognition between the doctor/expert and the group/expert patients. But the message shared contains other elements as the OP notes she is at a conference *'with my husband and my boobie monster'*. There is tightly packed information in this short comment made in passing, regarding her maternal status, her dedication to breastfeeding, and familial arrangements around work and breastfeeding. Elements of the language used

also denote the OP's in-group status, like 'boobie monster' and the use of popular shorthand 'mm' for modified milk (formula). This is also underscored by other elements of the post: the writer '*happens to be attending*' the conference ['akurat jestem'], which is a markedly self-deprecating way of introducing one's participation at a national level professional conference. She also shares another piece of information '*on a less serious note*' ['z lekkim przymruzeniem oka'], which implies a common sense of humour about, in this case, the information on the growing popularity of cosmetic procedures using human milk. This sharing of knowledge becomes a sharing of values and emotions (concern for low-weight infants, mirth at the ridiculousness of human milk mesotherapy) and a demonstration of belonging.

<p>Image of post has been removed due to copyright restrictions</p>	<p>Figure 16 Post by a 'credentialed member' in a Polish group</p>
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Blogging – influence, knowledge and community

Blogging is a specific form of becoming an expert. Some bloggers are similar to credentialed members of groups in that they have professional credentials and then become mothers, or work towards credentials whilst mothering and blogging (mataja.pl, rozamarzy.com, Analytical Armadillo). Other blogs are journeys in attaining both maternal competency and expert status, similarly to experts emerging from a group context. Their blogging may begin during pregnancy, or soon after the birth of their child, progressively taking on a more defined, less private and more professional, angle: Agata 'Hafija' Aleksandrowicz (hafija.pl) started in pregnancy and over 7 years grew to become a recognised expert on breastfeeding, Maria started writing as a personal endeavour, but is now a recognised blogger on 'alternative' family life. Some breastfeeding bloggers write from a position of experience, to describe and make sense of their specific situations and in the process create something: blizniakinapiersi.pl grew

from a personal experience into a resource for women breastfeeding twins. Group membership can be an ‘augmenting’ factor for the perception of a blogger’s expertise: through a link to one’s blog provided as an ‘answer’ to a query, or by posting about a new blog item in a group. For bloggers there may be mutual reinforcement between the community they are building through their blog and through groups: when Agata re-posts one of her ‘Hafija’ posts in the LQ group, members may reply referencing a comment made on the blog or the blog’s Facebook page: Hafija’s position as a lactation expert is a combination of her online ‘presences’, her ‘breastfeeding promoter’ credentials, her activism and quality of research popularisation.⁵⁵ Brady (2005), writing about blogs in the context of research conducted outside of academia, notes that several features position blogs as trustworthy sources of knowledge, as well as allowing for community building. Bloggers, he argues, are often prolific researchers and through the features of trackback, commenting and permalinks blogs create repositories of public knowledge, which are constantly appraised and re-appraised, a feature not unlike peer reviewing. The popularity of blogs may also be based on the very nature of a blog that allows for unprecedented speed of reaction to latest events and a directness that institutional resources might lack. Blog’s comments section allows for a swift reaction to the needs of the community created around a blog, heightening a blogs relevance to both its real and potential readers.

Over the course of my research I was able to observe the professionalization and specialisation of lactivist bloggers in Poland. Polish blogs popularise research on lactation – a function still very much particular to them. These authors do not compete for audiences; meanwhile, in English, there are many sources of information offered by breastfeeding advocacy organisations and healthcare organisations in a form that is

⁵⁵ Interestingly, simultaneously launched attempts to create personal pages for experts in lactation such as Dr Nehring Gugulska or Malwina Okrzesik seem to have failed, as seems to an extent the personal page of Mada Karpienia a former LLL PL leader.

deliberately accessible to lay users. Professional blogs on lactation in English-speaking countries, like much of the work around breastfeeding, are situated in a long-standing synergy of activist efforts in Anglophone countries (Labbok 2008). UK-based blog author like Charlotte Young (analyticalarmadillo.co.uk and milkmatters.org.uk), shares and competes over readership with other popular blogs by Meg Neagle (themilkmeg.com) in Australia and the US-based Kelly Bonyata, IBCLC (kellymom.com). Each speaks across contexts and within the specificity of location-specific subjects. These blogs are seen as sources of expert knowledge on breastfeeding, further strengthened by their authors published books on lactation (Young 2016, Neagle 2015). The research they popularise is available in the language they use. Polish blogs, in contrast, often serve as points of translation – or ‘double translation’ – of research available in English into Polish and into a form accessible to a broader readership. Furthermore, bloggers in Poland do not have to ‘compete’ with more ‘institutionalised’ resources in the way their Anglophone counterparts do. In Poland the resources of CNOL and KUKP are known, but not necessarily aimed at lay users. The FPKP is the only organisation to produce a lay-user oriented resource, in the form of its Lactation Quarterly (Kwartalnik Laktacyjny), published online since 2014.

Influencers

Through running a widely read activist blog, developing a professional publication and setting up the Foundation for the Promotion of Breastfeeding (FPKP), Agata-Hafija found herself, like some of the new experts who emerge in online environments, in a position of influence on public opinion and forms of policy making. Becoming an influencer can happen through any combination of personal and organisational ‘pushes’ through their involvement in infant feeding activism, and through their *online* activities. For Hanna, it was creating online petitions and driving support for them via groups; running a public support group (KCNU), the group’s visibility on- and

offline giving it organisation-like qualities. These influencers clearly see the online environments as their ‘constituency’ and see themselves as accountable to them. They regularly update their online communities about their activities and continue to carry out woman-to-woman support activities online. There is always an individual ‘back story’ for a person rising to a position in which they become addressed, consulted, presented as authoritative on breastfeeding within the public sphere, including policy-making settings. I offer two vignettes based on interviews as examples.

In 2011 Hanna was moderating a homebirth group when the protest described in the Prologue took place. Inspired by it, she formed the facebook group ‘Karmiace cyce na ulice’ (KCNU), to oppose the ‘*relegation of breastfeeding women from public spaces*’ (20/04/16). After establishing of the group, she has undertaken training to become a ‘promotor karmienia piersia’ (PKP). In 2014 she has initiated the drafting of a petition to the Ministry of Health demanding the creation of the National Breastfeeding Programme [Narodowy Program Karmienia Piersia], based on the premise that both promotion and support of breastfeeding in Poland are not adequately addressed by the health services in the country. As a result of her actions, she has taken part in Parliamentary Committee hearings (2015), WHO meetings in Poland, Ministry of Health meetings and more, but continues to be active mainly through the online support group, as its administrator and moderator. As KCNU leader and activist, she has appeared in national media speaking about issues related to the group’s central premise.

Shel’s individual trajectory weaves online activities, peer-support and further training and a mix of personal-professional development. During her first pregnancy, she went online to find pregnancy information and found ‘*an online community called iVillage, which had message boards*’ (05/03/14). She joined a message board ‘*for people who were as pregnant*’, which she describes as ‘*the blind leading the blind*’. The

environment mixed experiential knowledge of its members who *'had older babies and so they knew'* with some 'expert' knowledge of *'people [who] had read books and knew all the answers'*. I am not sure whether she is being self-deprecating, or whether I should accept that there is an element of chance in the progression she describes when she says: *'I really don't know how I became a leader of one of those boards'*. Yet chance in relation to mothering broadly and infant feeding specifically (cf Carter 1995) is not a good way to describe a position enabled by several forms of ability and skill gained through education and work. Being 'vocal' and authoritative are evident in Shel's description of her ability to act and effect change. She realised that other women were being undermined when dealing with breastfeeding issues, because the *'standard answer (...)* to any problem was *'Oh, try 200ml of Cow & Gate'*, while she was deemed *'lucky'* to be breastfeeding by her peers. This led her to campaign with iVillage to set up a breastfeeding board, which she then *'stood and ran'*⁵⁶ for the next three years, starting peer supporter training with the Breastfeeding Network (BfN) and completing it once she stepped down from the group admin role. Having two more children along the way, she went from volunteering and ad hoc positions *'around community Baby Friendly'*⁵⁷, setting up the milk depot in Blackpool, to a communications position with the BfN. At the time of interview she had a role at the Blackpool hospital, which focused on infant feeding, including the provision of information on safe formula feeding and analysis of the validity of formula manufacturers claims to present to the HCPs. Asked what she does, she states: *'I say I work in maternity and early years promoting informed choice, empowering women to make informed decisions and to address health inequalities'*. From this, she went on to be part of NICE infant feeding guidelines team, involved in

⁵⁶The setting up of that board is one of many seemingly small, but significant moments in the history of grassroots online lactivism, mentioned by people far removed from Shel in different contexts over the course of my fieldwork

⁵⁷ Setting up community provisions in accordance with the Baby Friendly Initiative (Chapter 1) guidelines.

research on breastfeeding which informs UK-wide policies. But all the acquisition of knowledge on her part was not simply a means of self-realisation, as she tirelessly continues to be present in online environment, first within the Dispelling Breastfeeding Myths Facebook collective, now as a member within countless breastfeeding groups, including UKBAPS. Shel's story is marked by an understanding of her own privilege and the way she was able to use it to, as she believes, help other women and to effect social change in a direction she deems ameliorative of social ills.

The orientation towards empowering women in demanding recognition for chosen practices is similar for both Shel and Hanna. What connects Hanna and Shel is the way they have made use of their positions of relative privilege clearly aiming to help other women succeed in establishing breastfeeding. They are connected by the belief that breastfeeding is good for the mothers and for their children, and that it can have positive impact socially – through improvements in health and through maternal empowerment. To this end they want to see it better supported. They are able to use their personal resources and the resources offered by the internet to become proactive partners to the political and medical establishment, in ways similar to those employed by other parents in health activism (cf Schaffer, Kuczynski, Skinner 2008).

The limits of expertise

Both 'new experts' and women who are members of the online groups might gain through their online interactions not only medical literacy and a validation of their own experiences, but also a sense of agency with regard to affecting the struggles around breastfeeding. Through their actions within groups, members may find themselves engaging in forms of negotiation of medical knowledge and political framings of breastfeeding. But the interface with medicine and notions of public health is not without its problems. Based on her observation of the *karmienie piersia* forum, Radkowska-Walkowicz (2009) notes the effects of using two sources of authority within the space of

discussion on the forum – the personal and the expert. She notes that while support within those spaces often relies on the notion of personal, experiential knowledge in a woman to woman transmission of skill, the presence and references to expert figures opens it up to possibly limiting interventions. This might mean adopting an attitude aligned with established organisations, risk-averse and less flexible towards mothers and more child-centric (cf Newman 2010). Another aspect is the way in which such involvement in (ostensibly) health matters reproduces the pre-existing inequalities in gendered responsibility for family's somatic wellbeing (Graham 1985). As Hilary Graham argues, where women are primarily or solely responsible for the daily maintenance of the health and health education of the household, and interactions with medical professionals, their work becomes invisible and 'privatised' (1985:26). While this gendered inequality has been a feminist preoccupation for a while (cf Abbott and Wallace 1997) it gains further importance when combined with considerations of biological citizenship (Rose & Novas 2000). Facilitated by digital environments, 'digital bio-citizenship' becomes a new burden for women (cf Schaffer, Kuczynski, Skinner 2008) in which they must become invested in becoming active, knowledgeable and responsible for managing health risks. This, in turn, according to Hamilton is aligned with a 'fortification of the neoliberal project' with its insistence on shifting costs from healthcare and welfare systems to their 'consumers', moulded and framed by policies – including the policies on breastfeeding and other aspects of parenting (2017:411). The problem of lay expertise on breastfeeding might then become one of system's strategic co-opting of this element to 'credential' scientific discourses and policy-making, and ultimately to strengthen the dominant perspective, as has been seen for patient movements and childbirth activism (Weiner 2009, Akrich et al 2014, Hamilton 2017).

But participation in online communities and their growing role as resource for breastfeeding women in managing their 'health situation' – the 'conundrum' of dual

health embodiment through a relationship of dependence – might bring with it a growing awareness of their rights (social and medical) and a commitment to enacting their ‘digital bio-citizenship’ by sharing what they have learned with others. The rise of ‘expert’ individuals is interesting because it seems to show how non-hierarchical mutual support groups may be conducive to the emergence of leaders and movement ‘key’ figures. At the same time, these are ways in which this form of lactivism, using 'health' as an opportunity and a carrier also legitimates the dominant perspective through a ‘professionalisation’ of dedicated individuals, similar to ways noted in literature for other movements (Weiner 2009; Thompson et al 2012; Callon & Rabeharisoa 2008). However, the emergence of ‘new experts’ potentially facilitates mobilization (cf. Akrich 2010) at the grass-roots level: the knowledge and testimonies gathered, the links between the individuals in groups and their increased networking facilitated by the medium (Facebook), and a growing realisation of the political context of breastfeeding reach a certain ‘tipping point’. Through the engagement in groups, aspects of power over representation of breastfeeding, and of exclusion/inclusion of breastfeeding women/dyad may also come to the fore.

Chapter 6: Celebration, visibility and identity in lactivism

The actions of the wider breastfeeding movement are not limited to sharing ‘health’ information, or providing support alone, but also encompass activities aimed at influencing representations of breastfeeding. Among these, (l)activists organise celebratory events which vary in format, size, scope and intended audience. Local events, such as Celebrating Breastfeeding in Lancashire, which bring together supporters and the women they have supported, might be one-offs or might recur, like the Karmiace Cyce na Ulice KCNU picnics similar to those described by Boyer (2011). They differ from

flash mobs such as those described in the Prologue in that they aim to be non-confrontational, to normalise breastfeeding in public without ‘militancy’ ascribed to protest events. And while the aim is to ensure visibility of breastfeeding, picnics typically take place in more secluded parts of public spaces such as parks or playgrounds, spaces which, as Boyer observes are already marked as family and children friendly (Fig. 17).

Figure 17 Lancaster flyer and KCNU Poznan picnic
(BfN; Lukasz Grzadz, Glos Wielkopolski 2016)

The figure consists of two parts. On the left is a flyer for a breastfeeding celebration picnic. At the top of the flyer is a string of colorful triangular bunting. Below it, the text reads: "Celebrating Breastfeeding in Lancashire", "An Invitation to breastfeeding mums past and present and their families to join us at a Celebration Picnic!", "Thursday 19th June", "12.00 - 1.30pm", and "In Ryelands Park play area". It also says "Bring your own food" and "Celebrate your breastfeeding achievement whether that's 1 day or 1 year!!!". At the bottom of the flyer are two illustrations of cupcakes with cherries on top, flanking the logo for "The Breastfeeding BfN Network". Below the logo is the text "Sorry, no dogs please." and at the very bottom, "Call Becky 07938516844 or Ursula 07789140037 for more info". On the right is a photograph of a picnic taking place in a park. Many people, including women with babies in strollers, are sitting on the grass. There are trees in the background and a paved path in the foreground.

There are also larger scale events, aimed at activists, peer supporters and breastfeeding women, which combine workshops, lectures and a festive atmosphere, such as the yearly Breastfeeding Festival in Manchester and ‘Prolaktyna’ in Warsaw. Specific events which aim to make breastfeeding a concern on the cusp of policy, practice e, research and advocacy, such as AGMs of main NGOs in the movement, special events such as the conference of the Polish Rights Ombudsman on Childbirth in late 2016, or even the ESRC Breastfeeding Workshop series organised by activist-minded academics from Bristol, Cardiff and Swansea, gather practitioners, peer supporters, academics and local

government representatives or NHS commissioning officers. Participants in these events frequently tweet and produce accounts on Facebook about such events, making the discussions and ideas shared during these available beyond the immediate participants. One reading of this could be a sense of ‘accountability’ to women who might be observing these proceedings via social media. In Poland activists such as Hanna and Agata-Hafija agree that it is important to be ‘*close to the mothers and know their needs*’, to go to them [‘*wyjść matkom naprzeciw*’], which they aim to achieve by sustaining dialogues with women through their social media presence, in Facebook groups, on Twitter, and through blogging (Hafija). Both of them frequently produce and share accounts of events which concern breastfeeding women with their online contacts, such as the Parliamentary Committee meeting in 2014. In the UK, I have heard two phrases frequently: ‘*we need to meet the mother where she is at*’, which means understanding the social conditions of mothering and creating an environment which facilitates breastfeeding through frequent interactions and checks with women in activism and research, and ‘*we need to keep the conversation going*’, denoting a process of continuous learning from women, but also of publicising the issues around breastfeeding to wider publics. This ‘meeting’ might take the literal form of a meeting for the benefit of the women and for the movement itself. Celebrations of breastfeeding and celebrations of the movement, its activists and its resilience, are an important element in both establishing and upholding the movement’s presence. Together with other forms of activity, celebrations also foster a sense of pride in being one of the women who breastfeed their children, potentially contributing to a positive sense of personal and collective identity. These actions can also be read as the need to *produce* visibility, to keep the movement and its actions visible and to keep control of the message on breastfeeding.

Breastfeeding stories circles

Breastfeeding events can be roughly divided into in-group and out-group events. One type of a celebratory in-group event is a breastfeeding stories circle. A story circle brings together a group of people for the purpose of sharing stories about their experience on a given topic or theme. Sitting in a circle participants take turns telling their stories as narratives having a plot, a beginning, and an ending. Stories circles have been used in various types of emancipatory projects, especially women's rights groups and birth rights activism, and it is from there that they found their way into breastfeeding activism. Led by a facilitator, a circle may be used as a way to raise awareness, explore challenges, and examine differences and similarities in women's experiences. As the Roadside Theater, who use the story circles as a method for community building argue:

The stories we're able to tell ourselves and others, those we can understand and imagine, define not only what we believe to have already occurred, but what we believe to be possible in our individual and collective lives (2014).

Stories circles are open events, usually advertised locally or on social media before the date, but they take place in semi-private and private spaces: their visibility 'outside' is secondary. If it occurs, it is through the announcement and from accounts of attendees. But, as the quote from Roadside Theater suggests, the act of telling and sharing stories can be a powerful tool.

This format has been used yearly during the Breastfeeding Week by Mlekoteka in Poland and by Polish activist in the UK. I attended a Breastfeeding Stories Circle organised by Maria in September 2014 in Croydon. Looking at my fieldnotes and the pictures I have taken as she was preparing her garden to welcome her guests, I notice she has put a lot of effort into staging a markedly celebratory event (Fig 18):

The garden table had been laid out with healthy snacks and there is bunting to mark the circle area. Maria had also baked several types of healthy muffin laid out fruit and some home-made bread. The day had been nice, dry and sunny, if already with some autumn bite to it. There are some rusty-coloured leaves in the garden, but the garden furniture is covered in warm blankets.



Figure 18 Breastfeeding Stories Circle, Croydon (19/09/2014).

During the event, I listened to women's stories and shared mine. We discovered in the plots of our stories commonalities – from medical interventions in the hospital setting and the early insecurity, through the overcoming of breastfeeding problems, to a sense of enjoying and finding pleasure in the practice. While we talked, our children played nearby and our partners looked after them, at a distance – keeping motherhood and mothering pressures present and suspended. As the other women were all trained peer-supporters, we talked about their drive to help other women and ended up having a general chat about expectations placed on women and the social pressures encountered by mothers in everyday life. Although we came from different places (Asia, Africa, Eastern Europe) and had different lives, as a lawyer, home-maker, doula and researcher, sharing our breastfeeding stories as a starting point allowed us to have a poignant conversation. While this 'smoothing out' of differences could be problematic as a long-term strategy for a movement which ought to pay critical attention to intersecting inequalities and their effects in shaping breastfeeding stories, or indeed the 'telling' of stories to researchers (Douglas 1992:39), such mutual 'mirroring', subconsciously

aligning attitudes and behaviours to foster rapport, may also serve in making stronger connections. For me, it had a powerful emotional effect of feeling part of something:

It strikes me how much this conversation is just what I believe to be the main potential of breastfeeding support: bringing women with very different lifestyles and general beliefs together to find common ground, common discussion points, to raise and to create a good deal of women-oriented consciousness. As I leave for the train, I feel grateful for the afternoon spent in their presence.

Celebratory milestones

Facebook groups have their own forms of celebrating and sharing affirmative demonstrations of breastfeeding. These may take the form of celebratory brelfies – breastfeeding selfies – pictures of baby’s first feed marking the initiation of breastfeeding or images that comment on a certain number of days, weeks, months or years of breastfeeding. Milestone celebrations can be pictures of a child alone or with an age placard captioned ‘grown on mummy’s milk’/’boobie alone’ [PL: na cycusiu] or a celebratory announcement of self-awarded ‘boobie awards’ such as ‘golden boobs’ or ‘jade boobs with golden nipples’, sometimes accompanied by pictures of breast-shaped cakes (Fig. 19). Milestones are also announced when a transition from supplementation to full breastfeeding is made or when a ‘preemie’ stops being reliant on tube feeding, regains birth weight or reaches their birth date. An announcement might play on social expectations. ‘*Tonight I am feeding my lyo for the last time*’ seems to be an indication of weaning, but turns out to be a marker of transition: ‘– *she turns 2 tomorrow*☺’ (AD/UKBAPS 2015). The celebratory mood is definitely shared, and positive responses further add to a sense of support from the group. The mother’s achievement is recognised (‘go you!’). The celebration is often accompanied by a nod to the group’s effort in supporting the mother: ‘I (we) wouldn’t have done it/got so far/ been able to achieve this without this group’. In Polish groups it might also be expressed as a thank you from the child, thanking its ‘aunties’ [‘dziekujemy ciociom’]. Sharing such items in a group allows for positive reinforcement and contributes to group cohesion by sharing *in*

something which further strengthens the sense of ‘being together’, and work towards recognition of breastfeeding women as broader community to which one belongs. Celebrations of milestones are also a step in defining an individual woman’s sense of being a breastfeeding woman/mother in positive terms.

<p><i>Breastfeeding Boobie Awards</i> Well Done Mamas!! :D</p> <p>First feed after birth - liquid gold 24 hours - liquid platinum 48 hours - liquid jade 72 hours - liquid diamond 1 week - starry boobs 2 weeks - confetti boobs 3 weeks - sequin boobs 1 month - glitter boobs 2 months - brass boobs 3 months - bronze boobs 4 months - ruby boobs 5 months - ruby boobs with glitter nipples 6 months - silver boobs 7 months - silver boobs with brass nipples 8 months - silver boobs with bronze nipples 9 months - silver boobs with golden nipples 10 months - silver boobs with platinum nipples 11 months - silver boobs with diamond nipples 12+ months - golden boobs 15+ months - golden boobs with jade nipples 18+ months - platinum boobs 24+ months - diamond boobs 30+ months - diamond boobs with jade crystals 36+ months - diamond boobs with jade crystals and platinum nipples 48+ months - diamond boobs with jade crystals and diamond nipples 60+ months - Superstar Breastfeeder!!</p> <p><i>Tandem/Multiple feeders get all the awards in duplicate :D Makes no difference to the awards if it is expressed breastmilk (ebm) or straight from the source-> Breastfeeding = feeding milk that comes from your breasts!</i></p> <p><small>Awards list adapted by Mia Micci Riddy</small></p>	
<p>Platinum Boobies Award</p>  <p>18 months and still going strong</p>	
 <p><small>Proudly Sporting Gold Boobies</small></p>	<p>Of all the jewelry that I have ever owned MY GOLDEN BOOBIES are my favorite!</p>  <p><small>someecards user card</small></p>
<p>Figure 19 Member-shared celebration content (authors as credited on memes or otherwise unknown; source: support groups 2014-2017)</p>	

Praise of good breastfeeding experiences and successful outcomes is important, because much of the group activity is based on solving breastfeeding problems. In the interviews, many women recognised that their child's growth and progress – the ability to 'make' a human being – made the experience of breastfeeding empowering. Sylwia says: *'It's like a kind of power – maybe it's a bit banal – but I was as pleased with it as I would have been with a sporting result, or doing splits and five pirouettes – I did it!'* (20/09/12) She says that the realisation of being able to do something special meant she felt proud of herself which also meant that breastfeeding in public she felt like saying *'Look at me, I can do this! I've been going for so many months and I've got this!'* (20/09/12). But celebration may be difficult to express, as Nickie says: *'I just feel like I need to be really proud of myself, but I can't explain why I'm proud of myself to anyone'* (11/11/14). As Nickie conveyed, two aspects problematise sharing this sense of pride with others: one is the appearance of 'boastfulness' in the face of those who were unable to breastfeed, the other is the question why celebrate something biological/physiological (as though aging was not celebrated). While celebratory practices are important, they are also not straightforward. And a pertinent question is, how and if the various ways of 'celebrating' and representing breastfeeding reference and problematise its status and 'naturalness'.

Milk pride?

In lactivist online spaces, biomedical information on the properties of breastmilk is often represented in pictorial form. Visual representations of contents or properties of breastmilk held within group repositories or shared within them add to the group's informational resources (Chapter 4). They are also used as artefacts in a form of validation-through-science, shown to family or friends who might declare that

breastfeeding is not ‘that important’ (Chapter 3). The use of scientific argumentation to support breastfeeding is one of the accountability strategies described by Faircloth (2013). In instances of pictorial comparisons of breastmilk and substitutes, science becomes proof that ‘natural’ breastmilk is better than the ‘artificial’, ‘industrial’ product (Fig.8). The superiority of breastmilk implied in these comparisons serves to establish it as a unique substance, a ‘liquid gold’ (cf Palmquist 2015). This focus on milk-as-product, establishing it as a superior commodity, may, by connotation, lead in the logic of a culture permeated by consumption codes, to connoting the users as ‘superior’ mothers, providing ‘the best’ for their children.⁵⁸ Further connotations of superiority and pride are highly problematic, and could explain Nickie’s hesitation to express her pride in feeding her child.

What I chose to call ‘milk pride’ has two interlinked representational incarnations: pride in the ability to *produce* milk and pride in one’s ‘output’. While suggestions of the first are made in milestone celebrations, its most popular form is the lactivist slogan ‘I make milk. What’s your superpower?’ and associated visuals such as the breastfeeding Wonder Woman cartoon, an LLL ‘superwoman’ poster, and (countless) commodities that carry it (Fig.20). It could be read as both an affirmation of the power and value of the female body and a boastful self-categorisation as somehow ‘better than’ and in this sense has an irresolvable ambiguity to it. It can also be read as an attempt to present oneself as a ‘good mother’ and as seeking validation for a specific maternal performance. Publishing images of one’s children, images of self and women as mothers and other forms of ‘role modelling’ are a way of ‘doing motherhood’ socially *online* through displaying ‘care, pride, and nurturance for [one’s] children’ to others that

⁵⁸ It is important to note that ‘breast is best’ was a marketing slogan invented by Gerber, a formula company, to promote its products as second only to it in 1923. It could be argued that the problems associated with re-assertions of breastmilk’s ‘superiority’ are at least in part the result of formula marketing.

cultivates ‘an online presence consistent with cultural gender norms’ of motherhood (Schoppe-Sullivan et al 2016).



Figure 20 Milk-making superpower

(Source: LLL, unknown, l-shop; circulated online 2011-2017)

While it is used on social media as affirmation of one’s identity as a breastfeeding mother and an empowering statement on one’s own bodily capability to nourish and sustain life, it can also be read, as *‘promoting an ideology that sees women as nothing but milk cows’* (ML, Facebook comment 08/2016). Paige Hall Smith (2013) traces the root of this misunderstanding in a false dichotomy of biology as constraint versus resource and points to the central fallacy which sees breastfeeding, among other reproductive functions, as only biological and not social. As she argues:

Women's biological ability to lactate [does] not lead to an inevitable social role for women, and this biological sex difference is not responsible for the arrangement of socially determined economic, political, and social expectations, rewards, and opportunities that construct gender inequalities (2013: 379).

Given this, using the superwoman trope may be a way of countering negative notions of motherhood as drudgery, a low status characteristic (Ridgeway & Correll 2004).

Another way in which ‘milk pride’ is visualised is representing milk as ‘output’. This can have various permutations: photographs of breastmilk in various containers (bags, bottles, pumps, nipple shields, syringes with harvested colostrum), photographs of

fridge-freezers filled with a ‘stash’ of expressed breastmilk, of women in the act of pumping or holding up a container filled with milk, and of children with a container or containers of milk (Fig 21). The focus is primarily on the valuable substance depicted. It combines with the pride in the ability to produce milk and ‘freshly pumped’ milk is usually framed as a personal success. This is particularly visible in images captioned ‘*Some people pump iron I pump gold*’⁵⁹, a phrase that plays on the effort of expressing, likening it to weightlifting and emphasises both the reward for the effort (‘getting gold’) and the preciousness of the substance. It could be argued that such pictures serve to fetishize breastmilk – a substance so precious, the work on extracting it becomes *rewarding*. During the day, when a woman posts an image of ‘freshly pumped’ milk it might be a sign of working a ‘double shift’ as a wage worker and a mother, and the picture of ‘output’ created during work hours attests to her ‘productivity’ in both (cf. Boyer 2014; Boswell-Penc & Boyer 2007). Pumping at work rarely problematises this, rather suggesting a seamless integration of women’s reproductive capacities with waged work. The woman becomes the ‘breastfeeding-wage-earning Supermom’ (Blum 1999:183). Critical voices note that pumping as a practice mechanises breastfeeding, removes the importance of the embodied beings from view, and reifies breastmilk as a product (Katz-Rothman 1992, Van Esterik 1989, Blum 1999, Dykes 2005, Avishai 2004, Johnson et al 2012). The narrative on the work of producing this ‘liquid gold’ contained in the photographs risks slipping into one of women able to offer a highly coveted consumable⁶⁰ to their child especially in images of ‘stash’ shared as a confirmation of time and energy spent on pumping and amassing the precious substance, and by extension of an investment in ‘class enhancing motherhood’ (Blum 1999:183).⁶¹

⁵⁹ Primarily Melinda Rodriguez’ picture from her blog ‘spilled boob milk’ (inactive), which circulates uncredited on the Internet as a meme.

⁶⁰See Pollack 2015.

⁶¹ Even more problematic when it depicts, as is often the case in the US, breastmilk *purchased* for one’s child.



Figure 21 Breastmilk as output or success in relactation, strange colour, harvesting colostrum, stash storage

(source: images shared in groups)

But images of milk itself, or of a child among bottles of expressed breastmilk, invite other readings too. For women who, for various reasons, feed expressed milk as a sole or dominant way of feeding, output and stash pictures can carry narratives of victory and sadness: of not being able to breastfeed directly and of managing to satisfy the child's needs only by pumping – a time and resource consuming practice. Photographs of milk may also be shared to enquire about its physical qualities: an unusual colour, taste, fat content. In this sense, they do not erase the body that produced it – highlighting the sensory aspect brings the body back into focus. The accompanying posts may talk about a sense of bodily urgency a need for pumping to feel physical (or emotional) relief. Or the photo might talk about how the milk was spilled soon after the photo was taken – with accounts of body or bodies in motion and the emotions they sense. Shared in online groups, such photographs convey a sense of immediacy and portray the urgent and embodied nature of breastfeeding: they make the breastfeeding body present but without displaying it, using milk in a metonymic way.

Such images are also used by parents reliant on donor milk, to show the 'milk of human kindness' that sustained their child, and by people who are donating. Stash photographs accompany offers of milk-sharing and hence stash, in these pictures, is an aspect of social connection. Milk sharing is a gift relation and produces child nurturing as

a collaborative effort (cf Palmquist 2015). Milk donors also express their pride in output, but they use such photographs not to claim superiority in their own parenting, but as a way to demonstrate a social contribution.⁶² Stash pictures in milk exchange groups are often messages of gratitude for the kindness of strangers who helped in the effort of nurturing a child, since such groups like Human Milk for Human Babies (HM4HB), function on a strict gift code. No money is to be paid or asked for the milk, except reimbursement of costs such as storage bags or postage where applicable. Recipients of donor milk include women with various conditions which prevent them feeding, women with low supply who prefer to feed their child donor milk over formula, adoptive parents, and biological male gay or transparents, who are keen to breastfeed/chestfeed using a supplemental nursing system (cf McDonald 2012, Palmquist 2015)⁶³. If their efforts to source breastmilk are based on a belief in the biomedical arguments in favour of breastfeeding, it would be difficult to read sharing ‘stash’ photographs as only a wish to express ‘status’ by using human milk over substitutes. It is through these contexts that within lactivist spaces both pumping and stash pictures have multiple and complex readings.

Representations: photographing breastfeeding

During our interview, Agnieszka noted that media representations of breastfeeding in Poland tend to sensationalise it as something disgusting, or an ‘extremist’ option related to a privileged pro-ecological lifestyle associated with certain celebrities, like the singer Reni Jusis (03/08/12). Lisa says a similar thing about the UK mediascape. Women, she says, might be put off breastfeeding by the media representations: ‘*maybe because it’s all in the news, maybe it happens less*’ (10/11/14). She illustrates the way a mother might be thinking: ‘*they are saying all those things*

⁶²For some donors, their act is a way of healing following their child’s death.

about a mother who breastfed her child who is 8 or whatever, then if I breastfeed my child who is 8 months old someone might think that I'm that person'(10/11/14). She states that, media representations focus on examples such as '*people breastfeeding in swimming pools*',⁶⁴ which means '*the general public only know these extremes*' (10/11/14). One of the ways in which breastfeeding women – who might or might not identify their actions as 'lactivist' – have been trying to counter media sensationalism has been through the use of alternative representations of breastfeeding. I turn to images produced within the lactivist movement as a way to understand the kind of visibility they promote and achieve for the movement. Some of these, including the memes discussed in previous chapters, employ wit and comedy, others argue for a specific interpretation of breastfeeding. I look at the use of photography concentrating here on 'realist' representations, or those that intend to have some verisimilitude, but glossing over cartoons and comics/comix, which as a specific visual and literary genre deserve a separate, specialist discussion, for which there simply is no space here. I concentrate on photographs as an engagement with lactivist politics of visibility and normalisation of breastfeeding. I am purposefully limiting the discussion to photographic projects which originate from 'within' the movement, created by breastfeeding women themselves and by photographers who align themselves with the movement.

Photographers associated with the breastfeeding movement who create breastfeeding portraits aim to show and share with an audience a specific vision of breastfeeding. Such photographs range from documentary attempts to represent breastfeeding in ways which highlight its 'normalcy' and 'naturalness' to highly stylised images of breastfeeding, intended to highlight the *beauty* of it. The KCNU campaign to normalise breastfeeding and a friend's story of negative comments received when she

⁶⁴This refers to two different stories: one of a mother asked to leave a community pool because she was deemed by a lifeguard to be breaking the rules, and another of a celebrity posting poolside breelfies, both discussed widely in the tabloids at the time (late 2014).

attempted to breastfeed in public spurred the Polish photographer Paula Walczak to create the project *Kraina Mlekiem i Miłością Płynącą* [The Land of Milk and Love] (Fig.22). The aim is to ‘*show that breastfeeding is something natural*’, to ‘*promote breastfeeding*’ and to ‘*support mothers*’ (Walczak 2015). The project led to the creation of a foundation of the same name, which produces an annual calendar of breastfeeding women’s photos. Images associated with the project are stylised individual and group portraits of women breastfeeding or cuddling children. The pictures are usually taken outdoors and the women wear wreath headdress – referencing Polish folk costumes and a tradition of peasant-cum-fertility goddess trope referencing Polish ‘peasant-mania’ art of the nineteenth century (Pranke 2003). The photographs aim to assert the beauty of breastfeeding by achieving a certain aesthetic refinement in terms of composition and image quality and through this seek to achieve respectability for breastfeeding. In these Polish glamourised breastfeeding pictures, nudity is captured ‘tastefully’, an attempt to stay within the bounds of the culturally acceptable representations of maternal beauty. The nod to a *painterly* tradition is significant, if read through the connotations of painting as ‘high art’ to photography’s status as ‘a product of mass technology, popular and vulgar’ (Nead 1990: 329). Rhetorically, these images aim to counter the charges of ‘obscenity’ and reactions of ‘disgust’ against breastfeeding, and attempt to ‘liberate’ the breast from meanings imposed upon it. Things ‘referred to as obscene’ are also ‘read as a threat to cultural order’, writes Kowalczyk, and she elaborates:

Obscene is the abject, that which crosses the boundary, which contradicts the integrity of the subject, that is, inter alia, the corporeal matter flowing from the body – blood, urine, tears, saliva, sperm, but also milk (Kowalczyk 2010).



Figure 22 *Kraina Mlekiem i Miłością Płynać*

(authors: Burchardt, Jazgawska, Walczyk)

Discussing in Facebook support groups, women who took part in the project's sessions stressed how 'beautiful' breastfeeding looked. But set in a reproductive context, the breastfeeding peasant-raised-to-nymph invites a special reading of the kind of 'maternal femininity' it professes (Tyler, 2011). Reading the figure of the 'pregnant beauty', a sexualised image of pregnant female body contextualised by neoliberal social and economic conditions, Tyler sees it as a combination of 'consumption, choice, agency and futurity in a powerful and seductive post-feminist cultural ideal' (2011:23). Contrasting with it the inhabitant of the mythical Land of Milk and Love reflects a yearning for a motherhood that is 'homely' in its rural connotations [swojskie], desirable in its youthfulness, and just a touch sexy. The use of idealised natural settings also invites a

conservative reading of breastfeeding as an expression of an essentialised maternal femininity. Set to the backdrop of rising nationalism and traditionalist attitudes to gender roles, it seems that by working in these visual idioms, the Polish project could easily become its hostage to ethno-nationalist propaganda of ‘mothers of the nation/land’ (cf. Yalom 1996). It certainly conforms to (white European) standards of female beauty and femininity, and the idealisation of natural settings.⁶⁵ In contrast, the protest group Polish Mothers of the Tree Stumps uses naturalistic photographs of women breastfeeding in ecological wastelands created through the permissive tree-felling regulations introduced by the Law and Justice Minister of Environment (Matki Polki na wyrebie, 2017; Fig.23).

Figure 23 Polish Mothers of the Tree Stumps
(source: Matki Polki na wyrebie tumblr)



⁶⁵ The 2016 edition of the project interestingly featured women in urban settings, wearing jeans and vests or leather jackets, high heels and wreaths and stronger make-up. While still conventionally feminine/glamorous it also referenced bare-breasted, wreath-wearing protests by the group Femen as an inspiration. And in 2017 during Warsaw Equality Parade, members of the pro-choice Black Protest wore wreaths to symbolise control of their own reproductive capabilities. This ‘travelling wreath’ might open new possibilities of reading the prop.



Drawing also on themes of breastfeeding and nature, here a political connection is made between breastfeeding mothers and ecological destruction, echoing eco-feminist connections between Earth-mothers and Mother Earth.

Projects, representing breastfeeding within the ‘beauty’ paradigm, are taken up by photographers around the world, most notably by Ivette Ivens in the US (cf. Giles 2015). A slightly different attempt at ‘glamour’ was the 2008-12 *Be a Star* campaign, a photo series of young mothers who breastfeed in stylised poses, portraying them as celebrities (Be a Star, 2008). While there are many possible criticisms of the images, it is important to note that the idea came from consultation with young women and that they were positively received by the target group (Reese and Clack 2014). These ostensibly crafted photographs stand in contrast to photographic projects which aim to capture breastfeeding as an everyday experience and hide the staging required for their production. Such quasi-documentary pictures can be tableau captures arranged in cafes or other public spaces, or composed portraits which purport to present the subject in their everyday surroundings and situations. Kim Vermuelen, a photographer from Lancashire

created two projects with breastfeeding women which produced both types of images (Fig.24). Vermuelen's work is an activist endeavour and her *Envisioning Motherhood* (2012-2013) was 'an exploration of barriers to breastfeeding' carried out with a local breastfeeding group (Vermuelen NDa). The process led her to a final individual portrait and to Vermuelen's subsequent participatory project *I am Breastfeeding* (2013-2015).

The information given to women before participating in the photo shoot was minimal: to choose the location, clothes and who they want to include in the picture. '*The mothers' choices were fundamental for an authentic representation*' states Vermuelen (NDb). While they '*are connected through the mutual [sic!] act of breastfeeding*', she writes, '*they have their own narrative that brought them to this moment*' (NDb). For the photographer, her work is '*a literal illustration of contemporary breastfeeding*', in that in representation '*the phenomenon remains; there is a mother, she is nourishing her child*' (NDb). But this authenticity is staged by the women involved in the project – both the subject and the photographer: the woman chooses the costume, the props and the scenery that she wants to reflect her everyday experience of breastfeeding, the photographer does her best to use the natural light available in a way that will produce an engaging photograph.



Figure 24 *Envisioning Motherhood* tableau and ‘Holly’, *I am Breastfeeding* exhibition Blackpool Solaris June-July 2016

(clockwise: Vermuelen, Vermuelen, Vermuelen/own; used with kind permission of the author).

As with other photographic attempts to increase the visibility of breastfeeding these are rhetorically charged. In Vermuelen’s portraits the women are looking at the camera: *‘in contrast to popular representation, mothers take ownership of their communication with the audience through eye contact’* (NDb). The women are returning the gaze, communicating an awareness of being looked at and claiming the space they are in. The photograph only seemingly captures breastfeeding ‘as it is’ and pretends to care not for the aesthetic. It remains itself captured by the requirements of the form. Such seemingly mundane images of breastfeeding are consciously crafted to achieve a certain effect: to engage the audience in its subject matter and to ‘reveal’ the beauty of breastfeeding. They are an example of a conscious intervention into the representational sphere by the

grass-roots level breastfeeding movement. The participatory character of *I am...* invites comparisons to another form of photographic representation of breastfeeding – the brelfie.

#brelfie

The term ‘brelfie’ is sometimes used to denote pictures of breastfeeding women taken by someone, typically in a ‘private’ moment, with the woman’s consent and under her stage direction. But a brelfie proper is taken by the woman herself with the use of timers, hand-held camera/phone, using a selfie stick, or through a clever use of reflections and mirrors. Among brelfies are conventional portraits of mothers with babies, multiples, older children, tandems, and cross-nursing. Some are taken from the woman’s point of view, depicting only the breast and the nursling. As Sonja Boon and Beth Pentney (2015) suggest in their analysis of the brelfie phenomenon, while selfie as a genre can be understood to be predominantly a conventional representation of femininity (or masculinity) with the aim of creating and upholding a self-brand in online environments and on social media, a brelfie seems to, at least in some ways, challenge this.⁶⁶

One of the ways of reading brelfies is as challenges to the dominant ways of representing women broadly and breastfeeding women more specifically. Brett Lunceford (2012), writing about naked protest, body rhetorics and the functions of physical and online lactivist activities, notes that the lactivist practice of displays of embodiment is based not only on showing the breasts, but actively using them. He suggests that Lactivist displays of feeding breasts off and online ‘shatter the common experience of observing women’s passive breasts’ (2012:38). Connected to this is what Fiona Giles (2015) calls ‘making the real maternal body visible’: an intervention based on self-representation, based on of bodies of real women, captured and ‘curated’ by

⁶⁶ Some parallels can also be made to selfies which make citizenship-based, political comments (Kuntsman 2017)

them. For Sharon Tugwell, this use of brelfies is particularly important. Over time the brelfies created and made public through women's activity on social media, allow a repository of images of maternal bodies and maternal subjectivities to emerge, one particularly valuable for the next generation (2016). Brelfies also break up the logic of the gaze, as they are often taken from the mother's point of view, or what Giles (2015) in her exploration of brelfies calls the 'breastfeeding eye view', which allows for an assertion of agency in *both* the act of feeding and of making it visible. Furthermore, she says, this point of view is pedagogical, capturing at once the technical aspect of a good latch and a certain attitude to breastfeeding. And, Giles argues, brelfies which include both the maternal face and the breast with the child attached to it can be seen as a critique of individualism, which conventional brelfies epitomise.⁶⁷ Boon and Pentney argue brelfies do this 'by shifting the parameters of agency as represented in more conventional selfies: the presence of active, maternal breasts and nursing children destabilizes the subject as closed, complete, and singular' by which they 'subtly undermine the presumed stability of the self (2015:1761). A brelfie is at once an assertion of a self and an undermining of a vision of selfhood as free from dependencies and attachments: a core aspect of a breastfeeding self captured by a selfie is its active interconnectedness with another within the breastfeeding dyad.

Paradoxically, brelfies including a supplemental nursing system, further enhance this view of breastfeeding as an active dyadic relationship. A supplemental nursing system (SNS), which can be bought or self-made, consists of a milk container, tubes and valves, worn by the person who feeds the child (Fig. 25)

⁶⁷ For an engaging critique of 'selfie-feminism' see: Pyzik (2017a and 2017b)

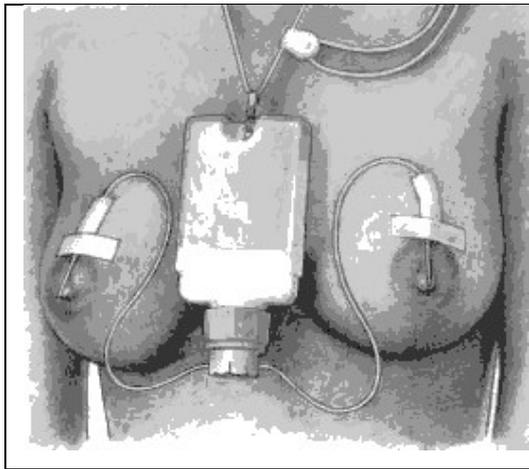


Figure 25 Supplemental Nursing System

(source: poshmums.com).

The ending of the tube is inserted into the child's mouth along with the nipple. The visibility of this apparatus affects the perception of breastfeeding. The person feeding is no longer just sitting there with the child at the breast: the use of an assistive technology⁶⁸ reveals a person consciously engaged in an activity that is culturally and personally meaningful to them and deemed important to the infant who co-participates in this activity. Brought into sharp focus by the appendage, through juxtaposition these qualities may also be rendered visible in 'plain' breastfeeding or breastfeeding and pumping photos (Fig.26). Making maternal work visible is an important aspect of brelfies, seen also with 'pumpies' (pumping brelfies).⁶⁹ 'Pumpies' are also important for making pumping visible, where 'pumping remains an activity that is expected to be hidden' (Boswell-Penc & Boyer 2007:555)

⁶⁸Technologisation of infant feeding is not synonymous with medicalisation as Wieczorkowska (2012) would have it.

⁶⁹ I return to this in Chapter 8. Brelfies taken by/depicting celebrities and those who make their producers into 'micro celebrity' (Boon & Pentney 2015) are consciously left out - such images in their ambiguity can both strengthen the movement and be seen as a way of tapping into and even profiteering of it for celebrity's sake.

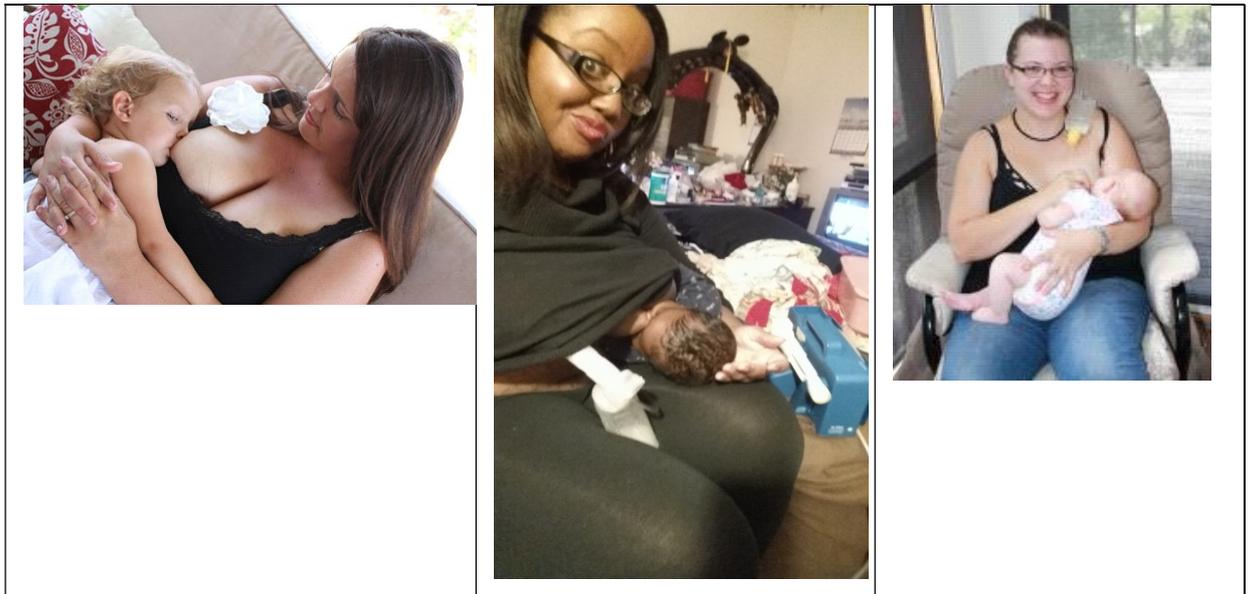


Figure 26 breastfeeding, with pumping, with SNS

(L-r Australian Breastfeeding Association, Makita Gulley, sheknows.com)

Those elements are part of the political potential of brelfies, but the strength of brelfies lies in their multiplicity. Brelfies are similar to individual acts of breastfeeding in public in that their primary aim is a small intervention aimed at normalising the sight of a breastfeeding mother in a public space (see Chapter 7). The idea is pedagogical and supportive: for other women seeing this particular act of breastfeeding will make it easier to imagine themselves engaging in the practice. And an individual brelfie posted on one's own wall is a demand for room in 'cyberspace' for a specifically embodied practice. But brelfies are often posted *en masse*, in a 'flooding' action (see Chapter 8), where they can be likened to a breastfeeding protest: deployed as an activist tactic, brelfies can serve a purpose similar to an occupation of space.⁷⁰ A singular brelfie then is an articulation of a right to self-represent and to occupy a space in the public eye, while brelfies plural are verbalisations of a demand for access to space on behalf of a group. As Boon and Pentney argue 'in both conventional and edgy forms, breastfeeding selfies can produce

⁷⁰Lunceford sees this as a failed tactic given the quasi-public nature of Facebook; however many of his comments no longer seem applicable to Facebook as it exists in 2016 and many of his observations and predictions were proven wrong when in 2014 the company expressed its support for breastfeeding.

resistant communities within mainstream social media spaces; grouped together, they are politically charged visual texts' (2015:1761).

The transgressions of this multitude are important. These are images of women created by women and *for* women, in that their orientation is to make other women feel better about their bodies, about breastfeeding and about breastfeeding in public. Their authors often vocally argue against and preclude a reading which would allow for an easy consumption – these images are not created for male scopophilic pleasure (cf Boon and Pentney 2015). And yet they are also knowingly multiple exposures: of a breast, of an act deemed intimate, and to many eyes. As Boon and Pentney write, breastfeeding selfies 'make the intimacy (and privacy) of maternal practice overtly visible and public' (2015:1765). Because Facebook walls and groups, and Facebook itself are at once private (my wall, my group, private company) and public (visible, share-able, listed) brelfies as an intervention exploit this private-public nature. And yet, with notable exceptions, powerful in their own right for disrupting representational norms (cf. Boon and Pentney 2015), most brelfies tread a rather fine line of transgression, going far just enough to get media attention for being 'public'. There is, it seems a level of exposure which might be felt as dangerous. Increasingly, posting a brelfie threatens exposure to criticism, harassment and potential hijacking of images for alternative purposes – from porn to 'hate' sites. Those threats show how online activism is not necessarily a 'safer' option than more direct forms of activism.

#treeoflife

In December of 2016 a particular kind of brelfie became an overnight internet sensation, aided by a mobile digital image editing application. PicsArt describes itself as 'a full-featured mobile photo editor, collage maker, drawing tool and a social network for artists' (PicsArt 2016). An image manipulation feature on PicsArt, which allowed the superimposition of two images and automated digital enhancement, resulted in an

outpouring of brelfies, which caught news media attention and received an overwhelmingly positive response. This, I believe, was due to several combined factors: the highly stylised, art-like quality of the image, the ease of its production and the mutual help in creating the images within online groups, and the way in which it ‘captured’ even those who were thus far reluctant to post a brelfie or to appreciate seeing one, resulting in the ubiquity and sheer volume of the images.

The Tree of Life uses the mytheme of a tree of life connecting all forms of creation, often symbolising fertility, widespread in religious mythology and folklore, and thus easily and instantly recognisable. A Tree of Life brelfie is created by superimposing an image of a tree with roots over a brelfie⁷¹ and then choosing a filter (‘magic effect’) to create the final image. The PicsArt filters are thinly veiled references to the works of popular painters and styles.⁷²The resulting images are a highly stylised version of a brelfie, which ‘look like they took hours to paint’ (Hohman 2016). This produces a high volume of similar-looking images which use a pop-aesthetic (Fig. 27). The concealment of individual identity means that the image is easier to share. These images are artful, more than ‘art’ – obscuring the individual traits of the people in them, but revealing and highlighting the dyad. Making visible and accentuating the connection between the child’s mouth and the mother’s breast through the placement of the tree they uncover what lies under the skin. The way that the branches of the tree mimic the spray of milk within the child’s oral cavity and the roots ‘reveal’ the milk ducts hidden under the skin of the maternal breast is a faint echo of Frida Khalo’s *My nurse and I*. It is this suggested viscosity that makes these images difficult to appease and is the principal strength of these brelfies.

⁷¹As of late December 2016 – a ready-made ‘sticker’ available in the app

⁷²According to PicsArt the most popular filters for ToL are Rainbow, Flare and Midnight (Nanette 16.12.2016).



Figure 27 #treeoflife in Midnight and Flare

(own; @amandaharpur/PicsArt)

PicsArt identifies @keeponboobin as one of the first users. She states that manipulating the image she ‘*then found the courage to share my photo and have since created over 700+ more edits for other moms!*’ (Nanette 2016). The co-production of images was a feature of breastfeeding support groups for a time. UKBAPS administrators created at least 3 separate threads around the tree of life: for requests to create a tree of life, for posting tree of life brelfies, and for the posting of ‘tree with roots without background’ images to use in the production of the composites. Similarly, in Polish groups discussions around Tree of Life, shares of images, and requests to make them created long threads, with hundreds of comments. Many women subsequently used the images as their Facebook profile pictures, which in miniature displays created some confusion regarding user identity. While the highly stylised look meant that many were more likely to share the image with a wider audience, for many the primary function of the image was as a ‘keepsake’ – one group member shared a snap of two large canvas prints of her #treeoflife brelfies she had made for herself for Christmas. As @keeponboobin says “*I wanted to commemorate having nursed my daughter for a year*

with a beautiful piece of art". Her personal celebration of her breastfeeding relationship has, through the use of a specific technology and channels of communication, captured others and resulted in one of the most visible, 'viral' campaigns of the breastfeeding movement. Through its expansion into the social media and beyond #treeoflife becomes a way of extending the spaces in which breastfeeding is celebrated.

Celebrating and sharing individual experiences, creating spaces of joint celebration of a practice, creating representations which are expressive of an appreciation of the practice, affirm and *confirm* the group and individual identities of breastfeeding women in positive terms. Verta Taylor and Lisa Leitz (2010) link in-group identity building with the way collective identities are deployed in movement mobilization. This would suggest, that at this level of the breastfeeding movement mobilization to action would be based on an identity motivation: a recognition and defence of a positive evaluation of a joint identity based on an involvement in a specific practice. Visibility here may become not only a conduit for the movements preferred meanings, but also a form of action. I turn to mobilisation and action in the next chapter.

Chapter 7: Embodied activism: mobilisation, action and presence

Group identity, fostered by the social support experienced in groups and by the representational forms originating from within the movement is crucial for mobilising action by activist groups. It can be defined as a sense of ‘we’ that extends beyond specific groups and involves an ‘ongoing process of negotiating and framing a group’s commonalities’ (Taylor and Whittier 1992:110; Taylor and Lietz 2010: 268).

Mobilisation to action within activist groups is a direct result of the previously described interconnected internal workings of the movement at its social networked level: creation of communities of support, fostering and valuation of the knowledge on breastfeeding and the creation of positive affirmations of an identity through celebration and positive representations. Support groups serving as a backstage area in social movement formation, through nurturing specific emotional reactions as a basis for action has been discussed by Schrock, Holden and Reid (2004). Their work shows how interpersonal emotional work, performed within transgender support groups, and the motivational framing (‘call to arms’) of the movement combined to create emotional resonance in individuals which spurred them into movement-related action. Similarly, Taylor and Lietz (2010) observe the importance of self-help groups for women with infanticidal postpartum psychosis. They chart how ‘the social networks and the solidarity that form among self-help participants in the process of getting and giving support and formulating an experiential definition’ of their condition (which is a basis of their discrimination by a dominant group), foster emotional responses, ‘which are necessary for movement mobilization’ (2010: 267). Such emotional drive has been described as playing a part in the breastfeeding movement by Faircloth: for the women in her study their commitment to breastfeeding and their involvement in La Leche League ‘feels right in [their] heart’ (2013, 2013a). In this chapter I turn to forms of action and modes of mobilization in activist groups.

As the examples in Prologue reveal, an online call for mobilisation based on a perceived injustice to a breastfeeding woman or breastfeeding women as a (social) group can result in visible, collective action ‘in real life’. Unlike celebratory events (Chapter 7), which aim to address the ‘in’ group of breastfeeding women and supporters, protests engage with everyone deemed ‘outside’. But, as I explore later, joint actions, such as protests, differ from mass actions based on individual acts of breastfeeding carried out in public. Similarly mobilised are online forms of protest and activism, or what Sasha Costanza-Chock (2001) terms ‘tactics of electronic contention’. In the spaces of social media joint action is facilitated by technologies, such as hand-held devices with network connectivity and built-in cameras, and software applications integrating online media profiles across the ‘digital mundane’ (Wilson & Chivers Yochim 2017) interactions between members. Members of a Facebook group might be ‘called over’ to help defend or promote breastfeeding on another platform, since it is not uncommon for members to ‘follow’ each other across various platforms, creating a social network across these, and resulting in online actions that span various platforms. Here, however, I concentrate on Facebook.

Forms of online lactivist actions

Writing about electronic contention Costanza-Chock applies Turrow’s (1984) notion of repertoires of contention to systematise forms of online activism into ‘conventional’, ‘disruptive’ and ‘violent’ (‘cyberterrorism’) (2001:3). Of these, the conventional and disruptive forms are to some degree used within the breastfeeding movement. Conventional forms are ways of augmenting and facilitating off-line movement organising, such as representation through websites and other online entities, distribution and gathering of information (research), artistic production, online petitioning, fundraising (Costanza-Chock 2001:4-5). Breastfeeding support groups and Facebook pages, lactivist blogs and their work on knowledge accumulation and

dissemination described in Chapters 4, 5, and 6 fit into this category, as do the photographic projects described in the previous chapter. On the boundary with disruptive action lies the coordination of offline protest action through online means. Disruptive actions online listed by Costanza-Chock include data theft, viruses and other malware (malicious software), which to the best of my knowledge have not been carried out by activist; but in this category are also virtual sit-ins, increases of traffic to sites resulting in denial of service (temporary removal), alterations of sites expressing opposing views⁷³, and email or form floods. Taking this categorisation as a starting point, I name and interpret the forms of online action observed within the Facebook activist community.

One of the strands of women's online breastfeeding activism is the everyday monitoring of the effectiveness of protective legislation stemming from the *International Code of Marketing of Breast-milk Substitutes (Code)* (see Chapter 1). Within the spaces of Polish and in UK breastfeeding Facebook groups, this is done by not using brand names of supplements and not 'promoting' the use of pacifiers, bottles and teats (Appendix 1). Members also share photographs and screen captures of activities prohibited under the Code they spotted, such as promotions at point of sale or specific advertising copy. Information about the relevant laws may be provided to Facebook group/community members, often in easily accessible graphic format (Fig 28).

⁷³ On Facebook this has been made easy through the 'report a correction' feature for public entity pages. As a result one of the anti-activist pages was repeatedly corrected after it blocked a group of activists from commenting in June 2017.



Figure 28 UK Marketing of Breastmilk Substitutes laws infographic

(UKBAPS/ Emilia Bowzyk 2016)

In late 2016 a member of UKBAPS posted an image of a Boots promotion of first stage milk to the company's Facebook and Twitter pages. She then drew other members' attention to her posts by linking to it within the group, saying 'I will just leave this here... (...), please show I am not the only on this p*sses off!!' In response, members post screenshots of their comments on the Boots page and the replies from Boots page administrators, while some post saying 'done!', which means they have 'gone over' to

the Boots page and left a comment. Other members discuss why Boots should change the promotion. One member notes in comments that the promotion ‘does not bother her’ because she *‘ff [her] first and now bf [her] second’*. UKBAPS admin Emilia explains that the central concern is not about chosen feeding method but about breaking the law and points the member to the UKBAPS infographic on the Code (Fig 28). The action taken by the BAPS member towards Boots is a form of evidential reproach, targeted at an entity and involving charges of perceived wrongdoing or misinformation. Used against companies breaking the Code, it involves posting photographs taken at company premises or screenshots of the content of advertisements to evidence the claim of unlawful or unethical behaviour (Fig 29).

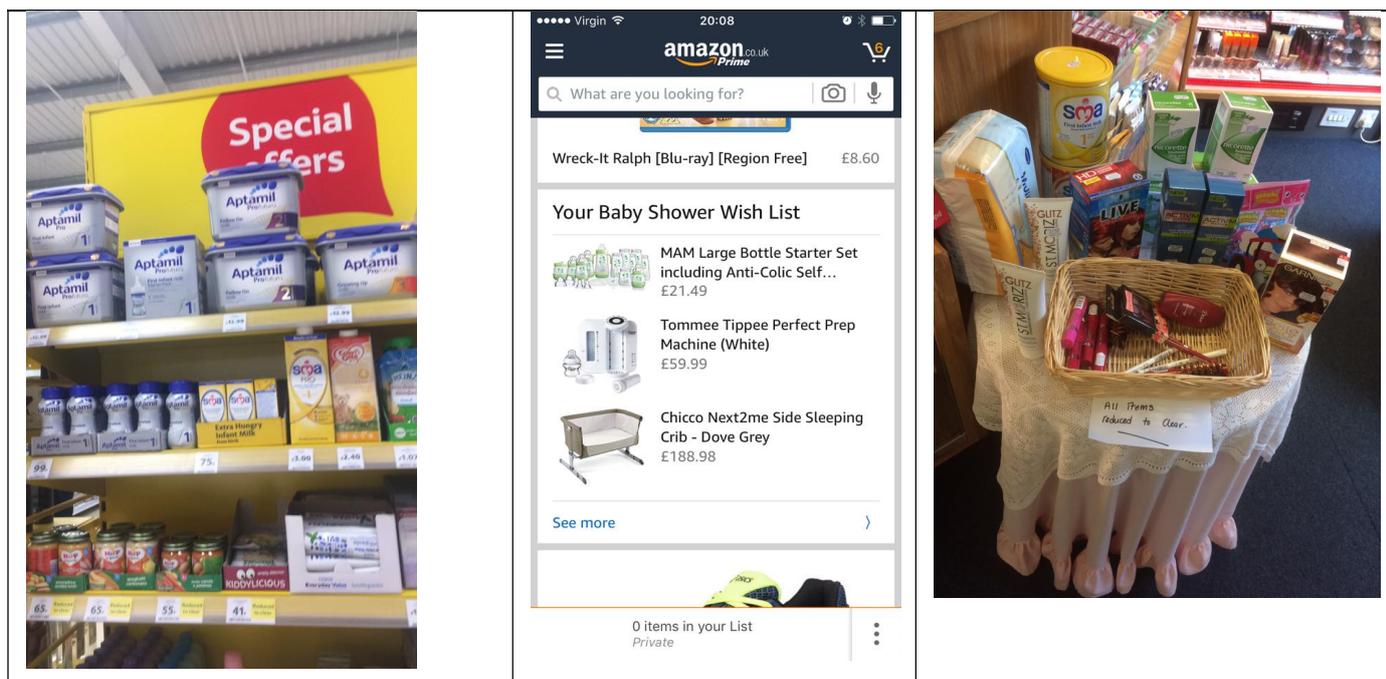


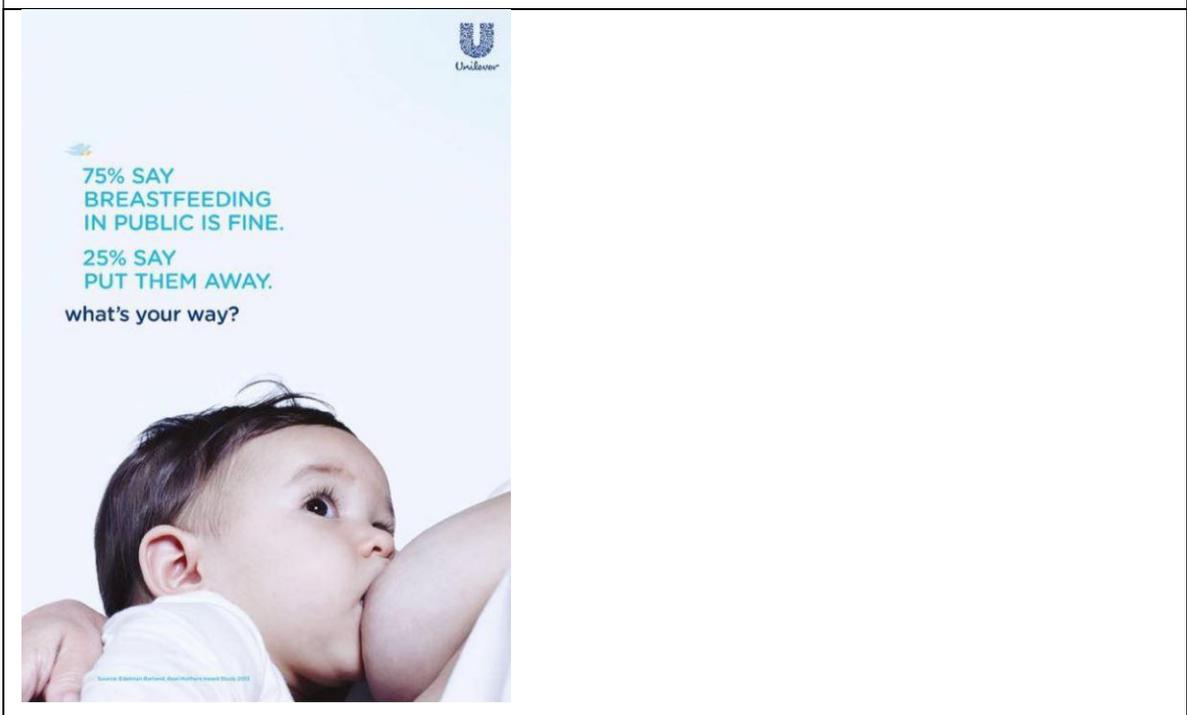
Figure 29 Evidence of lawbreaking in POS and advertng

(source: UKBAPS members)

Comments posted by Facebook users on various company pages are visible to other Facebook users connected to that page, the user posting the item, or to users commenting on the item. Reproachful evidence is a disruption of the company’s communication and a way of changing the contents of its page, bringing to public awareness the fact of

breaking the law. Because it is sometimes seen as being against formula feeding families, the UKBAPS infographic carefully explains why Code regulations would diminish the cost of formula, in which costs of promotion are already included and shouldered by consumers. Another reason for reproachful evidence might be advertising copy which is seen to denigrate the practice of breastfeeding, as in the case of the Dove campaign in the summer of 2017 (Fig. 30). The offending advertising copy read ‘75% say breastfeeding in public is fine, 25% say put them away’ which quickly led to reproach from the activist community. In this instance Dove was seen as responding inadequately, as evidenced by comments to a statement issued by Dove on Facebook (04/07/17). Calling for consumer action – #doveboycott – these were again interrupting Dove’s intended message and communication on their page.

Figure 30 ‘Put them away’ Dove advertising campaign (Unilever 2017)



A related action is verbalisation of reproach where an individual Facebook user, a group or an organisation within the movement addresses another entity (or rather, its ‘page’), directly or by ‘tagging’ the company in a post on their own wall, to correct an

instance of misinformation or a ‘mistake’. An example is group member PomPo quizzing the Polish page of Nestle on their deceptive advertising of ‘follow on’ formulas (Fig 31). For Pom Po, her action was intended to ‘defend’ mothers from misleading marketing practices, by identifying the ‘intentional misinformation’ in their materials (group communication). An individual user may seek support from the groups they are a member of, which was how I learned about Pom Po’s intervention.



Figure 31 Verbalising reproach
(PomPo/Facebook)

Similarly, Lucy addressed Nestle writing on their page

Hello Nestlé! Just a concern I've got about your ability to "research advancing baby nutrition" over the last 90 years without seeming to understand how breastmilk is made... the adverts you funded last year seem to suggest that breast milk is directly derived from food... it's not. It's synthesised from blood not burgers, here's a link for your scientists, it should explain it fairly easily...(30/06/16)

Lucy provided Nestle with an ‘entry level’ link to KellyMom, at once addressing manufacturer’s misinformation campaign and popularising lactivist knowledge resources.

Reproaches may be framed as a consumer ‘intervention’ or aimed at ‘corporate responsibility’, but their main function is to gain visibility for lactivist opposition to specific law-breaking, unethical or misleading corporate practices. Koku suggests that consumer boycotts launched by individuals on the internet are ineffective in inflicting economic harm on the targeted firm (2011, 2012), but the counter suggestion is that ‘if

the aim is to undermine companies that stand in the way of a movement' a sustained action may prove effective (Reed 2017). In the case of the messages targeting Nestle, these write themselves into the sustained Nestle boycott – one of the longest standing and growing consumer boycotts – initiated by breastfeeding activists nearly 40 years ago (see Chapter 1). Meanwhile the messages against Dove's campaign proved effective in that they caught the attention of mainstream media. These might be fleeting wins, as is typical of tactics. As de Certau argues, a tactic must take advantage of opportunities and cannot 'stockpile its winnings' (1988:37).

Related to these are actions which take place if a member shares an item related to breastfeeding activism or her personal breastfeeding and receives negative comments. The Boots OP alerts UKBAPS her 'MIL' (mother-in-law) posted a critical comment (*'mothers need to get a life'*) in the Boots thread, as *'she's very anti-bf'*. This spurs several members to concurrently discuss the MIL's behaviour in the group and praise the OP over on the Boots wall. Lactivists react by intensively praising fellow group members or other breastfeeding women whenever these encounter negative feedback. Two tactics may be employed: cocooning, which increases positivity and praise to 'drown out' criticism, and 'shielding' – attempting to refute negative statements. The 'shield' might be made of a 'bare' link, not accompanied by the posting user's own input, left to 'argue for itself' or a meme but the tone of the exchange may be combative (Fig.32). Shielding also employs argumentation based on biomedical evidence and might be based on providing the kinds of knowledge links routinely shared in the community. In situations of 'conflict' a member might request supportive arguments and links with 'evidence'. As a form of argumentative confrontation, shielding is aimed at the outside world, as much as it is to 'protect' the member and the practice of breastfeeding. In contrast, 'cocooning', takes place if a member receives negative comments, or (pre-emptively) if she is worried that negative comments might appear, after sharing a breelfie. Other members follow to

the place it was shared (if it is a private wall prefaced with ‘*add me hun*’). A ‘cocoon’ of positivity emerges around the post and the person. Cocooning takes the form of positive reinforcement and tends not to engage the critics/detractors directly, instead expressed as a comment on a post (‘that’s lovely’, ‘aww’, ‘<3’), a like or heart reaction, a sticker. A ‘cocoon’ might also emerge if a picture is ‘lifted’ from a group by a mole and shared on a page that ridicules it. Cocooning aims to increase the comfort zone of the worried user and is ostensibly inward-directed. For this reason it may seem insular and increase the sense that the ‘outside world’ is hostile to breastfeeding.

Figure 32 ‘Defensive’ memes

(breastfeeding123, unknown, The Leaky Boob)



A form of action, which can happen as a gesture of support but also in retaliation for mistreatment of a breastfeeding Facebook user or general negative comments about breastfeeding is flooding. Broadly speaking, flooding is a tactic of overrepresentation, of increasing the visibility of (representations) of breastfeeding in a space and time, and typically takes the form of posting memes and pictures related to breastfeeding – for example, a negative article about women breastfeeding in public will be ‘swamped’ with

images and memes which intend to celebrate breastfeeding. But flooding can be a sustained and less localised form of protest – a virtual mass action – when all manner of general breastfeeding images or images related to a specific form of breastfeeding are being shared over a period of time across Facebook. One example of long-standing on-going actions is the ‘Hey Facebook breastfeeding is not obscene!’ a group that grew from a petition to Facebook to acknowledge that sharing breastfeeding images is not a violation of its ‘community standards’ and does not represent obscene material.⁷⁴ At the time the group was formed (2008), Facebook routinely removed breastfeeding images and users who shared such images risked having their accounts suspended or deleted (cf. Lunceford, 2012). In order to make such policing of content more difficult, users began sharing artworks or historical photographic archives depicting breastfeeding (Fig.33). This form of action, of repeated posting of the same type of imagery purposefully risking being ‘banned’ by Facebook, also demonstrates the ways in which tactics used by lactivists are based on ‘ethics of tenacity’ (de Certeau 1988:26) – the doggedness of devotion to what is seen as just action. A related form of flooding mass action was Facebook users changing their profile pictures to images of breastfeeding on the 1st day of every month. Enough users changing their picture was supposed to make it difficult for Facebook to police *all* images and users engaged in the action. Coordinated through smaller ad-hoc groups, it was seen as raising awareness and support for breastfeeding as a practice.⁷⁵

⁷⁴ Which Facebook did in 2014; a successor group is still a hub of activism specific to Facebook as well as information about other actions.

⁷⁵ Some of these groups I was a member of are no longer in existence. This, therefore, has to be the instance where a virtual researcher is recognised as informant (cf Hine 2000).

Hey Facebook!

Is this ok on Facebook?



Charity
Lucas Cranach the Elder and Lucas Cranach the Younger - Circa 1540
National History and Art Museum, Luxembourg

How about this one?



Postcard - Circa 1910
Ed G. Mizrahi, Adana, Ottoman Empire (now Turkey)

And this one from Mr. Rogers?



"Mister Rogers Talks About Food"
Mister Rogers' Neighborhood
episode #1536

These are all beautiful
breastfeeding images...
Having nipples exposed
does NOT make them sexually
explicit or nudity.

Stop removing breastfeeding images!

<https://www.facebook.com/the.ban.on.breastfeeding>

Figure 33 'Hey Facebook' image using historical pictures of breastfeeding to protest policy (from the Facebook page 'the ban on breastfeeding' circulated on FB)

A form of retaliation facilitated by Facebook is 'negrating': negative rating of pages representing businesses deemed to be discriminating against breastfeeding women or expressing negative views on breastfeeding. Negrating – a coordinated mass action – involves leaving multiple negative ratings and reviews on the offender's page. Members are alerted through a group share of an account or a media report and may simply assign the offender a 'one star' rating on its Facebook page, leave negative comments or demand an apology or staff training. Negrating aims to negatively impact the reputation of an organisation (reputational damage). In Poland an instance of negrating originating in breastfeeding support groups occurred in response to the well-publicised case of Liwia Malkowska, chastised for attempting to feed her child at the table of a Tricity restaurant in November 2014 (Wlodkowska 2016, TVN24 2016). Fellow group members called the

actions of the establishment ‘outrageous’, called for or declared a boycott. This was seen as particularly ‘militant’ by customers, friends of the owner, and even ‘prospective customers’ of the restaurant, who dismissed Liwia’s story. As in other instances of negrating against private companies I have observed, comments to lactivists’ reviews and to media reports on the court case which followed, expressed disgust at the very idea of breastfeeding in public (‘a saw sticking out her fat, veiny and stretch-marked tit’ Yorda Yohen/gazeta.pl). Group members were shocked, saying they ‘couldn’t fathom’ [‘nie pojmuje’, ‘nie ogarniam’], that so many people would be ‘getting behind that restaurant’. Furthermore, negrating was seen as ‘inappropriate’, ‘radical’ and ‘morally’ wrong, leading one left-wing commenter to note that in Poland the sanctity of private enterprise far surpasses the declarative reverence for motherhood (strajk.eu 2016).

Tactics similar to these and others, which use social media technologies in similar ways – like hashtags (metadata tagging to raise awareness of an issue) and hollabacks (narratives and documentation of transgressions and harassment) – are not uniquely lactivist and have been used, particularly by women’s groups, on Facebook and other social media (Ferreday 2017, Nagle 2013, Dixon 2014, Pearson & Trevisan 2015). Some critics see these forms of action as less effective than activists assume: as a result of their immersion in mediatised environments, social media activists over estimate the effect of these interventions in the world outside the ‘mediatised bubble’. But for many mothers, as Julie A. Wilson and Emily Chivers Yochim (2017) argue, their online interactions are inextricably interwoven into the fabric of their daily lives – they *are* their daily lives. Privileging ‘real life’ action may make little sense in a world where many are constantly connected and engaged in their online activities.

Spillover

There are numerous examples of lactivist defensive and retaliative actions that have originated online and impacted in ‘real life’. Some online support groups and

Facebook pages are created to facilitate action, like the Polish group KCNU originated in the 2011 Warsaw metro ‘flash mob’ described in the Prologue, or the Free to Feed page and group in the UK. Hanna says she started KCNU because she believes women should come together against producers of formula milk: ‘*mothers against mothers – it’s counterproductive, we need to unify [zjednoczyć się] against the hegemony of the dominant producers*’ (20/04/16). Drawing inspiration from the flash-mob, Hanna realised the potential of Facebook to bring together like-minded individuals for collective action:

The protest inspired me [...] it was there that the line ‘Karmiacie Cyce na Ulice’ was first used, I think, and I liked it a lot. I liked the protest, the way women decided to feed in the streets, in the metro. And I thought, ‘yes, we need that sort of action, we need to unify’ and that Facebook was a good place to get going [...] I thought ‘let’s get a group going quickly, to not lose momentum, to not have women flock away, to give them a place to come together, so maybe we could organise something again.’(20/04/16)

On a day-to-day basis the group may offer members advice on all matters related to breastfeeding, but its roots and purpose are protest and visibility. Because the group is open all images and materials shared in it are visible to other Facebook users. Through being displayed to friends of all those who post in the group (9000 members), those who ‘like’ those posts, those who comment on them, and finally through the group’s presence in the media eye, its local actions have the potential to reach national publics. This points to an important synergy between social media representations and reports and embodied protests as activist tactics.

Social and news media reports of discrimination against breastfeeding may lead to both negating and real life protest – similarly to the instances described in the Prologue. And Costanza-Chock notes that online coordination is often used simply to facilitate activism ‘in real life’. Over the course of my research and participation in activist networks in Poland and in the UK, I was able to observe different forms of direct, embodied activist actions in which women met in a group to publicly breastfeed. These events varied in size, scope and format, but Facebook pages and groups have

certainly facilitated the organisation of forms of embodied activist action involving occupation of public or quasi-public spaces. One prominent protest in the UK organised by Free to Feed took place outside Claridge's Hotel in London, four days after Louise Burns was asked to cover up while breastfeeding by the staff at this up-market establishment (Fig.34).



Figure 34 The Tweet that started 'The Claridge's Row'

(Lou Brown/Twitter)

In protest against the discrimination carried out by the hotel staff, a group of women rallied through Free to Feed chose to occupy the pavement outside the hotel, sitting down to feed their babies despite the cold early in the day on the 6th of December 2014. Some voices in the discussions of the event on the Free to Feed page and other lactivist spaces criticised the decision to feed outside, rather than occupy the Hotel, as a sign of weakness against the privilege it stood for. The women chose to breastfeed together outside the hotel because the action could have been prevented by hotel staff inside. Others recognised that it showed the protest was not against patrons of the hotel nor the hotel itself. Rather, while Free to Feed were ostensibly addressing the hotel to ensure its policy was in line with the national legal framework, the intended audience was the wider society. Ultimately, it was also a way to ensure media presence.

The action of occupying a space, such as performed by the women outside Claridge's, aims to draw media attention and is a political action to challenge discriminatory cultural assumptions about the visibility of breastfeeding and women's bodies. Exposure has a double meaning in relation to lactivist actions: exposing the breast and creating a conscious display of breastfeeding. Online responses to images of the Claridge's protest (Fig. 35) suggest that visibility of breastfeeding women's bodies is not culturally benign: 'These hussies should be stoned to death!' comments 'meher119' in the tabloid Daily Mail. Writing about lactivist protests Feadra Chatard Carpenter suggests that they force the spectators to confront 'latent and overt assumptions about motherhood in relation to parenting proficiency, civic responsibility, maternal sexuality, and political efficacy' (2006: 348), in the hope of making the audiences reconsider their preconceptions. Following Bartlett (2002), Carpenter argues that such *performances* of breastfeeding frame the act as an agential, representational activity, which troubles 'the archaic notion of the breastfeeding mother as an iconic symbol of subservient, home-bounded domesticity' (2006: 350). This troubling, argues Carpenter, is upsetting as it occurs in part through the ways in which breastfeeding in public brings with it the 'dirty' matter of human secretions (breastmilk) and the 'dirty' associations of breasts with sexuality in most Western cultures. The dominant script for an acceptable breastfeeding performance, she argues, is an invisible one. The visibility and 'spectacle' of group nursing are staged with the aim of creating 'a public forum as a conduit for social transformation' (350). Social media allow lactivists to organise these and make them visible to wider audiences.



Figure 35 Claridge's protest

(Free to Feed/FB)

Effectiveness of tactics of contention

Performances of breastfeeding aimed at creating social change, some of which are not *protests*, occur at various levels, and at each of these a complex set of contingencies decide their potential success and impact on their intended audiences. A breastfeeding group meeting can take place at a café known for being a 'breastfeeding friendly' space. Typically cyclical, facilitated by a peer support team, local authorities and/or local NHS trust, meeting like these used to take place in Lancaster over the course of my research.⁷⁶ The presence of other breastfeeding women is meant to encourage breastfeeding in public. A breastfeeding group meeting is different from a 'cocooning' meet-up with a mother who has no experience of breastfeeding in public,⁷⁷ or one who was previously discriminated against. There are also forms of consumer protest: nurse-ins where a group of women meet in the place of discrimination (Carpenter 2006, Boyer 2011). The women

⁷⁶ This is different from 'Baby Cafe', which runs drop-in clinics, organised on NHS or children's centre premises.

⁷⁷ There are Facebook groups which assist women in finding a 'buddy', such as Come Nurse with Me

typically purchase a drink in order to ‘buy’ the right to be recognised as customers and to feed their children on the premises, modelled on the 2004 US-based ‘Nurse at Starbucks’ activist campaign. And, as Carpenter observes

the very premise of patronizing a high-end coffee bar does suggest (but does not mandate) that one has the luxury of time as well as a certain amount of disposable income – an extravagance clearly not available to all mothers (2006: 359).

A consumer activist protest is markedly different from an occupation of a public or even quasi-public space, which rejects the consumer aspect and instead focuses on rights enforcement. For Boyer (2011) ‘nurse-ins held at cafes, restaurants or airline ticket-counters are arguably about fighting for rights as consumers’, while those in public spaces ‘about fighting for rights as citizens’ (434). But activists in the UK often cite the Equality Act 2010, giving mothers the right to breastfeed wherever she and the child are legally entitled to be *present*: no need to purchase in order to breastfeed.

A blur between the public/quasi-public space and consumer/non-consumer action, however, can create interpretive problems. Women in Lancaster referenced an event in April 2014 called ‘Lancaster Supports Public Breastfeeding’. Organised through a Facebook page, the Lancaster event was meant to be part of protests spurred by the online shaming of Emily Slough. Postponed twice due to bad weather, it gathered only 7 people of the 20 who stated they would come and feed their children or show support. Slough’s case had been written and spoken about in news media. In March 2014 Slough sat down to feed her child on some steps in Rugeley, Staffordshire. A stranger took a photograph and posted it anonymously on a local Facebook page, captioned ‘I know the sun is out n all that but there's no need to let your kid feast on your nipple in town!!! Tramp’; in response, several events were organised in support of Slough and of the right to breastfeed in public across the country (BBC 2014, see also: Grant 2016). The Lancaster event was to be one of them: planned for lunchtime outside McDonald’s to be seen by families with children, the event moved to the nearby Esquires cafe. The choice

to move was said to have been to accommodate a woman with a very small baby, who reported feeling insecure about feeding in public after Slough's case was reported in the media. The coffee shop had been a breastfeeding support group meeting place for some time and some women were regular customers. The staff of the café placed the group's banner on the south perimeter of the outdoor area. Three local councillors had come to support the event and invited the organiser to a meeting to discuss ways to improve support for breastfeeding women in Lancaster and Morecambe. The event seemed to prove that Lancaster does indeed support public breastfeeding, not least because of the goodwill shown by local politicians and business.

And yet I was not alone in feeling the event did not quite work. As Nickie observed, while she was supportive of the idea of organising to 'fight back' against stigmatisation of breastfeeding in public, she feels that there is widespread acceptance of breastfeeding in Lancaster anyway (11/11/14); Lisa and Gemma felt the same (10/11/14). But Nickie also noted that using a 'breastfeeding friendly' cafe and sitting as though meeting for '*coffee, boob and cake*', engaging in consumption, took away the edge. This is what generated confusion. As Boyer (2011) argues 'holding a public event in which breastfeeding is specifically supported and encouraged' is a way to 'seek to change norms around how urban space is understood', yet in my fieldnotes I noted how strange it felt, '*as though I invaded a meeting of mates feeding their babes*'. The confusion was also about the purpose of the meeting – was it to protest stigmatisation or simply to 'cocoon' a new mother? The latter actually seemed more important to Vicky, even though she is sceptical of cocooning on a group scale, as she says '*something about "Let's all of us get together and feed so you'd feel better" still isn't that helpful*' (26/11/15). She came to the event

because it was specifically about a new mum, who had lacked the confidence to breastfeed in public and it wasn't an event where, you know, you try to get at

somebody, it was simply, well, we'll go out and if our babies need feeding we'll feed them, even if they're not babies anymore, then hopefully it will be less weird for you (26/11/2015).

Still, Vicky believes '*shouting about it*' is *not* a good tactic when it comes to breastfeeding being normalised. Her reaction seems to suggest something similar to what Carpenter (2006) proposed: a group feeding is a performance, a contention, a challenge to the onlookers – in a way that, perhaps, precludes the normalisation of breastfeeding, an important lactivist consideration. '*I'm more about doing my bit to normalise it*' Vicky says:

My bit is just feeding. It's just 'That's the normal way to feed a baby and in fact a child, and I do it, and it's fine' (...) over the 5 years I have been nursing her in public, hopefully a couple people might have seen me nursing her and thought 'Oh, maybe it's not so weird' (...) But I'm not particularly interested in organising and even shouting about it. (26/11/15)

Yet Vicky's words reveal that an individual act of breastfeeding is a performance of the smallest scale, and that she was thinking of it as an effective intervention and a way of changing and influencing attitudes.

The importance of individual acts of breastfeeding

Writing about breastfeeding in public in the South East of England, Boyer notes that performances of breastfeeding in public can be understood as an effort to expand the boundaries of where care-work is allowed to take place. Public performances of breastfeeding 'are about rescripting an activity coded as intimate and belonging in the space of the home as being equally appropriate in public space' (2011:434). The desired effect is to *affect* the audience. While Boyer concentrates on group events as lactivist tactics, nursing in public (NIP) is increasingly framed within lactivist discourse as a one person intervention aimed at 'normalising' breastfeeding (Fig. 36). Hanna says '*I'm all for mums breastfeeding everywhere and anywhere, because the visual aspect – the learning through seeing it – is so important here*' (20/04/16). Visibility is crucial for Hanna who believes seeing breastfeeding women facilitates the *learning* of the practice.

Some research suggests observation of another breastfeeding mother could be an important element in fostering a belief in being able to do it:

The decision to initiate breast feeding is influenced more by *embodied knowledge* gained from seeing breast feeding than by theoretical knowledge about its benefits. Breast feeding involves performing a practical skill, often with others present. The knowledge, confidence, and commitment necessary to breast feed may be more effectively gained through antenatal apprenticeship to a breastfeeding mother than from advice given in consultations or from books (Hoddinot & Pill 1999).

Breastfeeding, as a bodily capability, is developed (learned) through observation of how others fulfil it in the conditions of a given society. Bodily techniques invite comparisons to crafts passed on from generation to generation, but as noted in Chapters 3 and 4 in the case of breastfeeding there is a sense of a gap in knowledge. Hence, Hanna says, it is a problem that breastfeeding women are being removed [‘wyrugowywane’] from public space, ‘*if all women breastfeed at home then even if there are many of them it won’t matter – next generations are not going to see it, not going to learn that it is normal*’ (20/04/16).

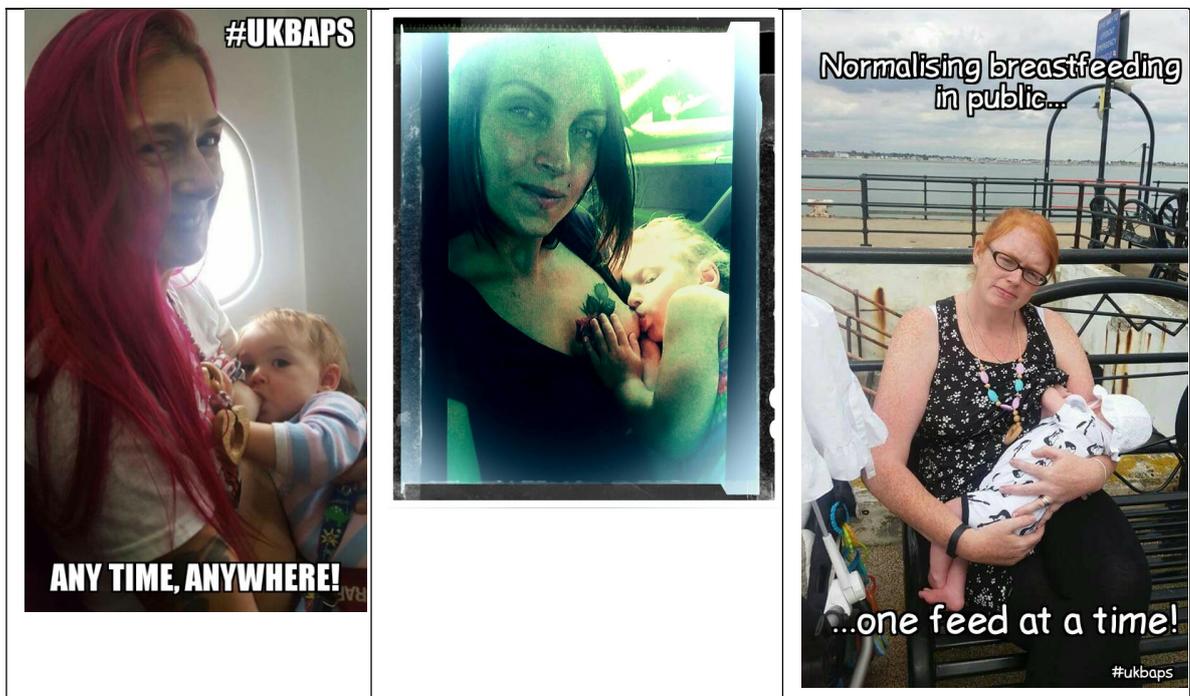


Figure 36 Documenting and sharing NIP

(BAPS, Hanna/KCNU, BAPS)

This framing of individual breastfeeding as ‘intervention’ comes through what others say. I contacted Nickie after seeing her post a comment about students’ reactions to breastfeeding and asked her about the experience in interview. She said feeding her daughter in a student bar before going into a lecture *‘people just kept looking and I felt really self conscious (...) I felt like I was actually quite different if I had her on campus with me’* (11/11/14). At the same time, despite feeling *‘really odd’* she felt like she *‘should be doing this, because (...) these people are probably going to leave Uni one day and have kids ad they should feel confident’*. Nickie clearly felt ambivalent. She felt pressure to stop breastfeeding in the space and at the same time to continue as a social and political intervention. She says she also wanted to take her child with her to lectures to normalise breastfeeding and some of her friends were very encouraging. But her mother told her not to, as it would *‘ruin everybody else’s learning’*. She said, *‘I wanted it to seem normal, to balance childcare with work, but then there’s the practicalities (...) so where does the boundary come?’* (11/11/14). Analysing Nickie’s account, one boundary is based on the segregation of spaces for different types of activities: work (lecture theatre) and leisure (bar). Care-work ‘belongs’ in neither, but by feeding in each, Nickie feels she could challenge this assumption.⁷⁸ This brings to mind the feminist concept of ‘mixed zoning’ of spaces, which normally remain separated. As Carter says ‘for women there are many private and public worlds’ (1995: 127), defined both spatially and temporally. These often follow logics of patriarchal and capitalist structuring separating the productive from the reproductive. Replacing these by arrangements that allow for unrestricted breastfeeding could be one way to remedy this. Here, Carter is referring to Kahn's concept of ‘mixed zoning’ (1989:31 in Carter 1995:126), allowing for ‘organizing

⁷⁸ Another boundary, articulated by her mother, is that between Nickie’s freedom to combine forms of work (learning and care-work) and others’ freedom from disruption. The latter trumps freedom to live a fuller life, symptomatic of the value assigned each endeavour.

family and work life in fresh ways' (Kahn 1989:46) in that it creates fluid spatio-temporal arrangements conducive to all kinds of work.

Staging breastfeeding in public

The awareness of being seen by others, mixed with an understanding of a social prohibition on bearing breasts in public (and the conditions for the suspension of the prohibition, contexts amenable to its disappearance) frames individual breastfeeding as an ongoing negotiation of the limits put on the practice, an attempt to 'de-tabooise' the act of breastfeeding (cf Boyer 2012). Individual performances, whilst seemingly less scripted than group events such as nurse-ins, flash mobs, or picnics often require a high degree of preparation and are consciously enacted. Conversations in Facebook groups and information shared on breastfeeding support pages on how to prepare for public breastfeeding offer an insight into the staging of it. One of the important considerations is the right 'costume'.⁷⁹ Wearing the right clothes can be important, particularly in front of specific publics. Some women begin planning what to wear even before their babies are due. AR started one such conversation in UKBAPS: *'I plan on breastfeeding I'm due in 3 weeks. The thing is I'm not very confident and don't like my breasts it sounds silly but how do you manage to feed in public and with family friends around?'* Some members suggested she will not care once the baby is born (trope of 'loss of inhibitions': putting the child's comfort and needs over social expectations, not caring about what others see when the infant is in need⁸⁰). Others offer practical, sartorial suggestions. NLN writes: *'Two tops - a vest type top and a normal over the vest. This way you can pull the vest down at the boob and lift the other up towards your face. Leaving a little slit for baby to feed and not show anything else.'* KB suggests a *'muslin tucked in bra strap then draped over top of boob and falls over boob when baby comes off'* and RL says *'I just wear a*

⁷⁹ Can I Breastfeed In It is a 'sartorial' group & page mentioned in both UK and Polish groups, created to resist clothes sold at a mark up because they are 'breastfeeding wear'.

⁸⁰ As Magdalena says, having her first daughter aged 25 she thought: *'I'm not going to breastfeed in public, how could I bare my breast in public? That only lasted until her first cry [laughs].'* (30/07/12)

feeding vest then a big flowery scarf so then I can put the scarf over either myself or bubba if we are in a very busy place'. While normalisation of breastfeeding is done, in part, through increased visibility, similar group discussions reveal attempts to ensure the performance meets a certain level of bodily exposure that is deemed acceptable (cf. Boyer 2011). Many women are constrained by societal norms of respectability and seek clothing that will not show too much flesh. As Carpenter notes, breastfeeding in public is a performance 'that is associated with specific, and often elaborate, stage directions' (2006), often aimed at making breastfeeding invisible, or 'discreet'. At the same time, women resist the notion of 'exposing themselves'. As Sylwia says *'I don't see a reason why I should cover myself or my baby. If anyone is embarrassed by it [wstydzi sie], they shouldn't be looking so hard'* (20/09/12).

Another consideration is to practice the performance and develop the skill. As JW suggests *'the more you do it the better you get at popping it out without anyone noticing. Practice at home with people u trust'*. And ER says *'practice with a teddy in front of a mirror - it's amazing how little is on display!'* Conversations between women online reveal that preparations for breastfeeding in front of a particular audience – in-laws and family, church congregation, friends, and strangers in different settings – are a quest for a finely tuned balance between visibility and exposure. Individual women may feel self-conscious because of attitudes of those around them to visibility of breastfeeding – hence the movement's use of NIP as a tactic. But Magdalena says people like her mother, who believe breastfeeding is an intimate matter, something that should take place *'in four walls, between the mother and child'*, will not be convinced: *'to them it will be flaunting intimacy [epatowanie czymś intymnym], like a Pride Parade'* (30/07/2012).

Private publics?

It is difficult to say what makes an act of breastfeeding 'private'. In interviews, some women suggest breastfeeding is an intimate experience when they are alone with one

child, concentrating on breastfeeding, doing nothing else. But this is not the daily reality of breastfeeding for most women. Breastfeeding is rarely a straightforwardly private affair. And when others seem to see it as requiring ‘privacy’, breastfeeding can exclude a woman from adult conversation and put her alone in a room with a child:

Whenever I was feeding him, they [in laws] would be sitting in the kitchen talking with my husband, so I felt ostracized. ‘Cause I’m sat – I’ve just had a new baby – and I’m sat on my own in my own lounge for an hour and nobody’s talking to me... (Lisa 10/11/14)

As Carter (1995) observes, even breastfeeding in the home may involve various ‘publics’ – either through the living arrangements or through the visits, reporting and oversight a woman might be subjected to by family, community, and care professionals. Inside and outside the home women are aware of various audiences to their performances of breastfeeding, and, as Carpenter (2006) seems to suggest, breastfeeding women internalise culturally specific scripts for these performances. The audience impacts on how the performance is carried out, or indeed whether it is postponed. This becomes increasingly pertinent when breastfeeding an ‘older’ child:

it depends on the context a bit: in front of people who know us well – no problem. In front of complete strangers on a bus even really – unless we are about to get off – I don’t really mind. But in front of people, acquaintances, who I know wouldn’t...aren’t’... don’t have the same... don’t know much about it...she can wait. (Vicky 26/11/15)

Acceptable and transgressive performances were often mentioned in interviews, sometimes through recollections of seeing someone else breastfeed. For Nickie it was ‘*a friend of a friend who was a feminist anyway so wasn’t bothered*’ (11/11/14) and breastfed her small child at a house party, a semi-private situation with an audience. The ‘not being bothered’ describes the woman as someone who believes in her right to be seen and Nickie described the context (public) as supportive, left-leaning, anarchist and non-heterosexist. But even in an ostensibly domestic context, the act may be *read* as public. Maria says her husband said he ‘*had to leave*’, when a visitor breastfed a child in

front of him (17/09/14). Gemma says her wife similarly '*didn't know what to do with herself... She went off and did the laundry in another room*', when a friend came to visit and fed her baby in their house (10/11/14). Gemma laughs at her wife's awkwardness, but several women spoke about breastfeeding in front of their own family and how it can create restrictions in one's own home. Lisa says laughing '*you don't really want to flash your brothers*' (10/11/14) and Agnieszka says her father, despite having been breastfed for 3 years himself, would always turn sideways or leave when she breastfed her children. The work of 'normalising' breastfeeding, it seems, starts at home.

Reactions to visibility and action

Some women pointed to 'cultural' differences in acceptance of NIP. Anna noted reactions were different to her NIP in Poland and in her partner's native Italy, where she felt people went out of their way to accommodate her '*smiling and giving up their seats*' (30/07/12), while Gemma and Lisa stated there was something 'prudish' about British people, which affected reactions to both NIP and breasts more generally (10/11/14), which Gemma seems to think is not the case in places like France. But Sylwia and Maria, who experienced breastfeeding both in Poland and the UK (London), offer completely different accounts of cultural differences in attitudes. For Sylwia, despite the '*promotion of breastfeeding*' through antenatal visits, the reactions she encountered were negative: '*If I'd go to a park, pull my top up a little to feed him there'd be comments "why do you have to show so much", "you should find a quieter spot for the baby"*'. In London of all places!' (20/09/12). She tells of experiences of being moved to a less '*exposed*' corner of a cafe in London, which in Warsaw was '*never an issue*'. Meanwhile for Maria, who in Gdansk, in Poland spent the first 1.5 years feeding her second child choosing secluded spots and feeling like everyone was watching, being self-conscious, the move to London was liberating. Maria frames breastfeeding as one of the many possibilities of expression available to a city-dweller, where London itself is understood as a space of freedom of

expression and of a loosening of expectations on presentation of self: *'whether you are in your PJs or breastfeeding, none of that seems to bother anyone'* (17/09/14). In both countries interviewed women reported receiving predominantly positive messages about breastfeeding in public, others encouraging them to 'keep at it'. As Lucy recounts:

When he was about 4 days old I was in Wetherspoons [...] I had him under a cover and everything, cause I was like really paranoid about it at first [...] this little lady, just came over and said "It's so lovely seeing you feeding him in public keep it up!" (06/03/14).

And other women discussed how reactions have changed, like Magdalena, now feeding her fourth child, who says *'parents will now show little kids and say "look, the baby is having boobie milk" [mleczko z cycusia]* (30/07/12).

But there is a risk in visibility, which on an individual level can be mitigated by factors such as class, status, age and embodiment, as well as skill. These risks are evaluated by individuals with reference to such structures as legal entitlements and socio-cultural affordances, as my exchange with Gemma suggests:

I: So if anyone ever came to you and said anything...

G: It would be quite unfortunate for them [laugh]

I: So you're aware of being entitled to feed...

G: Yeah, very entitled [laughs] I mean the law is always on your side and anyway, what a silly thing to be bothered by! What a silly thing! It's just eating (turning to baby), isn't it? It's just eating.

I: what I always thought but you...

G: Well it's not like I'm just jiggling them around for the fun of it, you know! [laughs] (10/11/14)

Visibility is not an invitation to criticism, but criticism may affect women in a negative way. For Vicky the sense of visibility made feeding in a public place with a group of breastfeeding friends uncomfortable *'because it drew attention in a way that me just feeding while everyone else got a bottle out and fuffed about didn't'* (26/11/2015). This becomes augmented when NIP becomes an element of a movement's 'repertoire of contention' – the things that lactivists do in the struggles over breastfeeding and the connected knowledge of possible reactions (Tarrow 2006:30). The threat is implied in the

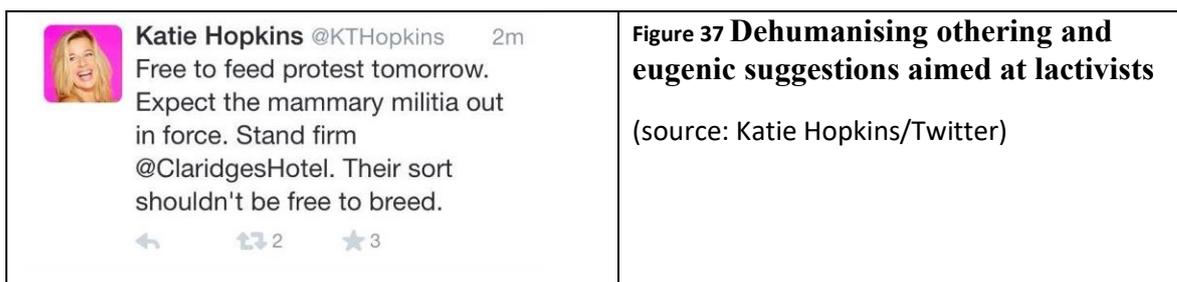
passage from the right-wing columnist Victoria Blackburn, shaming Sloane's decision to organise a public feeding:

No doubt she thinks she's making a stand for womanhood. In fact exactly the opposite is true. If a group of men arranged a public exhibition of their own natural functions it would rightly provoke an outcry and yet because these are breastfeeding women and as such seen as exempt from criticism no one will dare to utter a word. In public, that is. In private a lot of people, men as well as women, will be absolutely disgusted and very much less inclined to make allowances for mothers of small children than they would have been otherwise (Blackburn 2014)

For Blackburn, breastfeeding in public is not merely a public display of intimacy – it is a disgusting act of excretion like 'men's natural functions' which 'rightly' deserves the ostracism and mistreatment of *individual* women, as a result of 'disgust' at 'group indecent exposure'. Such a threat can have a real stifling effect on women's involvement not only in lactivism, but in 'doing' breastfeeding.

The visibility and vocality of the movement for breastfeeding, including activists' use of their own bodies during protest, has created a backlash. The term 'brestapo' (breastfeeding Gestapo) is routinely, unreflexively used by the UK right-wing media: 'How I was hounded by 'Breastapo'' (Daily Mail), 'The 'Breastapo' need to stop nipple gazing' (Telegraph), 'Myleene Klass: I won't be bullied by Breastapo' (Sun), and 'Resistance is useless against the Brestapo' (Times). Analogous in Polish is 'terror laktacyjny' or 'lektoterroryzm', the widespread colloquial use of which finds less reflection in headlines, but it itself appears in popular TV programmes (Dzien Dobry TVN) and in the comments sections of most major media outlets. In both contexts activists try to speak out against the way '*passion, determination and excited knowledge of breastfeeding*' is equated with terrorism, dictatorship and fascism/Nazism (Lucy/UKBAPS 09/2016). A UKBAPS page public post by Lucy lists phrases used by detractors of breastfeeding activism and advocacy: the mammary militia, titty Taliban, and Nipple Nazis (29/09/16). Lucy writes that she finds comparing '*a person who is*

passionate about breastfeeding to the Nazis ... not only downright insulting and completely out of order' ignoring 'the cold hard facts of what the Nazis actually did' but that it also 'detracts from the memory of those people who have lost their lives'. Shaming women who breastfeed or women who advocate breastfeeding becomes easier through assigning them a deviant identity of 'lactoterrorists'/'brestapo', or stipulating 'deviant pleasures' derived from public displays of intimacy.



This form of othering opens the door to extreme expressions of hatred (Fig.37) and gains traction in 'mainstream' parenting groups. As Hanna observes: *'I'm probably in 20-30 different parenting groups at the moment ... in all the groups, all at once, someone will kick off with "I've seen a mother somewhere, she's such a pig with her tits out" I can see this happen so much!'* (20/04/16). The resulting discussions, says Hanna, fashion the breastfeeding woman into a figure of disgust. She believes this directly benefits the commercial interests of formula makers, so she is also willing to entertain the idea that these are instances of paid trolling. Indeed, many women within groups express a similar sentiment, unable to find a rational, valid reason for all the expressions of hate they hear about. Others believe the hate is a symptom of the movement's success: hate is a last resort of those who have no arguments.

Practices, de Certeau stresses, are always recounted, and their tactical deployment is based on an interconnectedness of speaking, thinking and doing (1988:79). It is in this context that women's daily practice of breastfeeding - no longer just in public - becomes a movement tactic, a daily mass action, an embodied opposition to the denigration voiced

by detractors. Media have become ‘infrastructures of intimacy’ and connections are now formed not only with other people, but with ‘devices, apps and platforms’ (Paasonen, 2018:104). The politics of lactivist groups on and offline, with(in) the specific landscape of Facebook, are intertwined with the intimate connections between ‘wise ladies on the phone’ and *their* intimacies. At the same time, as Atwood, Hakim and Winch (2017) note, while the sphere of the intimate ‘excites considerable fascination and attention’, it is seen as ‘relatively unimportant within the wider scheme of political and public life’, ‘partly because of the division between the capitalist sphere of production and the site of social reproduction’. Lactivism however, seems to be (re)politicising the intimate. Together with the tactics deployed in the ‘digital mundane’ – from the creation of safe spaces and support groups, the celebratory interactions, the posting of breffies, and forms of electronic contention – it is at this everyday level that the women’s own stories and meanings of breastfeeding emerge.

Chapter 8: The stories we tell

‘Every mother has a feeding story’ states Pam Carter and just like birth stories, these are often spontaneously told and retold many times over – as explanations, complaints, commiserations (1995:36). Such stories are also shared with healthcare professionals, and are offered by women online in the context of seeking for information. But they may also, as in the case of a UKBAPS initiative, be shared to celebrate breastfeeding (June 2017). Like the stories I heard in interviews or in private exchanges, each woman’s telling of her breastfeeding story under the #CelebrateBreastfeeding is an amalgam of practical experience and of breastfeeding advocacy, a story of small triumphs and of ‘making breastfeeding work’ for them. These stories are also about the difficulties of breastfeeding, as much as they celebrate it. The form itself seems to be familiar to other women who comment. Indeed, such stories are common. The act of sharing those stories privately, to friends, acquaintances and family, publicly in group meetings and online environments, and with researchers constitutes a form of activism. Sonja Vivienne usefully defines everyday activists as people ‘called upon in everyday life to use their personal stories in mundane environments to challenge social norms’ (2016:2). Working from this definition in this chapter, I will consider how personal stories about breastfeeding are shared with a view of some kind of social change taking place – from creating a more accepting social environment, to fostering education and enabling legal change in favour of the group the ‘everyday activist’ represents (Vivienne 2016).

Personal, even intimate, stories, writes Kenneth Plummer, when shared out loud make a difference to our lives, communities, cultures, and to our politics (1995). There are compelling cases of use of personal narratives, and equally compelling critiques of this form of activism, in the field of health politics by cancer patients (Lorde 1980, Sharf 1997, Kedrowki & Sarrow 2007), HIV/AIDS activists (Epstein 1996, Gillett 2003,

Mazanderania & Paparini 2015), rare disease communities and people with disabilities (Barett 2014), long-term illness (Frank 2000), and their families, especially parents of children with various health issues (McLellan 1997, Newman 2004, Rapp & Ginsburg 2011). Personal stories have long been used as an activist tool by people who experience oppression in society based on an identity (Plummer 1995, Anderson 2014, Vivienne 2016). In anti-violence feminist activism personal stories have a particular use and force (Cornelius, Shahrokh, Mills 2015). However, what stories are told is as important as the act of telling. As Jan Haaken writes:

women in the anti-violence movement must continue to generate narratives that foreground the sheer pervasiveness. But if these are the modal stories that circulate, relying as they often do on the stock script of virtuous (white) maidens and smarmy villains, too many plots and subplots are left behind (2010:101).

So what stories do women tell about breastfeeding? In much of the literature on breastfeeding, the ways in which women tell their stories, the elements these stories are made of, are read as reflections of ‘success’ or failure of breastfeeding promotion (Carter 1995, Blum 1999, Newman 2010, Lee 2011, Faircloth 2013). Newman (2010) and Faircloth (2013), describe the accounts their participants gave as focusing on the health benefits to the child, the scientific evidence that attests breastfeeding’s importance, but also the ‘naturalness’ of breastfeeding, or even feelings of moral superiority derived from ‘doing the right thing’. Faircloth further states that mothers breastfeeding to term tell a story of a ‘change of heart’ about breastfeeding that led them to continue with the practice beyond the culturally sanctioned period. There is also an element of ‘sacrifice’ in the ways women talk or write about breastfeeding, asserts Zdrojewska-Zywiecka (2012). Those authors place breastfeeding within the context of the cultural pervasiveness of intensive mothering, so the stories women tell of breastfeeding are expected to reflect the ideological injunction to mother in a way that dedicates maternal resources to the child.

These elements are present in the accounts shared by the UKBAPS fan page, and in ones women share within groups. In the Lactation Quarterly group AA writes she has finished feeding her child: *'I have been giving my daughter the best thing for over three years'*. She thanks others for their help and support, and will be staying in the group:

I will serve with advice. Although I have fed long, it has been easy from the start and I had no major problems, apart from one bout of mastitis (...) and to think I was aiming for 6 months, then hoping to get to a year!

In line with what other researchers have found, breastfeeding is 'best' and AA had a 'change of heart' as she realised the importance of breastfeeding. I have encountered similar elements in the stories of breastfeeding I have been told in interviews, when women spoke of breastfeeding as a 'biological norm' (Vicky, Hanna), the 'natural way to feed' (Magdalena, Ola) and even a 'simple consequence of pregnancy' (Paula, Maria, Magdalena, Gemma, Honorata). Those who decided to breastfeed to term spoke of a change of their attitude to breastfeeding an older child – from surprise and even disgust to full acceptance and enjoyment (Vicky, Honorata, Maria, Lisa). Sometimes, the change of attitude to breastfeeding happened once the child was born (Nickie, Lina), or from child to child (Maria, Magdalena). And yet what struck me most in the interview transcripts was the predominance of the emphasis on benefits to the mother. Even those mothers who were not keen on breastfeeding (Nickie) or disliked it (Lina) felt it made their lives *as mothers* easier. Faircloth (2013) sees stories of easy breastfeeding as a 'glossing out' of problems by 'defensive' advocates. Even though her participants talk of difficulties and of 'overcoming' them, she suggests that they omit difficulty to make breastfeeding appealing. The women I spoke to would readily admit to issues such as tiredness and discomfort (Lucy, Gemma, Nickie, Lisa, Paula, Maria, Anna, Ola) or the inconvenience of engorged breasts (Magdalena, Paula, Lisa, Marysia, Sylwia, Joanna), to sensitivity in the nipple or to being bitten, or fear of being bitten by a nursing child (Paula, Lina, Lisa, Sylwia, Lucy, Marysia, Nickie, Gemma). Some expressed a dislike of

breastfeeding at particular times (Anna) or in general (Nickie, Lina). Yet even when breastfeeding was neither straightforward, nor experienced as physically pleasant, for these women breastfeeding was felt to ease the labour of mothering:

It is what it is, it is actually quite easy, I also believed it was valuable and I was happy somehow [“gdzieśtam się cieszyłam”]. And if every now and then it was a bit unpleasant, well, I just... well, I got over that. [...] I also expressed the milk, so I could go out in the evening, I didn't feel majorly hogtied [“udupienie”][...] And then all that was left was a morning feed, he would wake up around four in the morning and it was absolutely great that even if there maybe wasn't much flowing we could sleep. (Lina 26/07/12)

Breastfeeding was ‘valuable’ in diverse and multiple ways to the women I engaged with throughout this research – *beyond* health-building parental obligations. This seems to be in contrast to Newman’s (2010) study of how women negotiate the messages of breastfeeding promotion in their narratives of personal experiences of breastfeeding. In Newman’s study ‘benefits to mother’ was the *least* frequent framing of breastfeeding, confirmed by similar studies of women’s use of arguments of breastfeeding advocacy (Copelton et al 2010). It is also different to what Zdrojewska-Zywiecka (2012) sees as the ‘child-centric’ orientation of promotion of breastfeeding in Poland reflected in women’s accounts of their infant feeding practices online. For the women I spoke to, breastfeeding clearly had a pragmatic dimension: it fitted with their lifestyles and made motherhood easier. It was easy, even lazy as they believed it required less effort compared to formula feeding. Combined with the practice of bed-sharing or co-sleeping, the mothers I interviewed felt it gave them the best chance of being well-rested.⁸¹ To demonstrate that these are arising common concerns at the lactivist level of the breastfeeding movement, I follow the tropes which emerged from interviews with online materials, allowing for women’s own story of breastfeeding to emerge.

⁸¹ Clinical research seems to support this perception: ‘Parents of infants who were breastfed in the evening and/or at night slept an average of 40-45 minutes more than parents of infants given formula’ (Doan, Gardiner, Gay and Lee 2007).

Liquid gold?

Many of the positives women mention about breastfeeding are the perceived properties of breastmilk popularised through organised advocacy and the ‘health benefits’ of breast-feeding are usually down to the belief in special properties of breast-milk. It was ‘*the best you can give*’ (Gemma, Lucy) or ‘*tailored to their needs*’ (Lisa, Honorata), a boost for their immune system (Lina, Joanna, Lisa, Lucy, Agnieszka), but also a supremely healthy food (Marta, Ola, Marysia), a ‘*living substance*’ (Lucy). As discussed in Chapter 6, popularisation of such beliefs, alongside the commoditisation of infant feeding and human milk created the perception of breastmilk as a precious substance, or sacred substance - ‘liquid gold’ (Golden 1996, Hausman 2003, Paalmquist 2015). But why and how does it matter to women that the substance they produce and feed their children has all those properties? How and why does the shaping of their children’s future health matter and what is it about breastmilk that most concerns women?

For Lisa ‘*it was hard work making all those antivirals*’ (10/11/14) but she was pleased with the effect it had in shortening recovery time in illness, if not preventing it altogether. For Lina, despite her reluctance to breastfeed, the immunity-building aspect of breastmilk was an important consideration:

One thing was the antibodies, I mean, it was a big deal [“wielka rozkmina”] – it was coming to winter and I wanted to stop and then I had the thought that I have these antibodies and if I get ill then he wouldn’t, right? And then I had a bit of doubt – like I’m not sure I believe in all those scientific facts. I mean it seems to all depend on who is doing the research and what the dominant paradigm is, so I wanted to actually get proof that this would be the case [smiles]. And so I wanted someone to come over and say, yes, it makes sense, you know, not a scientist in a lab coat, but fuck, don’t know who, would say “even that one feed a day means that your child will have the antibodies and will be healthier” and will avoid all those stupid colds that last for ages. (26/07/12)

Lina seems reluctant to just be ‘sold’ on expert medical argumentation – she wants a more unspecified ‘*someone*’, who can vouch breastfeeding works to stave off the colds,

rather than a '*scientist in a lab coat*'. It suggests that awareness of the properties of breastmilk does not mean women lose sight of their own role in maintaining breastfeeding – an aspect that the focus on 'liquid gold' seems to obscure for some medical practitioners (Burns, Schmied, Fenwick, Sheehan 2012). Most notably, Lina is not after long term health benefits for her child – she is looking for a more urgent solution: to avoid colds that could drag '*for ages*'. Like other tasks of infant care, taking care of a child in ill health seems to burden mothers far more than their partners, irrespective of method of infant feeding (Rippeyoung and Noonan 2012). Having to do it less benefits the mother first, before any benefits accrued for society in terms of lowered health expenditure (Unicef 2012). It is also clear that when a woman is able to credit her breastfeeding for her '*robustly, disgustingly healthy*' children (Shel 05/03/14) the idea is empowering. As Nickie says: '*I sort of used it as an answer to a lot of things, especially teething and illness, especially if she had a fever [instead of] wondering what I'd do if she wasn't eating or drinking*' (11/11/14). Specific illness can make this even more pronounced; for Lucy a bout of salmonella that affected both her and her son was such an instance, where she was able to ensure her child was '*getting all he needed*' (06/03/14), even while she was affected by the illness herself.

Reducing burdens

The claim that breastmilk is a source of optimal nutrition has some benefits, again, in terms of reducing the burden of having to 'think too hard' about child's nutrition. Vicky spoke of the way breastmilk was a way out of such pressures:

It's been my get out of jail free card for a long time (...) everyone was stressing because their child was 7 months & eating 3 meals a day & pudding. And I was like "stuff it! She's got milk" (26/11/15)

Mothers are commonly perceived as responsible for their children's well-being and nutrition – and conversely blamed for any perceived failings in it (Zdrojewska-Zywiecka 2012; Lee, Macvarish and Bristow 2010,). Breastfeeding, as an assurance they are

providing crucial nutrients, seems to be alleviating this burden. If she allows her child to make her own food choices, Vicky does not have to worry, because she believes her milk is already satisfying her nutritional needs. She says her child still *'eats crap! (...)*

MacDonald's three times a week!' and her diet is *'very, very much lacking apart from milk choice'* (26/11/15). Honorata, also breastfeeding to term, seems equally relaxed:

I was never worried about how much she'd eat, that she didn't have lunch, or didn't want to eat this or that, because she'd always drink. She even had bloods done once, when she was about two, because she had circles around her eyes. And it turned out all ok, she is not anaemic, or anything of the sort.

But women's beliefs in the properties of breastmilk are often challenged, their milk said to be inadequate, insubstantial, or insufficient:

My mum is saying "oh maybe your milk is not enough and she is hungry" Well, she is hungry, but not because my milk is not enough, but because she is looking around the world getting distracted, or maybe she wants a drink when it gets as hot as it was recently. (Marta 23/08/13)

A certain level of knowledge about the properties of breastmilk gives Marta a sense that she is able to provide adequately for her child's needs. She can relax and feels able to provide for her child: *'milk is constructed in such a way that there's everything in it – both drink and food'*, she states confidently, *'if she wants to drink [baby makes noise, she turns to her] you'll get this to drink, the more fluid stuff'* (23/08/13). Zdrojewska-Zywiecka (2012) ties this maternal responsibility for feeding a child, which she could see in responses to her questionnaire and in online interactions between women around infant feeding, to Walczewska's (2003) trope of the 'gastronomic mother' ['matka gastronomiczna']. The mother responds to directly expressed, primal instinct of hunger, her power hinged on bringing about safety through satiety. As Zdrojewska-Zywiecka observes, the tension between women 'is set at the level of satiety', of being able to ensure (and control) the well-being of the child (6). In Walczewska's model, the gastronomic mother, who is solely responsible for feeding her family, uses this as a mode of control, the more she lacks control of other aspects of life. Reversing this argument,

perhaps the lessened focus on controlling food intake described by breastfeeding women could be a way to release the energy needed to control other aspects of life. Being assured that due to the presence of breastmilk, their children's diet is good enough, frees breastfeeding women's mental capacities.

Sleep is another important parental consideration and a child, especially an older child, who wakes up too early can be a source of much misery. Extra sleep is even more welcome when the mother returns to work, as in Lina's case (above). She was not alone amongst my participants in appreciating the extra sleeping time gained from being able to *'just stick a boob in their face'*, as another working mother puts it: *'from about 5am [...] I would rather she was attached to me and asleep than awake and [...] wanting to go and look at the TV or play, or talk to me, or anything.'* (Vicky 26/11/15). Women spoke of breastfeeding as the 'lazy option' most often in comparison to bottle feeding formula.⁸² Speaking of the reasons why she successfully initiated breastfeeding despite initially having problems with supply and pain, Paula says:

...much of it was down to me being lazy – I dreaded to think that I'd have to get up, sterilise bottles, boil that water, mix that powder ... nah, sorry: thank you, no thank you! I'd rather get the boob out and keep on sleeping! (03/03/14)

And other women compare their own experiences to those of formula feeding friends:

I'd seen my friend with her bottle...I got up in the night to her little one, he was about 16 months old [...] he was on my hip and I was trying to boil a kettle. And I thought 'Oh my God!' Having done that even just a couple of times I was like 'No! If I can just whip my boob out, I'm totally doing that!' (Vicky 26/11/15)

If I go out I don't have to take things with me [...] I don't have to cart any extra stuff when we go to the shops ..., I don't have to think 'Where can I warm the bottle? Where can I keep this cool? Where can I find the scissors to open this stupid carton?' [laughs] It is a problem that we've had in the playground with a friend [laughs]. 'Where can I sterilize this?' there's not been that problem. (Lisa 10/11/14)

The idea that breastfeeding is convenient is echoed in the experience of Marta, who went from mainly bottle feeding to fully breastfeeding her daughter:

⁸²Expressing breastmilk and bottle feeding have not been brought up by this particular group within those considerations

When I was so adamant to get BF, I was also thinking in the back of my head, 'How am I going to deal with all those bottles, all the hassle? I won't be able to go out, no walks, no restaurants, no visits to see friends, no holidays because I will have to haul the bottles everywhere, make sure I have water, boil it, keep it in thermos flasks, ask at cafes to have it warmed up, all of this so pointless', I was really dreading it.[...] It was awful – the sterilising, the rinsing, the preparation, she wouldn't eat it all, or I made too much, because it just worked out like that, and I'd have to send it down the sink and it was such a waste, I was thinking, 'Gosh, this milk is so expensive, and I am wasting it. Pointless!' so to me, I assumed it [bottle feeding] was cumbersome, uneconomical and most of all unnatural (23/08/13).

In these accounts bottle feeding is seen as creating an additional burden for the mother: hauling bottles, worrying about preparation, an onerous, cumbersome thing to do. For my interviewees breastfeeding was perceived as a burden-reducing option. Partners – where present – were said to be charged with 'other' tasks: nappy changing, moving the baby, burping the baby and so on, especially in the early period and at night. But circumstances such as a 'supportive partner' are not chance, argues Carter (1995), and from the accounts I was offered it seemed the partners were invested in breastfeeding due to a combination of ideological (health) and material reasons – including the same recognition of formula as time-consuming and costly. As Carter notes, concrete social realities, which she terms maternal 'working conditions', shape infant feeding. What women tell us about in their breastfeeding stories are the 'individual experiences of the broader practices and material circumstances which surround infant feeding', and as she suggests 'what happens in any one case is shaped and patterned, although not determined, by these' (1995:89). Whilst it is often suggested that bottle feeding frees women up to do other things, especially to engage in paid employment (Smith and Forrester 2013), research shows that in many cases bottle feeding does not remove the burden of feeding and preparing feeds (Van Esterik 1989, Carter 1995). While material realities may influence the decision towards either method as a means of reducing maternal burden (Maher 1992), it is important to remember that bottle feeding does not

liberate women ‘to become like men; bottle feeding is not a route to gender neutrality’ (Carter 1995:233).

Similar concerns about formula and equity of parenting appear in Analytical Armadillo’s blog. In her ‘5 reasons why formula isn’t the lazy option’ (July 2012), Armadillo is listing the steps necessary to make up a bottle in accordance with official UK guidelines, in comparison to the 2 steps to breastfeed: expose breast, offer to child. She states ‘[t]he early days can be intense, 8-12 feeds per 24 hours - but within weeks evidence shows a large percentage have a 5hr gap at night.’ She notes that only after ‘these early few weeks’ breastfeeding gets easy. So while initially formula might seem the easier option – shared with relatives it gives the mother a chance to rest – this is not something that lasts, as relatives who return back to work, become

far less agreeable to making and delivering night feeds when they have a full day of work ahead compared to mum who is at home and can sleep when baby does. For many, especially if family and friends work, by 3-4 weeks postpartum the days (and often the nights) are mum's alone.

Comparing the two modes of infant feeding in various cultural settings, Van Esterik (1989) comes to the conclusion that breast or formula feeding have the same type of scheduling and periodicity, in that either will be a ‘high-periodicity (high-frequency), non-postponable, menial task’ (187), while the burden of feeding and preparing feeds still falls to the mothers.

‘I breastfeed because I am lazy’

In a rare case of synchronicity, as I was working on this chapter, Hafija reposted her article from October 2012. She points out reasons why breastfeeding is the ‘lazy’ method of infant feeding. As she writes:

If the pro-health and development arguments count for nothing, or money-related arguments in favour of breastfeeding, maybe laziness will persuade you. Leaving aside the first three months when anything baby-related is a toil, the farther you get breastfeeding, the easier and lazier it gets. (Hafija 2012)

She follows this up with 8 points why breastfeeding is ‘lazy’, which correspond to the reasons mentioned by the women I interviewed: longer sleep, no need to get up at night, easier soothing of a child, no need to worry about food on the go, no need to wash and sterilise, and the simultaneity of doing other things whilst breastfeeding. Two points are devoted to breastfeeding offering a time-out from a busy life of paid and domestic work – watching a film or reading a book uninterrupted because she is feeding, and being able to ask her husband to do things for her as she feeds.

Group discussions on Facebook also tend to mention the ‘laziness’ argument, agreeing on the point of ‘initial sacrifice’ being ‘worth it’, and similarly advising women who are ‘struggling’ to bed-share, take time out, ask partners or family to provide labour around the house. Memes reflecting the ease of breastfeeding are shared in group discussions as a ‘response’ to a post, a commentary, or in lieu of advice. I have chosen two, one shared on UKBAPS – during a discussion on merits of breastfeeding – and one on Karmienie Piersia Off Topic (KP OT).⁸³ The first meme, captioned ‘*Bed sharing & breastfeeding. Because you’re too tired to get up to make a bottle*’, depicts a white heterosexual family sleeping in a bed (Fig. 38). The adults are facing each other, creating a ‘nest’ for the child. The child – a small toddler – is sucking the mother’s breast. All seem peacefully asleep, although the man’s night lamp is on. The man, the duvet low on his body, holds the woman’s arm in a supportive, caring gesture. The lamp and the connection suggest he remains responsive (ready to bring a glass of water perhaps?)

⁸³ Both do not credit the original cartoon authors, but lactivist pages, who *might* be the originators of the meme: Breastfeeding Mama Talk and Breastfeedin' Co-Sleepin' Bed Sharin' Mamas



Figure 38 Lazy memes

(reshared by members via pages credited on image; authors unknown)

The other image depicts a woman sleeping with her toddler. This time only the breastfeeding dyad is bed-sharing. The picture is black and white in the meme version. The woman and the baby are ethnically ambiguous, and the depiction of the woman is slightly more cartoonish. Her lips are full, her head is big, her left breast, which she presumably fed from, remains exposed and seems smaller than the right breast. Her body relaxed on her right side, her left is slightly contorted, presumably to hold child's hand. The text says '*Every night, millions of moms sleep with one boob out.*' This image was shared in recognition of the 'similarity' of experience.⁸⁴

Simultaneity

There are 108 comments on Hafija's blog⁸⁵ The women who comment add their own reasons: it allowed them to travel, hike, or get lost in conversation with a friend.

And 'Patrycja' writes that she was

happy that I'm irreplaceable when from the other room came the sound of the drill our older daughter gave Dad: pee, poo, carry me, teeth, eat, drink, play,

⁸⁴ This is one way in which women find out that what they might be doing (against official advice) is 'normal', as Vicky said (see Chapter 4).

⁸⁵ And reposting to Facebook to her 27 523 followers (20/06/16) gathered 53 shares, 527 likes and 68 comments. This is a high share count for a non-topical, older post. A more topical post around the same time (29/07/16) on the National Audit Office control of Polish standards of maternity care has 566 likes, 333 shares and 80 comments. Another non-topical post from the same period has 67 comments, 532 likes but only 18 shares (<https://www.facebook.com/Hafijapl/>)

story, tea, sit with me, and do dolly's hair ... while I lie and feed ☺ And don't you dare come in here, because you'd interfere with lactation ;)

Such 'time out' may only be warranted when it is taken as a 'time to' - a time to feed, to which a 'time out' activity (reading, watching TV or films, using phone, tablet, or computer) is only an accompaniment. Breastfeeding as a reason to take 'time out' from work, childcare, housework, and social commitments, uses the culturally prevalent mode of keeping the work of reproduction 'private' to sanction relief for mothers. Some women resist this, as Maria says, and don't agree with her suggestion to take a more laid back approach, to spend time in bed, undressed with their new baby:

It just doesn't seem right to them to take off that £200 nursing bra they bought and lie down: "I can't be in bed all the time" – you've given birth three days ago, might as well have a lie down! But no, she has to be active...(17/09/14).

This need to be 'up and out', Maria observes, is partly due to the loosening of social ties and loss of community – a frequent diagnosis used by breastfeeding advocates (cf.

Faircloth 2013):

this did function well in traditional societies – older children playing outside (...) so the mother in her lying in could concentrate on her youngest, whereas nowadays [women] also have to look after the older children and they are left alone with it (17/09/14)

Maria's account suggests that for most women the 'time out' is not readily available, as children are the sole responsibility of individual woman in contrast to 'traditional societies'. For women whose work is in the home, an enforced 'time out' might be unwelcome, becoming an additional burden on their limited resources.⁸⁶ Some literature suggests that early weaning might therefore be a strategy to save maternal resources; but there are perhaps other 'trade-offs' that occur with breastfeeding, which make women continue (Smith and Forrester 2013). Infant feeding of any kind is an intensive task 'accomplished in brief bursts of activity several times during the day' and usually

⁸⁶ For a discussion of the interplay between work, housework and 'time out' see Carter 1995 and Gatrell 2011. Drawing on Davies' (1990) research on women's modes of functioning in private and public spheres, Carter suggests that women may not really be getting any "time out" at all (126).

‘compatible with other high-frequency house-hold tasks’ which might have to be accomplished simultaneously (Van Esterik 1989:187).⁸⁷ Whilst time use data research from Australia suggests that breastfeeding women spend on average around 7 hours more feeding their children milk (Smith and Forrester 2013), it is perhaps the simultaneity of ‘other tasks’ that is crucial. Being able to do something else simultaneously with breastfeeding (like sleep) seems an important factor. Other tasks can be accomplished whilst breastfeeding:

Sometimes it's just a sideline activity [tak przy okazji], I'm sitting at the computer and the child is asleep at the breast, one hand free, so the right breast would always be bigger to free up the right hand [giggles] (Honorata 27/07/12).

And others seemed to agree, describing breastfeeding whilst eating (Gemma), cooking (Magdalena), shopping or ‘going about their business’ (Anna, Lisa), watching TV or reading books (Paula) and ‘being on’ their laptop (Lisa), computer (Maria), or tablet (Vicky). Some of these are leisure activities, which are facilitated by the ‘time out’ taken to breastfeed. This simultaneity also means women who breastfeed can access support networks while feeding – enabled by mobile technologies, but it also enables other types of simultaneity.

From the interview materials it seems that breastfeeding allows for simultaneity of forms of care, which might contribute to the sense of ease or lesser burden reported by mothers. Women describe breastfeeding as a ‘parenting tool’, a more expedient way of dealing with emotional states of the child:

It's just part of our relationship... I didn't know much about it when she was a baby, but I saw that if she cried, I gave her boob, she was fine again, so that became my parenting tool (Vicky 26/11/15)

⁸⁷ This cannot be said of bottle feeding with the use of expressed breastmilk (‘exclusive pumping’), which requires time to express breastmilk and to feed it to the child; in this sense the method is ostensibly different and needs to be considered separately. Occasional use of expressed breastmilk is also different from exclusive pumping.

This notion might still contain aspects of intensive mothering, in that the mother is a central care-giver using her resources (body), but she also stands to *gain* something. The goal is not ensuring one has a satiated and healthy child to derive a sense of moral fulfilment from, but rather to ensure a more practical outcome. For Honorata, breastfeeding was a way to make everyday situations ‘work’:

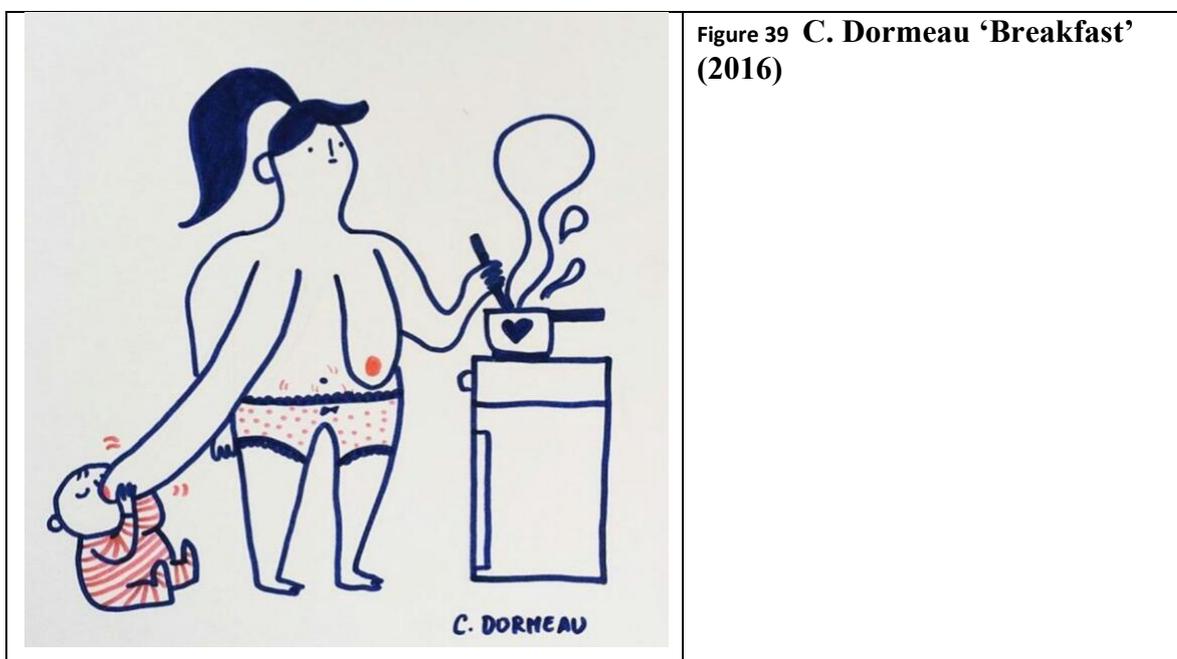
...on buses, on public transport in traffic it is a godsend – it takes her attention off of it, calms her down, if it is hot, she gets a drink. I mean if I'd travel to my mom's on multiple buses and then the out-of-town lines, it was really good, she used to drink and fall asleep, now she might not fall asleep, but it is still much easier. [...] I mean maybe you can soothe a child another way, but why make it more difficult for yourself if this is the easiest, most straightforward, simplest way and then it responds to the child's needs, especially my child's needs in those situations? (27/07/12; emphasis mine)

Being able to feed, soothe and travel made Honorata’s busy life easier. In research using tracking-device recorded time-use data from new mothers in Australia, Smith and Elwood (2011) found that breastfed infants received greatest amounts of emotional care from their mother, mix fed infants less, and formula fed infants the least. As Smith and Elwood argue the amount of emotional care given ‘may help explain the differential cognitive developmental outcomes reported in the medical literature for breastfed and non breastfed infants’ (2011: 2). Yet it seems that, at least to some, this is an additional ‘perk’ of more down-to-earth considerations. Paula actually seems to say the practical benefits trump most other considerations:

I mean the emotional connection may be one thing, but on a practical level it just worked. We both had to travel loads in our son's first year [...] and a few times we had things like plane delays. And all the kids were crying, while ours was just chilled out at the breast, 'cause it was – I mean I just found it easy. (03/03/14)

Simultaneously doing a few tasks – multitasking – is one of the promises of breastfeeding that emerges from these accounts. An image shared by AK in KPOT in recognition of this, is a joking take on breastfeeding and multitasking by the French illustrator Cecile Dorneau (Fig. 39). The image shows a woman mixing a boiling, heart-decorated pan with her left hand. Her face is relaxed, she is wearing only oversized

‘mamma pants’, has tiger stripe stretch marks⁸⁸, and her breasts droop excessively, her left hanging down to her waist whilst her right extends to the plump baby holding on to it, and suckling it, sat on the floor.



Dormeau's illustrations are playful, tongue-in-cheek depictions of everyday female existence, but also frank comments on social perceptions and realities. In many of Dormeau's illustrations and gifs breasts seem to have a life of their own – slapping a man for grabbing, squashing a fly, serving as a scarf – always a bit rebellious, excessive even if small, liberated and wanting to break social conventions, just like the woman who carries them. The droopy breastfeeding breasts have an air of carelessness about them. This explains why the image is loved by lactivists: the 'extended breast' – a potential pun on 'extended' breastfeeding – and her woman seem to care very little for social expectations, they get the job done.

There is another 'simultaneity' to take from Maria's account of 'modern mums' offered above: the trope of the 'fancy' breastfeeding bra. Present in Lucy, Lina, Sylwia

⁸⁸ The same woman is the protagonist of another of Dormeau's illustrations which compares stretch marks to tiger stripes

and Lisa's accounts, it is interesting in that it appears variously, often simultaneously, as a 'feel good' artefact, an unnecessary accessory, and an object of desire. The bra Maria talks about may be seen as a synecdoche for the figure of the 'bounce-back mom': a consumption-oriented, physically fit, embodiment of postpartum maternity.⁸⁹ 'Being active' denotes not only the active work of childrearing, but being active socially or even of 'working out' in order to maintain a certain physical aesthetic and a social pressure to self-objectification and consumption. But breastfeeding – leaky, messy, embodied breastfeeding – is not compatible with this (cf Campo 2010). Breastfeeding renders the breast – this stand-in for woman as sexual object – *utilitarian*. To some it is not easy to accept, as Lina describes:

it seemed disgusting [oblesne] to be feeding with my body, I couldn't imagine it [...] my physicality was tied to my identity, and knowing it would all change, thinking my breasts would be filled with milk and someone would be sucking on them for food, I just couldn't imagine it. (26/07/12)

To others, however, it is welcome – giving their breasts a sense of purpose beyond the sexual. As Lisa said '*that's what they [motions to breasts] are there for. They're being used, I'm happy*' (10/11/14). Anna agrees, saying matter-of-factly '*My tits [cycki] finally had a purpose, you know*' (30/07/12). Agnieszka shares the sentiment: '*those tits are useful*' she said '*the awareness that my child has grown on my milk [na moim pokarmie] it's a miracle... an amazing sense of power that I can feed, I can nourish, I can protect*' (03/08/12). This empowerment through the practical use of the breast is an interesting trope, which Lucy explains as a challenge to self-objectification:

I think [breastfeeding] is important for the empowerment of women themselves, to feel like your body is not just a sexual object that you have other functions other than to please males. I feel that sometimes you end up feeling like you can't be yourself unless you are pleasing someone. And that's not right.[...] It has made

⁸⁹ Lynn O'Brien Hallstein (2015) traces this normative maternity through her analysis of the ubiquity of the 'bikini-ready' celebrity profiles. These bounce-back, 'yummy mummies' are a logical consequence of 'pregnant beauties' (Tyler 2011). For a related discussion of complexities of self objectification and infant feeding decisions of young women see Johnston-Robledo, Wares, Fricker, and Pasek 2007.

me a lot more confident. I used to care about, quite a lot, about what people thought of me and stuff, but now I really don't.(06/03/14)

The empowerment that breastfeeding could offer women, writes Van Esterik, relies on its success in challenging ‘models of women as consumers and sex objects’ alongside the reinterpretation of women’s work (1989:69).

Displaying breastfeeding (as) labour

There is a picture of an Eter.fm⁹⁰ presenter, breastfeeding her child whilst hosting a show, which has certain matter-of-factness to it (Fig.40). Is this liberating motherhood and mothering from the shackles of enforced domesticity, or is the presenter here trying to be the ‘wage earning Supermom’ (Blum 1999:183)? Or could it be a brief glimpse of ‘mixed zoning’ of spaces, which normally remain separated (Chapter 7)? These currently separate, yet ceaselessly overlapping zones invite equal measures of public scrutiny, particularly when available to viewers. The woman is clearly at work and in a work mode: headphones on, speaking to the microphone. Dressed casually, not unusual for a radio presenter, she seems focused on her work. The child feeding at her breast is relaxed and seemingly oblivious of their surroundings. In my notes I put an asterisk and noted ‘she’s multitasking’. The context in which the image was shared emphasised the utter normalcy of breastfeeding in any situation, even if the person who shared it recognised that what this image depicted was ‘*not so routine*’.

⁹⁰ a defunct Polish radio in Ireland. The picture was posted in a comment on a thread of the Facebook-based parenting profile *Karuzela* in the summer of 2013.



Figure 40 Multitasking presenter of Radio Eter.

(author unknown)

The ‘multitasking’ made me think of the photo of the model Gisele Bundchen, which she published in December 2013 on her Instagram account. It too, depicted ‘#multitasking’. This has to be read as an intentionally ‘lactivist’ moment, as the model has spoken out about breastfeeding and even went as far as saying it should be mandatory (Daily Mail 2010). Much discussion followed in Facebook groups I was participating in at the time: How realistic is this image? How staged? What was her intention? Is she merely showing off or is she promoting the cause? All of these are valid questions, requiring consideration at a time when more and more celebrities are having breastfeeding pictures taken at work or as part of their work. But some, like the blogger Mamatoga decided to refute the claim the model was multitasking at all:

what she appears to be doing in the photo is a far cry from what us “regular” moms would consider “multitasking”. I have multitasked myself many, many times as a mom. I have cooked dinner while nursing a baby in a sling while also popping over to my laptop to check work emails and answer questions about my oldest son’s homework. That is multitasking, doing more than one task at once (12/12/2013).

Mamatoga offered a picture of a woman driving a tractor juxtaposed to that of Gisele. The woman on the tractor is labelled ‘multitasking’, Gisele’s picture has a ‘not multitasking’ label (Fig. 41).



Figure 41 Multitasking and breastfeeding?

(meme: Mamatoga 2013)

Could this celebrity breastfeeding ‘at work’ be a form of pedagogy of motherhood? In the picture Bündchen is at once the embodiment of the ‘selfless, serene, slim and spontaneous’ (Feasey 2012: 3) ‘good’ mother of popular media and of worker ‘unshaken in her commitment’, being back in as soon as possible after childbirth (Feasey 2012: 5). But this is not ‘enough’ for those like Mamatoga - you have to do ‘real’ work. Of the many possibilities this attitude to ‘good’ mother and ‘working mother’ connection opens, one revealed an ugly side of lactivist images, through another juxtaposition, shared elsewhere (Fig. 42): on the left a blonde Caucasian woman is holding a crying baby away from her, with the caption ‘I can’t breastfeed, is too much work’ [sic!], on the right, an Asian-looking woman is carrying a heavy load on her head, whilst also breastfeeding her sling-carried child; the caption reads ‘Bitch, please!’ With racist overtones, prevalent in mass media representations, in which breastfeeding is something

that is routinely done by markedly ‘other’ people ‘elsewhere’ (Hausman 2003), the image is also criticising women who do not breastfeed for ‘not trying hard enough’.



Figure 42 Is breastfeeding ‘work’? The ugly aspect of lactivist memes

(authors unknown, circulated online)

This is perhaps one of the most counterproductive items of lactivist imagery. The ‘hard work’, indeed perhaps *any* work of breastfeeding is ridiculed, and the mother’s ‘working conditions’ – the material circumstances in which she mothers – irrelevant: infant feeding becomes a question of mere ‘choice’, a mother who chooses not to do it branded lazy.

After all, the ‘other’ woman can do this and carry her family’s laundry on her head at the same time. Reflecting on dynamics in some breastfeeding spaces, Hanna commented that this form of zealous sacrificial identity was frequently displayed by women who, having had trouble establishing breastfeeding, ascribe to anyone who discontinues the label of ‘quitter’ (20/04/16). For those women the ‘sacrificial’ aspect of their identity as breastfeeding mothers is an important way of self-understanding (Zdrojewska-Zywiecka 2012) and the simultaneity of work is not supposed to make it seem easier for the mother. On the contrary, the ‘good’ mother is a hardworking mother. This reveals a tension

between the physical work of breastfeeding and the wish to make maternal lives easier, and the remit of what constitutes ‘good mothering’ – one that I believe lactivists are in the process of figuring out.

Bonding – what could it mean?

Bonding with a child was a striking theme in all the breastfeeding relationships I have been told about, both in interviews and in more casual conversations. The importance put on ‘bonding’ as part of breastfeeding advocacy has been analysed, and criticised, as an expert-defined, medico-moral knot of meanings (Carter 1995, Hausman 2003, Newman 2010, Faircloth 2013). Faircloth (2013) connects breastfeeding and a belief in the importance of bonding, predominant among her LLL respondents, to the context of practices of ‘attachment parenting’ and argues it is the ideologically dominant form of parenting in breastfeeding advocacy. Attachment parenting is a mode of parenting based on the principles of attachment theory in developmental psychology, originating from popular interpretations of psychoanalysts such as Bowlby.⁹¹ It argues a child would form strong emotional bonds with primary caregivers during its childhood with lifelong consequences (Bretherton 1992). Some of the interpretations of the theory and related practices subsumed under attachment parenting are seen as placing particular demands specifically on the mother. In those, mothers are individually responsible for children becoming well-adjusted adults. To achieve this, women are supposed to provide a certain level of care at all cost, without consideration for their own needs – exclusive breastfeeding and breastfeeding to term are often seen as such ‘attachment’ practices (Hamilton 2017, Bobel 2001). As a result of policies and health discourses adopting the language of attachment and bonding and infusing all aspects of maternal care with it, breastfeeding becomes a source of personal achievement, but also a moral imperative, where a child's welfare and long-term outcomes hinge upon maternal success in taking

⁹¹ And criticised as misinterpretations of attachment theory in professional literature (cf. Rutter 1991, Kenny 2014).

up the practice (Lee 2008, 2011, 2011a, Hamilton 2017). The attendant disregard for structural issues and a focus on individual bonding and its supposed positive social consequences are said to put women at a disadvantage and to depoliticise the issue, privatising care, and have been the focus of feminist critique (Ehrenreich & English 1978, 2005, Carter 1995, Bobel 2001, Faircloth 2013, Abbott and Wallace 1997, Hamilton 2017, Nicholson 1993).

It is suggested that through the AP focus on ‘bonding’ breastfeeding is becoming increasingly a middle class, normative practice (Carter 1995, Lee and Bristow 2009). Conversely, Newman's study provided some empirical evidence to suggest that neither breastfeeding, nor attached or even intensive mothering is a particularly middle-class practice. Mothers with limited material resources might feel the need to compensate by giving more personal resources, thus becoming more likely to espouse ‘selflessness’ and ‘presence’ (2010: 145-7). This could be one way to read what Lucy, whose financial hardship is a serious issue in her life, seems to be saying:

The bond with your child that you get is just unlike anything, you can't put a price on it (...) Your baby is taking something from inside you and there is no more a beautiful[sic!] thing you can do, so I would never change it. (...) It's not just about nourishment, feeding him – obviously, it is about that – but it is about the bond that you get and you physically cannot get that bond in any other way. (06/03/14)

Not only is the child allowed to take from her his nourishment, but this giving of herself is incomparable to anything else - so far, so sacrificial. But the bond is something that belongs to both mother and child, it is relational. The orientation is *towards* this affective relationship – the bond – as a source of emotional fulfilment. The nurturing relation seems to be valuable in and of itself, beyond ‘price’ to be put on it – it belongs to a realm outside of financial exchange. And yet, for Lucy, her work has a value – as she says, what she provides to her son ‘24/7’ can be seen as work on par with what her friends in paid employment do (06/03/14).

So how are we to understand the emphasis placed on emotional availability and ‘connection’ with the child that appears in the accounts of the participants in my research? It would be unfair to see Lucy, and others who place an importance on the bond with their child, as merely dupes of an attachment ‘ideology’. Too often criticism of attached mothering remains blind to the social and personal importance of forming loving, nurturing relationships in our lives. Indeed, Faircloth believes the affective, and even sensual, aspects of breastfeeding foregrounding women's volition could be some of the most desirable forms of countering the policy focus on science as the source of ‘what people [should] do’ (2013:179). Breastfeeding as something that ‘feels right’, Faircloth writes, is for many women ‘the most important accountability strategy’, based on affective argumentation, which ‘resists collapsing into either the bodily or the moral domain’ (163). It is moral, in that it is informed by the belief in the inherent good of breastfeeding – for the child and for society. And it is bodily, affective, in that it is a ‘preconscious response to a stimulus [...] not necessarily expressed or verbalised in the language of “emotion”’ (165). The aspirations of what is denoted by ‘the bond’ are read by Faircloth as taking it towards the reflexive emotion of love. Affect here is not an ‘involuntary response or mindless activity’ (168) and has a transformative potential. To Faircloth, it becomes a basis for an ‘affective agency’, based on maternal volition. But to fashion thus a sort of *agency* based on affect may also be problematic, where affect, understood as non-rational, is always already deficient to agency, with its rational provenience, under the Cartesian paradigm.⁹² To paraphrase Hausman (2003) it would be hard to argue for women’s rights based on what women want alone. Instead, love personified by the bond and its assumed social importance could become an argument, a mobilising force. Bonding as ‘love’ reveals what Ann Oakley (1986) describes as

⁹²I have to thank Mary Bryson who alerted me to the way in which this was implied in the construction of ‘affective agency’ during the Q&A session following her presentation on the “Adventures in deconstruction: poetic and politics of witnessing cancer knowledge in the plural” at Lancaster University (May 2014).

revolutionary potential. Following Alberoni, Oakley argues that love – or falling in love within the transformative process women undergo becoming mothers – is a ‘collective movement’. It ‘brings together in a social relationship individuals’ in such a way that the ‘collective force generated’ is marked by ‘solidarity, joy in life and renewal’ (140). This ‘falling in love mothers and babies do’ – the bonding as described by my participants – is ‘bursting with revolutionary power’ (142). I would argue that obstructing, exploiting, denigrating this process by hindering breastfeeding or promoting substitutes stirs breastfeeding women to action. This emotive basis for action connects lactivists to other networked social movements. As Castells argues for those movements the initial impulse is emotive: ‘a social movement starts with the transformation of emotion into action’ (2012: 13).

Like biomedical evidence, the importance of ‘bonding’ can be used to argue for more of that which is enjoyable, by re-appropriating the ideas about social value created through building a ‘bond’. In Lucy’s particular case, the importance she places on the bond with her child serves to fuel her political activism and helps her reject the primacy of waged work over care work. The bond, where cherished, is shorthand for the importance placed on the relationship between a woman and her dependants (cf Schmied and Lupton 2001).⁹³ The orientation towards that bond – towards the love and the relationships created – can also be an orientation *away* from, questioning other ideologically motivated, orientations or forms of work. Rather than allowing the maternal effort to be diminished, the bond as narrated in breastfeeding stories is something you *work at* through the practice of breastfeeding. This work contributes to creating what is believed to be a socially important relationship and to growing, physically making the child. Amongst my participants many expressed awareness of the value of the work they

⁹³ An aspect that was also clearly highlighted in my conversations with colleagues who remembered being breastfed, as one of them noted, breastfeeding is a process which builds this relationship. Thus, breastfeeding can be seen as a creative process, at once material and emotional – building the body and shaping the bond. My thanks to Derly and Erhan, for pointing this out.

perform. This in turn, helps negotiate family workloads with partners/spouses and older children (Lisa, Magda, Maria, Marysia, Paula, Gemma, Lina, Agnieszka). This can be linked to Oakley's finding in her analysis of housework (1974), that care work (mother-work) was a more enjoyable form of work. In Poland where most interviewees re-entered the workforce, the value of the bond created allowed them to feel entitled to the provisions available to them (Joanna, Ola, Marysia, Honorata, Anna, Sylwia). This recognition is important, because women are socially and financially penalised for performing care work within the family. As the maternalist feminist writer Vanessa Olorenshaw writes 'the reality is that, in all, the right of women to care for our own children on our terms is diminishing, along with any recognition that care is valuable and necessary work' (2016). Rather than use the dedication some women have to mothering in particular ways to assume a form of 'false consciousness' it would perhaps be more productive to ask how to transform society to recognise the importance of maternal care work. As Olorenshaw puts it, it is time to object the ways 'our bonds of motherhood ... are being replaced with binds to the market and wage slavery' (2016). The argument for the importance of the bond could then represent a way to recuperate some of the 'value' of maternal care-work carried out through breastfeeding:

While breastfeeding is often presented as an idealised form of infant nurture (the best one can do for one's infant), when enacted by mothers in practice, with adequate social and financial support, it becomes part of a mother's repertoire of behaviours with which she does the labour of mothering...A commitment to women's rights as mothers must involve a recognition of their labour and its physical meanings: exhaustion, giving, connectedness, boredom, etc (Hausman 2004:278).

To Lucy, the bond serves to heighten the sense of the inalienable character of the work performed, as she stresses that '*it's something only I can do for him. Anyone could change his nappy, anyone could dress him in the morning or give him a bath (...) but only I can feed him.*' (06/03/14) And Nickie, who had very mixed feelings about breastfeeding, says a similar thing, when she asserts that '*breastfeeding was like a really*

easy thing to do with her that no one else could do with her and I'd always be able to hold on to that.' (11/11/14) This sense of 'owning' the success of 'growing a full human being' (Agnieszka, Tatiana, Maria, Sylwia), bodily and mentally, that is achieved through breastfeeding and bonding, could be a form of 'milk pride' described in the previous chapters, but it leads to interesting potentials. It suggests that, like other forms of caring for natural dependants, breastfeeding 'contains within itself glimpsed moments of an unalienated form' of labour (Rose 1986:169). In a passage Hausman calls a 'utopian framework' (2003:214), Van Esterik proposes that breastfeeding could offer a way towards a reassessment of productive and reproductive roles, or indeed a new 'feminist concept of labour' (1989:75). While problematic where it could slip into essentialising the female body as necessarily a maternal one, a kernel of this utopian vision seems present in the accounts women give of breastfeeding. I think Lucy's notion of directly giving of herself could be read side by side with Van Esterik's statement that that 'breastfeeding is a direct and sensual interaction with an infant, [while] bottle feeding requires the mediation of technology and male-dominated (and defined) modes of production' (76). Van Esterik suggests that if women were to appropriate the capacities of their bodies to produce milk and to give birth, 'forming units of consumption but [also] of production' the work of lactation could be valued as productive work, rather than maternal duty, and conditions for 'its successful integration with other activities [would have to] be arranged' (1989:75). Just like in Olorenshaw's vision of recapturing the maternal, rather than researching strategies of integrating breastfeeding into the schedules of productive work, it would be necessary, says Van Esterik, to see women's reproductive capabilities as more than just 'physiological functions' (1989:76). A mother, not unlike the self-descriptions of my interviewees, for whom 'work is always a burden and a source of enjoyment' because 'the goal of her labour is the direct production of life not the production of things of wealth, would be

taken as a 'model of a worker' (76). In this way, the re-appropriation of bonding in breastfeeding narratives re-politicizes it. It stands in contrast to those uses of attachment theory, which serve to regulate women and infant feeding by moralising it and by removing maternal labour from view.

The bond does come at a price and the dyadic embodiment of breastfeeding is a difficulty (cf Schmied and Lupton 2001). Although the bond can offer its rewards, breastfeeding does at times feel isolating, especially when the timing of breastfeeding clashes with other activities:

I was doing it because of the bonding, but I did find it sort of boring and sometimes I'd find it quite isolating, in a way? Because you always had to be the one who stayed at home, put them to bed and everyone else sort of goes out...
(Nickie 11/11/14)

The fact that the child depends on its mother for nourishment means that there is little possibility to rest and to disconnect from the work of mothering. The 'norm' of adult human embodiment is still, Hausman argues, 'that of male persons who engage in public commitments, waged labour, and civic responsibility on the assumption that other persons, not specified and not in attendance, are taking care of their children' (2007:491). Due to this, it would be hasty to dismiss the micro-resistances to the 'norm' such as those of Lucy, who consistently refused the austerity workfare provisions for three years, whilst continuing to nurse her son, Nickie's feeding in the student spaces, or Vicky, Honorata, and Ola who breastfed their children to term and clearly described the interconnectedness with their children as normal. Breastfeeding carried out alongside everyday engagements can be seen as a spatio-temporal 'intrusion' of the 'normally' unseen work of social reproduction (cf Boyer 2011).⁹⁴ In Poland this can take the form of cutting one's work engagements short to take a 'feeding time entitlement' after return to

⁹⁴ Sally Dowling (2013) proposes that visibility of women breastfeeding to term constitutes an intrusion of the *liminal* into the everyday. Breastfeeding an infant, even if more socially acceptable than breastfeeding a toddler, could also be a form of intrusion.

work. For Ola this meant that her feeding was ‘visible’ to her co-workers, without necessarily being seen. On a political level, the wish to intrude is *facilitated*, if not encouraged, by the belief in the social importance of the bond created. And what it calls for is a reassessment of the ‘norm’. We return to Maher’s argument (Chapter 1) that mode of feeding can affect our sense of what is socially important. If, as the philosopher Alisa Carse argues, ‘being capable of nurturing and being nurtured, of loving and growing are necessary to realising some of the most profound “goods” of human life’, this postulates a place from which to resist the dominant version of ‘in-control agency’, and which acknowledges ‘our finitude, embodiment, profound interdependency’ (2006:35). This, Carse believes, can be transformed into a political and civic drive to assure the ‘thriving of all human beings’ (45) – something that Maria recognised in interview as a ‘*pro-human being orientation of breastfeeding*’ (17/09/14) – through crafting of a culture based on solidarity, ‘a culture which supports caregivers and caregiving’ (Carse 2006:45).

Where do the stories take us?

A breastfeeding story recounted as a coherent narrative may be a story of birth, medical procedures, birth weight and drop [spadkowa], weight gain, growth story and any problems encountered: soreness, bleeding nipples, sleepless nights, colic, the way women offer their stories online to demonstrate, celebrate or seek help. But it can also be told in ‘bits’, the way my participants revealed to me their stories in interviews. Their stories may furnish as much detail about the problems and triumphs, as they do of the unexpected: not sacrifice, but laziness, not difficulty, but ease that comes from learning with the child ‘the knack’ of breastfeeding, not constant worry about satiety and health, but a premium on *not* having to worry about these that breastfeeding carries. And finally, the crux of the story: the bond that is worth working at and that demands social appreciation for maternal efforts. These stories, which reveal another face of

breastfeeding, are emerging now, because the breastfeeding movement has created what Plummer calls 'interpretive community of support', of those ready and 'willing to hear' (1995: 121), not only within the ranks of breastfeeding women, but increasingly outside. Here in particular lactivist tactics: support, knowledge- and expertise-building, visibility, action and celebration are ways of ensuring those voices are heard:

To turn a tale from a private, personal tale to one that can be told publicly and loudly is a task of immense political proportions. It requires collective effort, creating spaces in the wider social order [...]. Bit by bit [...] the voice gains a little more space, and the claims become bigger (Plummer 1995:122).

With the voices of breastfeeding women come demands to not only 'accommodate' but to embrace the practice, to transform society to what some of my participants term 'breastfeeding culture'. The contours of the vision are being negotiated and renegotiated within the lactivist spaces and in the world outside: the struggles for meaning of breastfeeding are not closed. As Plummer remind us 'the meanings we invoke and the worlds we craft mesh & flow, but remain emergent: never fixed... ceaselessly contested' (1995:20). The story is still being told.

Chapter 9: Towards a lactivist vision

What alternatives – if any – could emerge from women’s own take on breastfeeding? This last chapter is an attempt to tease out the politics of lactivist visions. In doing so, I want to conclude this work by opening up the possibilities offered by grassroots breastfeeding movement to reconfiguring the meaning of breastfeeding. I trace aspects of breastfeeding which are not part of the health promotion and use women’s accounts and online materials to interrogate embodiment and pleasure of breastfeeding, and to question the notion of ‘naturalness’ of breastfeeding. Analyses of advocacy often point to the trope of breastfeeding as ‘natural’ that covers a range of essentialist, biological, and evolutionary ideas. But is this all that ‘natural’ conveys? As Van Esterik (1989) observed, natural means different things to different people, but it also has specific political uses – I want to consider some of these. It would also be entirely possible to see maternal satisfaction derived from breastfeeding as one that stems from having a ‘good maternal body’ (Stearns 1999, Johnson, Leeming, Williamson and Lyttle 2013), a body which is privately abundantly nurturing and not overtly sensual or sexual. In this sense, it could attest to a ‘womanly nature’ and essentialize women. But perhaps the notion of pleasure could be a key to break away from the proscription of the hetero-patriarchal matrix, and could be a way to conjure an alternative vision?

Embodiment, knowing and pleasure

It seems the language of giving of oneself and of ‘bonding’ is easily available to women in interview situations (cf Carter 1995). The sense of bodily interconnectedness with the child is more difficult to describe (cf. Campo 2010). The practical and productive breast, described in the previous chapter, helps some to see that potential. At the same time, the sexual breast does not disappear entirely from view: women seem able to entertain both a practical and a sexual function of their breasts (Lisa, Gemma, Nickie, Lucy, Sylwia, Honorata, Paula). Furthermore, it seems they are likely to negotiate how and if they derive sexual pleasure, or allow sexual partners to derive pleasure, from their

breasts in intimate interactions. When they ‘feel like it’, the sexual breast can be activated. The practical breast can be a source of pleasure too – but it is hard to talk about, as there is very little adequate vocabulary to express this. When it appears, it does so more often through bodily movements, description of certain sensations or even the way a mother’s body and voice change when talking about an aspect of breastfeeding. In interviews one of the first ways it struck me was the way women would sometimes show me how they held their babies to feed them and smile whilst doing so, at once relaxed and attentive.

Describing, and systematising, such verbal and non-verbal cues presented by breastfeeding women in interviews Kath Ryan, Les Todres and Jo Alexander (2011) say these can tell us more about the *interembodied* experience of breastfeeding. Looking at the ways in which women convey the experience of breastfeeding, they see it as composed of three dimensions revealed on the level of the body: calling, permission and fulfilment. Calling is a non-verbal communication between mother and child, ‘an emotional longing’ that includes ‘both expectation and need on both sides’ (2011:733). It includes, but is not limited to sensations and stories of tingling breasts, specific cries by babies, connection over distance and many more senses of being in a relationship and in communication. Permission describes a state dependant on the perception of an environment as supportive of breastfeeding, or caring/loving, in which the woman and child’s bodies can relax to experience breastfeeding in a harmonious way. Fulfilment describes the pleasure derived from successful breastfeeding and bodily compatibility – much like the accomplishment of a smooth dance routine. All together, they note, these forms of embodied knowledge of breastfeeding could offer an improvement to the current discourse of breastfeeding support, one which better recognises the complexity of needs of women and children.

Accounts of experiences of embodiment and breastfeeding are complex and complicated, even where we would like them to be simple. ‘Bodies’ – maternal and child’s – are often said to ‘know what to do’ (Hanna, Maria, Lucy, Vicky, Tatiana), and breastfeeding can be recognised as a bodily capability (Hanna, Tatiana, Magdalena) which can be accessed and unlocked through intuition. This can be seen as a natural or biological ‘design’, ‘a hominid blueprint’ which has to be followed; as Maria puts it *‘it really isn’t as complicated as it is made out to be. If it were we wouldn’t have survived as a species’* (17/09/14). And yet, as we know, ‘humans manipulate infant feeding because we can’ (Hausman 2003: 152) – there is no way to think of breastfeeding as simply ‘natural’ and instinctual, rather it is clearly culturally circumscribed, in a way that puts limitations on bodily contact between mother and child. Echoing such concerns Maria observes:

Given the present-day reality, the fact that someone even attempts to breastfeed is awesome. It’s a real challenge, because it is in no way natural in our times. We’ve lost the instinct a long time ago. Besides, we find the things crucial for the success of breastfeeding entirely shocking – the uninterrupted contact with a baby, the dreaded skin to skin. So we tend not to do the things that make breastfeeding easier if not possible. It’s asking the impossible. (17/09/14)

What she identifies is a lack of ‘permission’ for an uninterrupted, bodily experience of breastfeeding, something circumscribed by the cultural notions of how to interact with a child. Women may also talk of a sense of pleasure derived from the physical proximity with a baby or child – it is nice, beautiful, it feels good (Lucy, Gemma, Ola, Sylwia). It is simply human to want to be close:

the breastfeeding and cuddling, being close, that always seemed natural [...] and I think, I was always a cuddly baby, and I guess I didn’t get enough of that as a child, so maybe that was part of the whole thing that the child has to be close, I couldn’t imagine it sleeping alone...(Honorata 27/07/12)

Yet as Honorata says the ‘*comfort and the feeling of love*’ were ‘*probably due to the hormone ejection [wyrzut hormonów]*’(27/07/12) – the pleasure of breastfeeding is not to satisfy some maternal craving, rather it has a sound, hormonal reason. As Faircloth

observes, maternal volition, if not desire, is all too easily overshadowed by ‘what nature confirmed by science knows best’ (2013:169). The rational wins and intuition, a ‘neglected form of knowing’ (169), comes back prefaced with ‘well, it will seem crazy, but...’ even if there clearly is a sense of ‘knowing’ something about another’s (a child’s) physical and emotional states outside of the rational, on the level of the body, in a way that can seem almost ‘magical’:

If she cried at preschool my breasts knew about it... It did happen! Once, she was about 18months, I was at a meeting and suddenly I looked down and my shirt was wet [...] And then my phone rang - it was preschool and they said 'she's not quite right, she's not eating'. My boobs knew she wasn't right (Vicky 26/11/15).

This trope of breasts as ‘knowledgeable’ about something that the rational mind does not control, of having ‘a mind of their own’, is something Alison Bartlett points out as an important way of reconfiguring the relationship between ‘mothers and professionals, mothers and their bodies, bodies and knowledge’ as well as ‘breastfeeding policy and practice’ (2002:379). She says current breastfeeding pedagogy is concentrating on bodies in a body-as-a-machine sense – of hormone and milk production and release, and the mechanics of suckling. The subjective mind of a woman enters the picture, as it needs to ‘be taught’ breastfeeding in order to control it within culturally acceptable parameters. This, Bartlett argues, reflects the body-mind split predominant in Western culture(s). But this is challenged by women’s diverse and unpredictable experiences of lactation – within and beyond active breastfeeding – lactation that is excessive, surprising, counter-intuitive, but most importantly embodied. As Bartlett argues, a complex relationship ties a woman’s physiological and hormonal processes with her own lived experiences and socio-cultural and environmental-historical factors; in turn, much of this is reflected in women’s own stories of what breastfeeding is and how it feels. So stories of embodied experiences of breastfeeding in which the body is not a will-controlled machine and the mother an ‘exemplary Cartesian subject’ (381), have the potential to transform both breastfeeding practice and the understanding of women’s bodies more generally.

One site where body and mind function in such special dynamic is pleasure. Yet while women may spontaneously offer stories of interconnectedness and fulfilment derived from breastfeeding in interview using the language of bonding, direct stories of pleasure are harder to find. This is partly because there are no words to accurately describe the embodied experience of breastfeeding while maternal pleasure is not part of current breastfeeding ‘pedagogy’ (Carter 1995, Bartlett 2002, Ryan, Todoros, Alexander 2011). But this is also because breastfeeding is not pleasurable to all women; indeed some, like Lina, find it unpleasant (see p. 218, 231), but continue to breastfeed. This is particularly true of women who experience the under-researched phenomenon of breastfeeding aversion and agitation (Yate 2017), which suggests an intensity of physical and emotional experiences with both extremely positive and extremely negative vectors exists and should be considered. Other women may experience physical pain (Robinson 2016) either whilst breastfeeding or as a result of engorgement – indeed some in my study suggested they have – however, some women suggested they ‘keep going’ because breastfeeding *becomes* pleasurable. As Marysia says:

it all settled down, the fevers were gone, the engorgement was gone and C started to stroke me [głaskać], it just really became pleasurable [przyjemne] and so I decided, ok, I'll go on, why should I wean now.(27/09/12)

For Honorata it is undeniable that she liked ‘*holding her in my arms*’ not least because ‘*sometimes it looks so great*’(27/07/12). The image – the visual pleasure of it obvious – is readily available, the words to describe the pleasurable sensations – less so. Bodily pleasure and motherhood are difficult to combine.

This has to be seen in connection to the difficulty of finding independent, non-exploitative and non-patriarchal discourses on sexuality, and hence the ambivalence or lack of unified stance on sexuality in women-centred discourses and in feminist politics. As Carter notes there are inherent difficulties in finding a language to describe the ways in which women may enjoy their own and other women's bodies, breastfeeding, or other

aspects of childbearing, some of which stem from the problematic aspect of representations of women's sexuality. Breasts themselves epitomise this problem, Carter stresses, with 'sexual politics [...] often conducted around breasts' (1995:149). Breasts are associated with sexual foreplay, or 'light petting' and more generally with 'fun', only gaining seriousness in the context of 'loss' through breast cancer (149). The way in which 'everyday soft porn' – page three and 'lads mags' – claims breasts as its focus is also important here (149). This sexualisation of the breast clashes with the ideas of 'feminine respectability' and provides an ongoing site of struggle within breastfeeding and representations of breastfeeding. In the instances already described within this thesis, this was visible in the questioning of women's 'modesty' and 'ostentatiousness' of 'exposing themselves'. Carter proposes that solutions could entail a search, through breastfeeding amongst other experiences, of alternative language to express women's pleasures. The effort should centre on the 'power to give meaning to our bodies', with breastfeeding understood as a social practice, 'located in feminist efforts to develop its own discourses and practices concerning women's bodies' (1995:158-9).

But while some level of sexual arousal is a normal phenomenon during breastfeeding, it is argued that women may feel guilty if they have these feelings (Polomeno 1999). Women do not typically speak directly about such feelings, for fear of shocking others, being ridiculed or being reported to social services (cf. Polomeno 1999, Carter 1995). Instead code may be used – like saying it makes 'things better with their partner', or giggling and a meaningful 'well, you know how it goes'. And yet when a frank account is offered, it brings something very powerful with it:

I think it was just the fact that you can get pleasure from something that wasn't sex, but is still close. I mean you could be like stroking her hair or tickling her feet at the same time and you'd be able to be really aware of how she reacts to it. You just wouldn't be that aware of another person in any other situation, apart maybe from sex. (Nickie 11/11/14)

This short quote from Nickie describes the heightened awareness of being with another person in a very direct, embodied way. It contains within it the sense of immense pleasure of being together in this way, of mutual awareness between her and her daughter. There also seems to be regret that there is not a sufficient vocabulary to describe this level of embodied interconnectedness ‘*that wasn’t sex*’. As Carter (1995) suggests such accounts of pleasure derived from breastfeeding could serve to shake up the gendered and (hetero)sexualised limitations of much of current breastfeeding discourse in a politically useful way, allowing women to find physical pleasure in their bodies outside of the heterosexual matrix.⁹⁵ I believe the less direct expressions of pleasure in the embodied act of breastfeeding might serve this purpose to some extent, but they remain difficult to extricate from medico-utilitarian frameworks.

What pleasure?

Online discussions of pleasure in breastfeeding often begin with a disavowal. This happens because the charge brought against women who breastfeed, and particularly those who continue to term, is that they do it for their own pleasure rather than the benefit of the child (cf. Dowling 2014, Faircloth 2013, Zdrojewska-Zywiecka 2012). Women are acutely aware of the way breastfeeding can be perceived as problematically ‘sexual’. In 2012, in response to a line in an article ‘10 things mothers will never admit’ on the popular *edziecko* service, in which the author states ‘You hate feeding naturally or it gives you great physical pleasure’ (Rokicka 2012), Hafija published a blog piece, which unusually for her, is free of links to evidence-based articles and scientific explanations – instead, she posts a personal refute. In it, she stresses that pleasure in breastfeeding is ‘*no sin*’ and that a woman who experiences physical pleasure in breastfeeding her baby should be happy about it – it means her chances of sticking to the practice are infinitely higher than those who feel ‘*pain and discomfort*’. Many mothers,

⁹⁵ This resonates with the arguments of feminist advocates of ‘erotic’ childbirth, who were seeking to redefine women’s pleasure outside compulsory heterosexuality (see Umansky 1996: 72-5)

she argues, would feed longer if breastfeeding *'instead of ending in tears brought relaxation and calm'* (Hafija 2012a). She finishes with a confessional: *'My name is Agata. I love to breastfeed. I consider this one of the greatest pleasures in life I had known. It gives me peace, joy, and I was lucky that my child feels the same.'* The confessional serves the purpose of 'coming out', of claiming a legitimacy to the pleasure experienced. And yet the contextualisation of (own) pleasure in breastfeeding in the 'pain and discomfort' that women often experience uses a narrative of suffering to legitimate the plea for pleasure to be destigmatised.

Discussions of articles which suggest that a breastfeeding woman might find breastfeeding pleasurable within Facebook breastfeeding support groups are telling of women's sense of the taboo and stigma. Some women rush to assure others that they feel no pleasure, or that, at the very least, the pleasure is *'definitely not sexual'*.⁹⁶ In December 2015 an article published originally on Fusion.net, reworked for HotMumsClub.com and the Daily Mail, cited research that suggests as many as 50% of women experience arousal whilst breastfeeding. A discussion on UKBAPS saw many members state they feel *'no pleasure at all'*, while others were *'disgusted'* by the suggestion made in the article. The research behind the article was rejected by some and the motivations of its authors questioned. Others, however, happily admitted to feeling pleasure *'though not sexual'*, and some connected it to *'hormones'* or even more precisely oxytocin *'affecting the brain'*. One of the members, Tessa, decided to clarify the issue. As Tessa states, the article on HotMumsClub *'was way too simplistic and confused over the terms it was using ;('*. She attributes this to the writer's lack of scientific qualifications. In her 634 word reply, which she addresses to another member, she cites *'The Journal of Perinatal Education'* and quotes lengthy passages on the prolactin-oxytocin tension-release

⁹⁶ Over the years, I observed that this seems more pronounced in settings where women are easily identifiable, such as Facebook, in comparison to sites where the use of 'nicks' is more widespread, such as forums. The relative anonymity seems to allow a certain freedom of expression in discussing 'troublesome' topics.

mechanism, which *'might help to shed some light on the specific effects of the hormones involved and how (in some cases) additional responses can be triggered (because oxytocin in particular is a multifunction hormone!)*'. She calls the complex hormonal connections a *'breastfeeding "reward" system'* and as she explains

it makes us feel good and love our babies, but is usually non-sexual as you say. However, oxytocin can be interpreted all sorts of ways by the brain, and is also involved in orgasm, so sometimes it produces feelings of arousal with the same mechanism.

This is 'okay':

the back-brain gets confused over and it doesn't mean the mum thinks that way about baby :) [...] I think the misunderstanding here is that arousal=wanting sexual contact. It's just a physiological reaction that involves increased blood flow, and activity in the brains pleasure centres. Same place that lights up when you're having sex, doing drugs, or eating a ham sandwich XD

Her conclusions echo the ones offered by Hafija – it is good we are *'programmed to enjoy breastfeeding'* through *'affection hormones'* as otherwise the process of *'establishing the technique'* would be a difficult one. Tessa later edited her post to add *'that's not to say that everyone enjoys breastfeeding in any way, and full on respect for people who don't like breastfeeding at all and continue anyway!! But everyone is different'*.

These two online accounts have a similar effect – they legitimate the pleasure, but also circumscribe it in utilitarian, non-sexual, medicalised terms. Doing so, they seem to strip the pleasure of its radicalising potential of offering women a different understanding of their bodies and of providing a non-heterosexual framework for pleasure (Carter 1995). Once again biomedical accounts while legitimating breastfeeding in one way, impose a limit in another. Which is why I found particularly interesting the meme (fig 43), which states brazenly: *'You need to brush up on your science, women's nipples bringing pleasure when stimulated is intended to encourage breastfeeding in females, not for sexual intercourse with males'*. Here, although 'science' is used, it serves to

legitimate female pleasure through nipple stimulation, rather than ‘hormonal feedback’ in breastfeeding – giving a much more embodied sense of pleasure, while it is also used to challenge the primacy of (hetero)sexual arousal. In this way it does what Hafija and Tessa’s answers do not. Potentially subversive, it could serve to ‘affirm this undecidability of motherhood and sexuality’ (Young 1998:133). But for all the promise it carries, it is not a widely popular meme – pleasure, whilst it figures in online lactivist discourse, is more often a ‘reward’ for maternal work. One of the members of UKBAPS OT noted, when I put the meme up for discussion, that the image is cropped, but seems to show a cow feeding a sheep – this proved a much more stimulating discussion on cross-species milk use, which totally ‘missed’ the mention of pleasure



Natural – how?

Science also comes to play in the first meaning of ‘natural’ connected to ‘compositional comparisons’, where breastmilk is constructed ‘natural’ in opposition to formula. Formula is a ‘man-made’, ‘artificial’ substance, deficient in all respects to what is ‘natural’. This is much more visible – or rather *audible* – in Polish language and advocacy. Breastfeeding is usually referred to as ‘natural feeding’ - *karmienie naturalne* and formula feeding is ‘artificial feeding’ - *karmienie sztuczne*. Breastmilk is simply

‘food’ or ‘milk’ *pokarm* or *mleko*, sometimes qualified with the possessive as ‘mine’ - *moje mleko/moj pokarm*. Formula is usually known as ‘modified’ *modyfikowane* or ‘artificial’ milk - *sztuczne mleko*, or more formally ‘milk substitute’ *mieszanka mlekozastępcza*. It may also be an ‘artificial formula’ or ‘mixture’ – *sztuczna mieszanka* or *mieszanka*. The choice to breastfeed is often a choice of a ‘natural’ food, which may be tied to other beliefs about ethical eating. As Lina, who is vegetarian, observes, her concerns about animal well-being guided the choices she made for her child:

I really quickly wanted to transition from [formula] to... I mean, it being organic made me a bit calmer, as I knew the cows had a better farm, or maybe not even a farm, anyway, it didn't have lactose, as he couldn't have lactose, so I wanted this to finish and as soon as he turned, well, I'm not sure, but I soon turned to rice milk and almond milk. So now he is not having cow's milk at all, but rather cereal milks – spelt, almond. As for dairy it is only quark and yoghurts, because it is the most wholesome stuff. (26/07/12)

But the ‘moralising’ dimension of infant feeding choices is something women are aware of, even *within* those orientations. As Maria observes ‘*even people who are otherwise near-obsessive when it comes to health and diet or such stuff*’ might be reluctant to discuss infant feeding (17/09/14). Even women for whom breastfeeding ties with their beliefs, might be reluctant to discuss it, conscious not to fuel a vision of breastfeeding as pertaining to a specific subculture ‘*of crazy, far out eco-maniacs*’, as Agnieszka describes the mediatised representation (03/08/12). Maria agrees:

I wouldn't want breastfeeding to seem like something that has its own subculture attached to it – so as not to make this connection of being some sort of a hippie, vegan, so you're probably breastfeeding your kid until 10 & God knows what else (17/09/14).

And Lina concurs:

that is a whole other topic – food in general and what both partners think about it. So maybe this was one issue to solve, but maybe not one that I would make a decision based upon. I made the decision based on my needs and capabilities.

But being vegetarian or vegan is a reflection of strong views regarding the exploitation of animals in mass production of animal products.⁹⁷ And eating ‘cleaner’ foods is as much about own health, as it is about ecology. Insistence on the ‘cleanliness’ of the food eaten, a preference for ‘organic’, or ‘eco’ products, but also of breastmilk over formula is not a merely a question of taste and class/distinction as Newman (2010) seems to suggest. The drive to lessen the environmental pollution load on women’s own bodies – highlighted through concerns with environmental toxin pollution of breastmilk - could also be read as a political move (Boswell-Penc 2012:13). It would be a mistake to brush off environmental and even ‘health’ concerns tied to the choices women make regarding their own and their children’s diets as non-politically invested.

Writing about the complex interplays between breastfeeding, breastmilk and environmental pollution, Maia Boswell-Penc reminds us that ‘one of the most significant aspects of choosing breastmilk over formula has to do with the environmental consequences of formula production and use’ (2012:10). This is often accompanied by a strong anti-corporate sentiment in the case some women make *against* the use or at least advertising or subsidising of formula. Agnieszka was particularly unhappy about the obvious ways in which commercial interest interfered with representations of infant feeding in the TV programmes she had worked on. She wanted to change the lack of ‘likeable’ media representations of breastfeeding, introducing a breastfeeding character to one of the shows. She was unable to do so, because the main producer ‘*an elegant elderly lady*’ believed that ‘*physiology is not to be shown to TV viewers*’ (dd/mm/12). Instead, Agnieszka says, a brand of formula was ‘*shoved right in view*’ [w kadr] – product placement before such instances were legally required to be signalled to TV audiences in Poland. Women’s accounts contained a sustained critique of the formula industry and its exploitative advertising tactics (Honorata, Shel, Lucy, Gemma). And

⁹⁷At present, no vegan formula is available –milk substitutes are based on cow or goat’s milk derivatives or soy, but universally contain fish or shell-fish-derived components.

Hanna points out the cost of formula subsidies in Poland: *'When I heard the cost of refunds went into 70 million a year I thought I was going to faint! [spadne z krzesla]'* (20/04/16). While not all women would necessarily ascribe to this, there is a sense that formula manufacturing and advertising is 'big business' that benefits no one but the manufacturers. Both Newman (2010) and Van Esterik (1989) point to a connection of an environmentalist and anti-corporate stance with the pro-breastfeeding movement. Certainly Shel sees the whole infant nutrition complex – makers of formula, weaning foods, bottles, teats and 'prep machines' as *'big businesses geared towards exploiting that lack of trust in our instincts'* (05/03/14). This form of 'naturalness' stresses the self-sufficiency achieved by women in opting for breastmilk, when there is no need to reach for a commercially made product (Lisa, Gemma, Magdalena). And, as Maria says, *'now, with other possibilities, the choice to breastfeed is always a choice (...) pro-human being and not pro-multinational, industrial cow stuff'* (17/09/14). Here, the focus of 'naturalness' is not on the milk alone – rather, the whole process matters. The problem was not just with a substance 'removed from the contexts of [its] production' (Van Esterik 1989:5): critiques of the dairy industry appeared in the accounts vegans and non-vegans speaking of formula use (Anna, Lina, Lucy, Maria, Nickie, Vicky, Marta).

Here, we come back to the moment of heated excitement over 'cross species milk use' in the BAPS discussion on the 'nipples' meme (Fig.43). There are points of overlap between vegan and breastfeeding activism and lactivists may be invested in both personally and politically. Vegans might see breastfeeding as a logical consequence of their convictions, but equally a lactivist might decide to 'go vegan' as a result of beliefs in inadequacy of processed cow's milk as a human food and a belief in the malevolence and cruelty of the dairy industry. The transition is spurred first by the belief that breastmilk is better than cow's milk. This is linked to the awareness of the composition of breastmilk and of its health properties, and thus linked to the core messages of

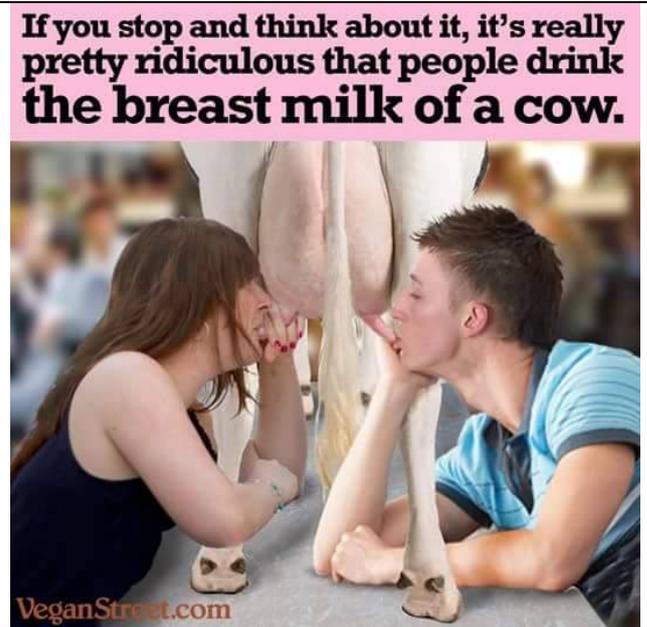
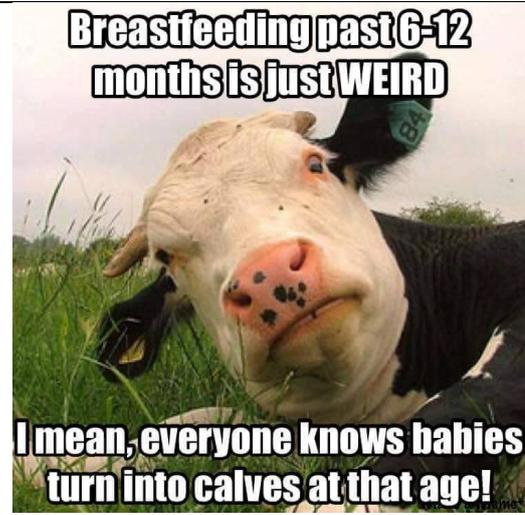
breastfeeding promotion and a 'health' perspective. But from this individualised perspective of individual risk avoidance, where cow's milk is responsible for future ill health, the perspective widens into a community orientation. It might, as in the case of AL, a Pole living in the UK and active member of UKBAPS and Karmienie Piersia Off Topic, begin by rejecting dairy products. AL, who shared her vegan/lactivist memes with me in August 2016, has only been vegan for a few months, but has been dairy-free since 2008. She began to read about the use of cow's milk when her daughter was six months old and her health visitor '*trumpeted the use of cow's milk*' in cooking weaning foods (08/16). When she stopped breastfeeding her daughter at 2.5 years, her own allergies and then those of her daughter began to play up although '*for a while dairy was ok, but only for a time*'. Initially, then, she gave up for health reasons: '*after we withdrew dairy there was no more eczema, non-stop coughs, infections, etc*' (08/16). She links her own health problems to being formula fed and then having cow's milk as a basis of her diet: '[it] *gave me cancer and a whole range of allergies and autoimmune diseases*'. But she also notes,

in countries with the largest dairy intake there is the largest percentage of people suffering from osteoporosis, bone cancer, allergies, autoimmune diseases, non-stop infections, overweight and obesity. It's probably not a coincidence (AL online communication 08/16)

As the next step, cow's milk as a commodity is revealed to be problematic: connected to animal welfare and environmental pollution issues, affecting the human and the animal communities. For AL what she read brought her to the conclusion that the dairy industry is '*violence on animals*'. Vegan and breastfeeding memes often overlap in their critiques of use of animal milk by humans (Fig.44).

Figure 44 Memes used in support of 'species specific' milk.

(BFMT, Vegan Street, unknown)



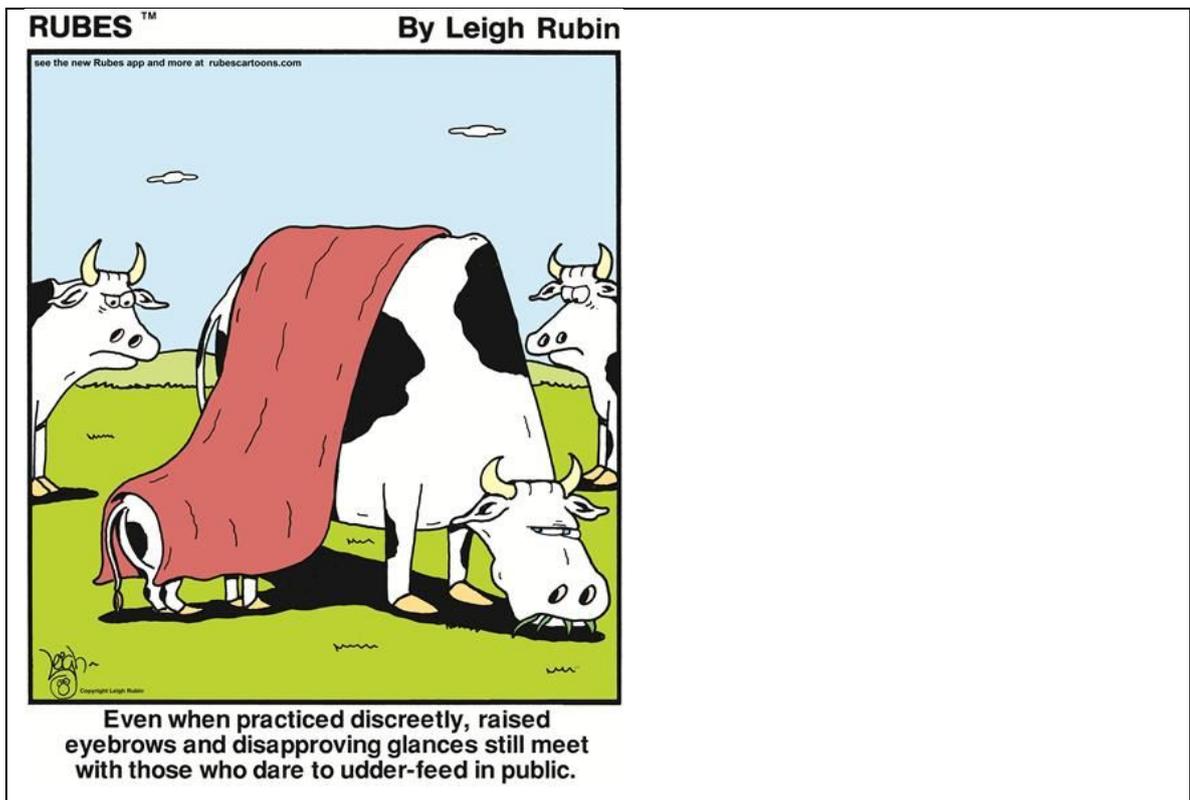
And this concern for animal welfare is facilitated by a recognition of cows as fellow mamma(1)s, clearest perhaps in the vegan slogan 'not your mom - not your milk' (Fig. 45)



Figure 45 Motherhood as connector in lactivism and veganism

Being a mammal is a specific way in which breastfeeding and nature are figured together in online lactivist spaces. This celebration of mammalian community – a moment of serious recognition of likeness, but also of the freedom of nature unrestrained by cultural expectations of ‘decency’ is important here. One of the most famous images used by lactivists is a ‘Rubes’ cartoon on ‘udder feeding’ (Fig. 46), which shows a cow feeding her young covered with a blanket. Of the uses pictures of mammals feeding their young have, this one speaks back to those who shame women for breastfeeding in public.

Figure 46 L. Rubin (2010) Discreet



Domestic animal (cats and dogs’) pictures are used to connect identification with humour and a critique of denigrators. A picture of a cat, shared in one of the Polish support groups was captioned ‘*quadruplets and she’s not topping up with formula, respect! ☺ <3 Not really bothering with the breastfeeding mother’s diet, not worried she’ll run dry, or that her little ones are hungry*’ (Fig. 47). In comments members spoofed similar concerns, frequently raised in support groups: from health professionals suggesting breastfeeding cessation to ‘MILs’ commenting, offering to bottle-feed, sneaking in juice. It also elicited a response projecting a human perspective onto the animals’ relationship: ‘*and those tiny paws on their mommy’s tummy :) <3 There is probably no sight more beautiful than the bond between mother and child :)*’. Other images used in this way might be clichéd in their use of animals that spur the connotations with freedom (horses, marine mammals, wild apex predators), or of human ‘ancestry’ (primates, especially gorillas, orang-utans and chimpanzees) (Fig. 47)



Figure 47 Mammalian comparisons: a member's cat and Honorata's favourite breastfeeding picture

This recognition of parallels between women and animals, can be seen as essentializing, placing 'woman' within 'nature'. But standing on the side of nature can also be a contestation of the cultural norms. This contention of 'natural' and 'cultural' appears in the context of defending the right to breastfeed in public (cf. Remer 2012). As I was writing this, a colleague alerted me to a Facebook status update by a Polish author, who wrote 'I for one am not scandalised by the fact that we're mammals' (Zulczyk 11/08/2016). Unsurprisingly, some responses included likening breastfeeding in public to copulation, defecation and urination – things that 'animals also do' but that are not 'culturally acceptable' in a 'civilised' society, 'superior' to animals. And just as in the case of the two 'flash mobs' described in the beginning of this work, breastfeeding women expressed a surprise that an act as 'natural' as breastfeeding would have the potential to upset others so much. In interviews I was offered women's explanations for as to why 'natural' breastfeeding is so upsetting. This was understood as a 'cultural thing' – either as norms of modesty applicable in certain cultures (Sylwia), as lack of 'respect' for maternity (Anna), as a quality of pervasive 'prudishness' in one's own culture, an awkwardness towards bodies that is typically British (Gemma, Lisa), or Polish (Hanna), as a sexualisation of women's bodies that is typically 'Western' (Lucy,

Honorata, Magdalena, Marysia). In each of those ‘culture’ was somehow seen as interfering with ‘nature’ and ‘*simply ridiculous*’ (Anna 30/07/12). Or, as Vicky puts it ‘*we’re mammals [laughs] you don’t see a lot of cows in the fields preparing formula, do you? Over with a kettle [laughs] this is just nonsense, you know!*’

A related understanding ties ‘naturalness’ of breastfeeding to a broader stance on childbirth and childrearing (Maria, Lina, Hanna). As Lina says, she decided to go ahead with breastfeeding despite her many misgivings about it, because it tied in with her beliefs:

I was really into the whole natural experience: natural birth, or as natural as possible, and everything natural, so breastfeeding was a part of that, I knew breastfeeding was good so decided to try it (26/07/12).

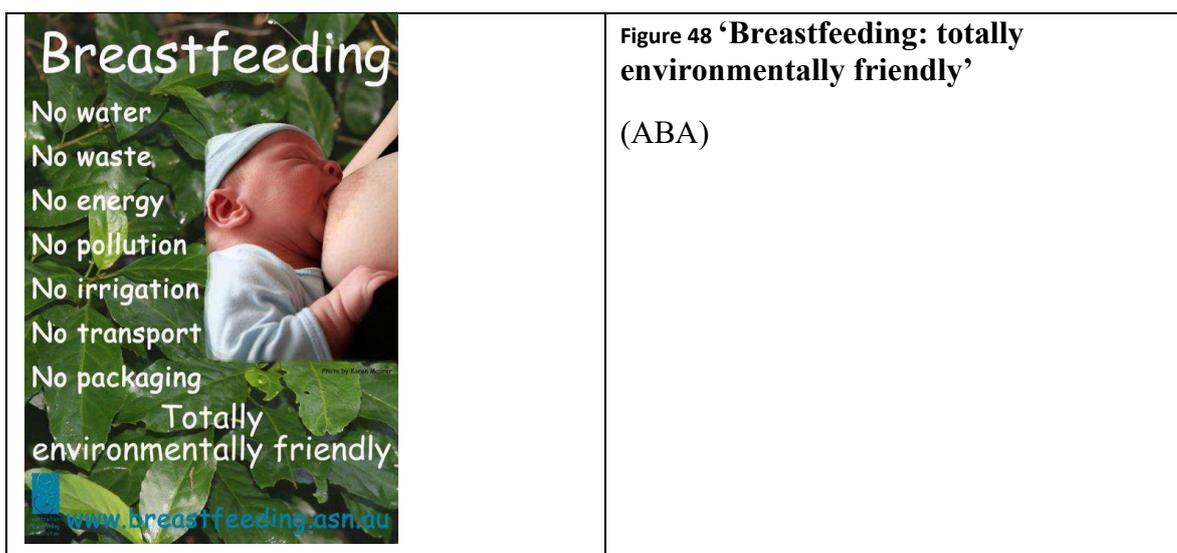
This holistic view of breastfeeding as part of ‘natural’ birth and beyond stands in contrast to the control of breastfeeding as a method of milk delivery to an infant practiced in hospital settings (cf Dykes 2005a, Zdrojewska-Zywiecka 2012). The quest for a ‘natural’ birth experience is often also a search for autonomy of decision, demedicalisation, and a respect for women’s reproductive rights (cf. Akrich, Leane, Roberts, Nunes 2014). Seeing breastfeeding as part of the reproductive continuum helps women frame it in the same rights perspective as other aspects of reproduction. It resonates especially with the wrestling out of control and oversight over the ‘natural’ process from the medical professions through which women regain control of their own bodies. As Hanna says, ‘*if breastfeeding is going well for the mother why interfere?*’ Breastfeeding as a woman-guided process plays a part in a form of parenting that is ‘gentle’: attuned to the needs of the mother and the child and respectful of their respective boundaries. Breastfeeding is here understood as something that is *both* ‘natural’ and ‘learned’. On one hand it is a thing of ‘intuition’ (Maria, Tatiana, Agnieszka, Ola, Magdalena) on the other – as nearly all women stressed – it requires time to ‘*get the hang of it*’. To facilitate the learning process means ‘to not interfere’ – this again underscores the rejection of social pressures.

Breastfeeding as ‘natural’ is also ‘*on tap*’ – that which allows women to be ‘lazy’ (chapter 8). In those accounts of ‘lazy’ breastfeeding a pragmatic-environmental aspect also emerged, which links the use of bottles to the burden of washing up (Paula, Vicky, Nickie). In this and other ways ‘naturalness’ ties to understandings of breastfeeding as not only ‘easier’ but also environmentally better. An image produced by the Australian Breastfeeding Association presents breastfeeding as ‘totally environmentally friendly’ as it requires ‘no transport’, ‘no packaging’, and ‘no irrigation’, creates ‘no pollution’, ‘no waste’, and ‘no energy’ and ‘no water’ demands (Fig. 48). The crudeness of the poster further underscores the message - the image is an unsophisticated superimposition of a suckling child onto some leaves, using a simple font and layout, with the NGO’s logo and ‘www’ address. But the message is not entirely innocent because it frames women as *the* renewable resource (Van Esterik 1989; Maher 1992; Carter 1995). So while it might be an attempt at resisting ‘dependency on delocalized food sources’ that formula promotes (Van Esterik 1989: 208), it has to be qualified with demands for adequate maternal nutrition (and rejection of ‘diets’) and an access to resources for mothers. This possibility is suggested where arguments which tie ‘naturalness’ are connected to what Newman terms ‘social responsibility’ frame. The decision to breastfeed is a question of allocation of resources (Maher 1992). Being able to feed *herself* properly is an important consideration for a breastfeeding woman, as breastfeeding depletes maternal resources. Women whose resources are scarce seem very practical about this. To Nickie, the Healthy Start vouchers she received were better spent on feeding herself healthy whilst she fed her daughter, than on formula, which ‘*it wouldn’t cover all of, anyway*’ (11/11/14). Lucy also notes that to buy formula would deprive her of healthy food:

I couldn’t afford formula, I don’t think – like I’d have to cut something out. Like we eat really healthily – I’d have to cut some of the healthy food out to get formula, which to me is insane! (...) I do have to eat slightly more, but it is not comparable to formula. Instead of having two potatoes I’ll have three potatoes,

so it's not like a bottle of formula more expensive a week. And he [child]... eats what I eat anyway, as well, which helps (06/03/14)

Both of them use breastfeeding as a way to balance demands on their resources and opt for an improved diet for themselves. The interest in the breastfeeding woman's diet as a means of ensuring future health of her child is turned from a regulatory, controlling behaviour into one that justifies a specific deployment of resources, including benefits, for the mother. Women also see it as important that breastfeeding costs less than formula. Gemma's own health issues mean she is on a complex diet - not having to spend more on special foodstuffs, like milk substitutes for her child, is seen as a gain: *'it's the bonding, the closeness, and it's free, which is what we like – we're on a bit of a tight budget'*. While breastfeeding might not be 'free' in absolute terms, requiring time, better maternal nutrition, and occasionally minimal equipment like breast pads and nursing bras, it requires substantially less direct spending. This amalgamation of meanings subsumed under 'natural' in complex interplays with the 'social' or 'cultural' can here finally be stripped down to a simple argument: a society that wants women to breastfeed in order to ensure improved health and reduced pollution had better create conditions conducive to breastfeeding.



Possibilities and limitations of lactivist visions

While the elements of an alternative lactivist vision of a pleasure based on fully embodied living and a world which accepts and cares for women's nurturing capabilities also ensuring a better appreciation of all things 'natural' emerge within lactivist spaces and could be heard in the interviews I conducted, they exist side by side with the dominant 'health' perspective. And while there are arguments which note the social responsibility for more equitable allocation of resources to breastfeeding mothers, these coexist with the sacrificial ideologies of conservative and intensive motherhood. That is one of the main reasons why the work of grassroots women's breastfeeding activism is the daily struggle to maintain control over the meanings of breastfeeding through forms of representation which figure and tell breastfeeding from women's own point of view and continue shaping women's demands. The notions that breastfeeding can be a source of pleasure and that it is 'natural' are always in risk of 'slipping', of becoming the precise reason why social support for breastfeeding is not needed. After all, women can express and provide breastmilk, the super-substance, without upsetting others? Here, we can come back to pleasure. Because pleasure derived from the embodied act of breastfeeding, the satisfaction of 'inhabiting an embodied world' (Boswell-Penc 2016), striking a certain harmonious balance, also becomes obvious when it is missing. It seems suggested by the way women describe expressing breastmilk as unpleasant. The clues that appear when women speak of hard, unpleasant work leading to a 'yield' ['udój'], of finding oneself 'like a cow', 'being milked' (Anna, Lina, Nickie, Lisa). While pumping granted Lina freedom from being 'hogtied', it made it impossible to 'drift off' the way direct breastfeeding did:

the most traumatic was the first time I expressed milk using a pump – I just started crying, it was such a horrible experience, I just felt like a really repulsive [obleśny] object and felt repulsed by it. It just made me feel trapped. (26/07/12)

For others pumping might have been necessary (Marta, Sylwia, Marysia), but it was never pleasurable. Sylwia talks about being proud to be able to provide a certain amount of milk for her son, pleased that she can be taking care of him even if physically separated from him, but pumping '*is not fun*' (20/09/12). It can be a joke, a prank played on a fellow dancer who asks for milk for their coffee, but it is not as '*nice*' as being with her child. This lack serves to reveal something about direct breastfeeding: breastfeeding is *not* about providing optimal nutrition alone. The joy is not about producing 'liquid gold'. But the dyadic embodiment is a source of pleasure in search of its own vocabulary. It holds a key to something powerful, but keeps bubbling 'under the surface' in lactivist spaces. If it erupts, it could be a motivation to seek a redress of attitudes to women's bodies and what they can or cannot do.

The fact that 'culture' is recognised as a structure of oppression can be an echo of ecofeminist concerns with those dualisms and their hierarchies (cf Umansky 1996:146), and the ways in which

men, human beings, civilization, culture, mind, and rational thought are envisioned as holding a particular set of esteemed characteristics, relegating females, nonhuman animals, untamed wildness, bodies, the material world, emotions, and intuition to a separate and lesser category (Kemmerer 2013: 67).

When lactivists reject or openly criticise a 'culture' that is derogatory, oppressive, antagonistic to female biology, to nature, and to reproduction, one that also wishes to excessively control and exploit women and nature, these echoes are at its loudest. Breastfeeding may be part of women's 'transformative power', an ability to 'take in food and transform it into milk for the young', which is part of 'our best hope' of opposing 'patriarchal culture', which encompasses

not only injustice toward women but also the accompanying cultural traits: love of hierarchical structure and competition, love of dominance-or-submission modes of relating, alienation from Nature, suppression of empathy or other emotions, and haunting insecurity about all of those matters (Spretnak 1986:32).

Rather than accepting the primacy of culture, of that part that is ‘human’ and ‘civilised’, many women argue that ‘instinct’ or what Ryan, Todres and Alexander (2011) describe as ‘calling’ – the mutual need of mother and child – be respected. Does this understanding answer Haraway's invitation to ‘re-map the borderlands between nature and culture’ (1989:377)? Some critics see this precluded by the way an understanding of ‘natural’ parenting is ideologised (Faircloth 2013, Bobel 2001, Hausman 2003, Buskens 2001). Breastfeeding as ‘natural’ *to women* can lead to a biological determinism and ossification of gender roles, with an unequal burden placed on women (Hausman 2003, Badineter 2010). This might be because ‘natural parenting’ is a private solution to a set of broader issues – and as such it is insufficient. It becomes part of the many currently co-existing ‘regimes’ of ‘parenting’, the existence of which, as Ellie Lee poignantly reminds us, begs the question ‘how and why the task that should properly be shared by *all* adults – that of shaping and developing the next generation – has come to be thought of and fetishized’ as sole responsibility of parents (2014:3). However, I believe that an attention to ‘natural’ as a trope in stories of breastfeeding has some potential to, at the very least, stimulate debate about where the boundaries of nature and culture lay and what their significance is.

Conclusions: The stories we tell, the stories we share

Plummer (1995) points to the specific role played by ‘coaxers’ of stories – including social scientist who come asking for accounts of intimate practices. Most of my interviews had an unstructured, conversational character, and many of the aspects highlighted in this thesis would spontaneously emerge within those conversations. Sometimes, I would use specific questions hoping to elicit a response that was oriented more to the ‘rationale’ or the ‘experience’ aspects of the story. Questions like ‘Did you have any ideas about breastfeeding before you had your baby?’ or ‘Why did you decide to breastfeed (continue breastfeeding)?’ were supposed to direct the conversation more to the rationalisations. ‘What was the most important thing about breastfeeding to you?’ could elicit mixed responses, while ‘What was breastfeeding like for you?’ or even ‘So how was it?’ were likely to be understood as asking about the practicalities of (everyday) breastfeeding. Sometimes, asked this, women would also talk about their feelings and sensations in breastfeeding but also about the obstacles and difficulties they have faced.

These were conversations with me as *both* a researcher interested in breastfeeding and a breastfeeding mother. I have, likely, seen and done it all, and if I have not, then I might have already heard it from someone else. The stories told are shaped by who *hears* them. The stories we *share* will sometimes depend on who (we think) is listening. In her account of her research Charlotte Faircloth (2013) says that not being a mother gave her critical distance. But reading her material, I could not help but feel she figured as ‘the researcher’ for the women she observed and interviewed – from the way they apologised for their children’s ‘disruptive’ behaviour in observations to the content of the stories told, the distance also created silences and a specific performance. As a breastfeeding mother, sometimes with a nursing child about, I conducted interviews that lasted for hours, because children would interrupt – and no one apologised. I was part of the same messy reality that my interlocutors were entangled in. My body served to prove it,

leaking breastmilk when hearing about breastfeeding. Like Sally Dowling (2014), whose research corresponds with Faircloth's in its interest in breastfeeding to term and support groups, but contrasts in the validation of the subjectivity of her research participants, I sought to meet women on their own terms, acknowledging the pressures and forces that shape their experiences, and the ways these might be different from those I was subject to. As a serially breastfeeding mother, again like Dowling, I prefer to see my position 'among the feminist researchers of breastfeeding', who have used their personal experiences as informative elements in their work to investigate the experiences of women in contemporary society who take up the practice (Dowling 2013:15; Van Esterik 1989; Carter 1995; Hausman 2003; Bartlett 2000, 2005). In doing this I not only stand with them, but choose to learn from them. The conversations we had informed and shaped my engagement with(in) lactivist spaces and at lactivist events – the things I was becoming aware of and thought of as important were often things I learned of in interviews.

My aim was to demonstrate the complexity of the ways in which women engage in the struggles over breastfeeding: how they use biomedical evidence and tactically engage representations of breastfeeding in knowledge- and meaning-making, and how lactivist efforts might impact on the social understandings and practices of breastfeeding. The vision I can offer is partial: a slice of the larger reality of lactosphere, spanning on- and offline environments, specific to the time and places my research took place, even if the actions, experiences and beliefs of breastfeeding women I talk about speak to that broader reality. Throughout this thesis I have considered the limitation of each of the forms of lactivist engagements – from the ways in which groups can become stifling in their acceptance of bio-medical discourses and specific practices (Chapter 3), or how the development of resources and growing expertise may also lead to ever heightened expectations of women's responsibility for their families' wellbeing and their own health

literacy (Chapters 4 and 5), through limits of lactivist actions and the hostility that visibility may bring (Chapters 6 and 7). This hostility and misogyny that breastfeeding women encounter because – when NIPing and in brelfies – they reveal bodies which are not ‘easily commodifiable bodies that fit the narrow standards’ of ‘consumer culture’s norms of appearances’ (Tiidenberg & Gómez-Cruz 2015:15), means that lactivist spaces are often centred on an awareness of becoming an object of abjection, of becoming the abject (Kowalczyk 2010a). But at the same time this is not the only aspect of breastfeeding the movement addresses: the drive to establish resources and to engage with biomedical data, after all, arises in response to challenges and microaggressions encountered daily in women’s intimate environments, but also the very real issues and problems with breastfeeding. This creates a pressing need to – without eliding or glossing over the negatives – celebrate the positives. And this is why this thesis concentrates on women’s grapplings with the embodied politics of doing breastfeeding as ‘breaking the taboo by doing the taboo thing’ (Boyer 2011). Lactating bodies in this sense speak to Coleman’s ‘bodies as becoming’ (2008), not limited to body and image, but also imbued with and seeping into the practice and the politics. The flow of the milk that creates the bonds of the breastfeeding relationship (Chapter 8) is part of the telling of the story. To paraphrase Serpil Oppermann (2018), milk stories emerge through breastfeeding women, but at the same time breastfeeding women themselves ‘emerge through “material agencies” that leave their traces in lives as well as stories’ (Cohen 2015: 36 in Oppermann 2018). An engagement with new materialism’s concept of ‘storied matter’ could be a potentially fruitful way of engaging lactivist politics that emerge around milk, milk-sharing, milk’s properties, and bonding through milk, as one extending on some of the concerns of this thesis. This conversation could also concern other aspects mentioned here. Deborah Lupton (forthcoming) usefully connects the aspects of research by scholars such as Jane Bennett and Karen Barad and the new materialist/vital materialist

approaches in environmental politics and notions of onto-epistemo-logy to human interactions with and through digital devices. She draws on Benett's work to understand the 'intimacy of the relationship between humans and nonhumans as well as the forces generated with and through things as humans interact with them'(2). Lactivists' doing of politics but also doing of intimacies with and through their devices could perhaps be further understood in this frame. And further, the lactivist imaginings and reclaiming of human-mammalian affinity represent what the medievalist Jeffrey Jerome Cohen denotes 'a perilous leakage between human space and animal place' which 'demonstrates the limits of an imagined segregation' (2013). As already signalled, lactivist politics that accentuate the links with the natural world (chapter 9) – potentially problematic, as analysed by Hausman (2003) – could also be seen as a hopeful capturing of a countercultural spirit of celebration of nature and a more progressive vision of breastfeeding as more-than-human.

Starting from the Prologue with its observation of two breastfeeding flash-mobs, I chose to place breastfeeding in the context of struggles over meaning. But I also wanted the very specific politico-legal contexts of this embodied practice to become legible, engaging these through an analysis of the legal and policy contexts in Poland and the UK, which frame breastfeeding as a 'health' issue. Breastfeeding has been the focus of health politics in the UK and Poland, as it has been globally. However, during my research – 2011-17 – the conditions for taking up breastfeeding and the realities of support were changing. In Poland, a social support measure introduced by the Civic Platform government in the form of a maternity benefit to all women – including the unemployed and students – was rolled out in 2016 and in the same year Law and Justice Government introduced its pronatalist universal benefit for second and every consecutive child. Both measures were welcome in breastfeeding groups, since they ensure an allocation of resources which allows more women to take up the practice. At the same

time, however, the new conservative government began a systematic dismantling of women's reproductive rights, including rights in childbirth: the enforceability of perinatal and post-natal care standards became uncertain (Birth with Dignity 2016). In the UK in the climate of intensified pull back from welfare support based on the ideology of 'austerity' the removal of resources resulted in an underfunding and neglect of what may be a critical intervention in health for women and children in the poorest socio-economic strata at a time when health inequalities are widening (Renfrew et al 2012, Acta Paediatrica 2015, Slawson 2015, Campbell 2017). With cuts to local government spending breastfeeding community support was slowly, but surely decommissioned – either directly, as in the case of Blackpool, where thousands signed a petition to keep the community provisions going, or indirectly, through closure of children centres, in which peer support groups and HV clinics were held. Faced with austerity measures imposed by central government, even in areas marked as 'deprived', such as the Morecambe Bay Area, where breastfeeding could make the biggest difference to health outcomes (cf Oakley et al 2013), local governments have to withdraw support for mothers. At the same time, underfunding and 'managerialism' in the NHS led to a situation in which staff and volunteers spend time on administrative tasks and 'paper-trailing' rather than provisions; as expressed by Tatiana in interviews: '*helping no longer matters, targets do*' (16/10/16; cf. Aiken & Thomson 2013). Elsewhere, research with health visitors and midwives reports they are overburdened and underpaid (UNITE 2015, RCM 2015) and the situation in Poland seems to be no different (Kubisa 2015) but equally contextualised by widening health inequalities (Genowska et al 2015). In both countries, professional training in lactation support for HCPs – IBCLC or CDL – is often paid for by the professionals themselves. HCPs who are members of online support groups openly talk about obstacles to additional training. This background is important, as it adds to the

picture of the various gaps in support women are increasingly expected to cover out of their own resources.

Sharing knowledge and experiences online, women in Facebook breastfeeding support groups observed are building a new grassroots element of the breastfeeding movement. This area has been of limited interest to sociological literature on breastfeeding or health social movements, but it clearly speaks to observations made by researchers about movements galvanised by ‘health’ concerns. As I trace through chapters 3,4 and 5, creating groups, where knowledge is shared freely and purposefully, we act to empower one-another to use bio-medical knowledge to our advantage. But beyond the ‘health’ concerns, lactivist efforts to support individual women through breastfeeding, our efforts to support each other, foster a breastfeeding community – a sisterhood of ‘*wise ladies on my phone*’ and ‘*good aunts of the group*’, one which helps us withstand the pressures that may appear in our proximate environments from kin and healthcare workers alike. From this community, as I propose in chapters 6 and 7, spring both attempts to create alternative representations of breastfeeding and concrete actions, based on specific repertoires of contention, which span from mass and joint actions to individual tactics, like #brelfies and NIP.

The dynamic of the movement means that my study can be only a snapshot of activity of the lactivist Facebook support groups. A comparison with other social media – from various forums to Twitter and Instagram – would be interesting, as would be a study into uses of Snapchat for lactivism. As Baym notes, different platforms lend themselves to different sorts of group formations and ‘differences in technological affordances lead to differences in group behaviour’ (2010: 74). These social media, because of their specificity, would doubtless have their own forms of fostering support and garnering action, while other forms would likely bear similarity to what I describe

here (cf. Venditti and Poshar 2015). It would also be interesting to understand how lactivist activities appear in different linguistic and cultural contexts – for example countries with high breastfeeding rates, such as Norway with high continuation rates (Lancet 2016), countries such as India, with full Code implementation (Brady 2012, WHO 2016) or countries which are believed to be ‘exposed’ to high levels of formula-connected corruption, like China (Harney 2013). Such contexts could likely affect the appearance of lactivism – besides breastfeeding’s ‘cultural’ ‘normalcy’ an aspect affecting the appearance of lactivist tactics in some of the forms described here would likely be the accessibility of the Internet and social media. On the other hand, some forms might be less dependent on the particular communications styles which are the basis of Polish and UK grass-roots organising. Mass breastfeeding protests, flash-mobs and consumer nurse-ins have appeared in multiple contexts: Brazil (Mendes 2014), Argentina (ABC 2016), Philippines (BBC 2017), South Africa (Francke 2016), Hong Kong (Cuen 2016) and Singapore (Straits Times 2004 in Hee 2017:55). These events also demonstrate that lactivism is not solely a ‘Global North’ phenomenon.

An important question here might be, who are the women who get involved in actions aimed at ‘normalising’ breastfeeding – those who do or do not want to be labelled ‘lactivists’. The group of women I interviewed for this work reflects in some ways the composition of the communities I was located in, representing a mix of first-time and experienced mothers, women of varying (although mid- to high) educational attainment, aged between 20 and 42, married, partnered, single, homo-,hetero-, and bisexual, inhabitants of rural, quasi-rural and urban areas, migrants and ‘returners’. But even so, their diversity seems low compared to that encountered in Facebook breastfeeding support groups. From my observations, very young women, aged 16-19 are clearly and vocally present in the groups. But at the same time, in both countries there are also women who are grandmothers to breastfed children, but who are also still breastfeeding

their own youngest child. In the UK groups there are migrants and British women of all ethnic backgrounds. In Poland feminist and Catholic lactivists cooperate on important issues. Concerns shared by all of these women, similarities of individual accounts of breastfeeding – narrative vignettes shared online or stories ‘coaxed’ by a fellow breastfeeding woman to be written about – appear as one of the many new forms of everyday activism (Vivienne 2016), meshed into the fabric of women’s daily lives through both the ‘digital mundane’ (Wilson & Chivers-Yohim 2017) and through their daily practices.

Embarking on my research, I was expecting there to be greater differences between breastfeeding women in Poland and in the UK. Perhaps this work focuses on similarities because they were what I noticed, or perhaps wanted to notice the most, being involved in the groups in both contexts. Any flattening of these differences was not my intention, I hope I was able to suggest where some of these may lie, as I am aware of their presence, albeit subtle. The main contextual difference for the movement itself is the fact that in the UK there is a mature NGO environment for breastfeeding support and advocacy. The resources of the established organisations – BfN, NCT and ABM, and the resources created by state agencies, are accessible to breastfeeding women. Polish organisations are trying to replicate or adapt to the local environment some of the solutions created in the UK: for example the FPKP cooperates with a pharmacist, in the same way BfN cooperated with Wendy Jones. A comparison of the movement at this – advocacy organisation – level would be interesting and would probably tell a slightly different story where differences would be more pronounced. One would be the maturity of the third sector overall – in Poland despite their proliferation NGOs are still in the process of gaining stability (Klon-Jawor 2016) – which impacts the forms of advocacy present. Furthermore, from the EHM perspective, a boundary movement such as the breastfeeding movement would be shaped by the recognition of women’s health and

reproductive health as a continuum, and an understanding of the political consequences of reproductive health. This would also take us into the realm of ‘legacies’, which in the Polish case bring with them questions of the Catholic legacies in established advocacy organisations.

My intention, however, was not the study of existing organisations or advocacy leaders, but the ways in which breastfeeding movement exists on the non-hierarchical grassroots level. I was interested to see if, and how, at this level, ‘health’ functions as a discursive opportunity structure the way Newman (2010) suggests it does for established advocacy organisations. In particular, I was interested if using ‘health’ as an argument recognised as rational and intelligible to the wider polity motivates women to action and if so, how. I was also curious about ‘health’ as a motivation for ourselves – brought up and taught to be personally, individually responsible for our health and the health of our children. As I hope to have demonstrated in Chapter 8, the invoking of ‘health’ has a ‘hidden agenda’ behind it: women care about breastfeeding not only because of the promoted health results, but because they enjoy it, and value the closeness and bonding with their children. In this sense, the notions associated with promotion of ‘health’ are used to negotiate for something that we want to do. There are also political implications: the meaning of ‘bonding’ invoked is a negotiated version of the popular interpretations of attachment theory – and becomes a reason to articulate a different vision of motherhood, in which relationships, ties, and common good are important, a preference for a less individualistic, more connected reality. But is also becomes a way to argue for the value of maternal work. Lactivism seems to me a mode of making these, and other, related concerns more public. As Bettina Aptheker writes, ‘the choices women make about how to resist and in what ways are made outside the rules and outside the boundaries of conventional politics’ and for that reason ‘cannot be judged or their effectiveness critically assessed’ using ‘conventional social theories’ on power relations (1989:180). I

believe the strength of the lactivist movement is in its ability to coalesce around a common goal and in forming coalitions, at the heart of which is making sure women's own definitions of their situation are heeded.

It might however be a result of a degree of romanticising these elements which seem to resist the dominant healthiest framing on my part, based on the potential expressed in interviews and emerging from my data. As I have stressed numerous times, however, part of the work of the 'boundaries' in a boundary health movement such as the breastfeeding movement is in placing emphasis on different arguments. Throughout this thesis I hope to have also pointed out in both individual accounts and group data the sort of conservative, essentialising elements, which risk taking breastfeeding activism in another direction. Amongst these are such visions of maternity which reference the 19th century notions of 'mothers of the nation' – visual representations described in chapter 6 – and elements which speak of maternal responsibility for health expressed in the activities of women online. These are the result of complex legacies which, while not considered within this thesis, have been the focus of my attention. In this area it would be interesting to trace the 'seepage' of cultural and religious notions into medical beliefs – perhaps as early as the nineteenth century – and their influence on what we think of breastfeeding.

At the beginning of my work on the PhD a prominent Polish sociologist asked me 'breastfeeding – but what is there to write about?' Here, I have covered but a tiny speck of the vastness of sociologically pertinent aspects of breastfeeding. I hope that my work will contribute to a development of interest in breastfeeding in Polish sociology broadly and in the context of women's grass-roots organising specifically. As Korolczuk (2014) states, there is still a gap in Polish research on women's organising that would employ the tools provided by social movement theories. In English language I hope that my work

will be a small contribution, offering a consideration of breastfeeding movement's grass-roots organising in its current shape to the area of research in health social movements

Appendix 1: Groups

The United Kingdom has a population of 64.1 million and 89% of this population are active Internet users. 38 million people actively use social media and a further 50% of total population actively use their mobiles to access their social media. 60% of the UK population has a Facebook account (ONS 2016); 36.45 million logged in users (i.e. continuous) as of May 2016 (Statista 2016). Use of Internet in Poland is slightly lower - 70% of the population or 24.9 million people (Gemius 2016); according to GUS 80.1% of all households and 93.7% of companies are connected to the Internet. Monthly visitors to Facebook are 20 million - 80% of all Polish Internet users; of these, 51% are women, which reflects the demographic structure of Poland; similarly, 51% of UK FB users are women. Facebook own data shows that at least 11m use the network daily, 8.6m of those on mobile devices, in each country (2016).

Facebook users typically use their real names – in Poland many report being ‘checked’ by Facebook: having to change screen names to the names displayed in their official ID documents (‘dowod osobisty’). Where possible, group members have agreed to me observing and discussing my observations in my thesis, or I have been given the permission to do this by administration conditional on anonymising the participants. However, some users wanted to have their names included or mentioned they ‘wouldn’t mind’ to be able to recognise themselves. Where there was a request and reason to use names, I have done so. In all other places I have used initials – real or coded. Polish conversations have been translated by me, which adds a further layer of anonymisation.

NAME	N members ⁹⁸	Years active	Type	Interests	Abides by Code	Description	Status	Entry	Permission
LQ: Lactation Quarterly Support Group (PL)	9000+	March 2015-present	PKP-led	Breastfeeding, Baby Led Weaning,	Yes	‘A place where members can talk to Lactation Quarterly authors about breastfeeding, weaning and parenting. Please respect the rules’	Closed group	Admin add on request	Y(admin/owner) on adding; partial anonymisation requested
KCNU: Karmiace Cyce na Ulice	6600+	10 June 2011-present	Activist, PKP-led	Public breastfeeding, organising,	Yes	‘Breast-feeding and support group (BF) and long-term breast-	Open	None	n/a – open group; owner aware of my activity

⁹⁸ As of May 2017.

				breastfeeding support, parenting support, free advice		feeding (LTBF), led by a certified breastfeeding promoter.'			
KP: a Polish breastfeeding group	10500+ members	(?2012-October 2014) August 2015-Present	Admin-led	Advice on breastfeeding	Yes	'The group was created to support and assist women who have a problem with breast-feeding. The information in this group is intended to broaden your knowledge and will not replace your INDIVIDUAL consultation with an internist, pediatrician or specialist, midwife, LLL leader, certified counselor (CDL) or international lactation consultant (IBCLC), nutritionist or dentist. Every Mom who uses the advice is responsible for the possible consequences of the actions taken.' (Aug 2015)	Open - > closed	Joined; later admin add on request; currently: admin vetting	Y in original group and on individual posts on a per-need basis or via PM - at times impossible due to member leaving group; partial anonymisation of group
KPOT: Breastfeeding group's Off Topic filial	6600+	?2014-present	Off topic	Any	Yes	'Off topic group for breastfeeding	Closed	Admin add	Admin approved partial

group						mothers, members of the 'Karmienie piersia' group			anonymisation requested
UKBAPS: UK Breastfeeding and Parenting Support	8000+	October 2014-present	Information, support, activism	Breastfeeding and weaning, parenting – 'gentle ethos'	Yes	'This group aims to offer parent to parent help, support and guidance for breastfeeding and other areas of parenting. We are here to promote and support breastfeeding. In the first instance, support should be aimed at encouraging and supporting a breastfeeding journey'	Closed	'We MESSAGE NEW MEMBERS before accepting them to help protect the security of the group.'	Yes – group consent following admin approved self-disclosure at end of maternity leave; if possible consent sought for specific items – not always possible due to member leaving
UKBAPS OT: off topic filial group of UKBAPS	2000+	October 2015 - present	Informational, activist, for fun	Off topic breastfeeding related	Yes	'This is the off topic group for members of UK BAPS to discuss off topic issues.'	Closed	Add	As above
Secret Activist Group	250	Feb 2015-present	Activist	BF activism and personal rants	100% and seeks to enforce it elsewhere	'A safe place for people who are passionate about breastfeeding activism and spreading a positive message about the normalisation of breastfeeding and natural term weaning.'	Secret	Member add	Individual consent sought for specific quotes; group fully anonymised due to secret character

Karmienie piersią bez fanatyzmu	16 Jan 2015 – present	1000+	Informational	All matters breastfeeding only; no anti-formularants and no vaccination discussions	No	‘A group for women.’	Closed	Add	No reply to request – not quoted from
Karmienie piersia :)	April 2014	26400+	Support	Breastfeeding	Yes explicitly	‘Breastfeeding - the most natural way of feeding newborns and infants. It provides the child with proper development from the very first moments of his life. Breastfeeding is also beneficial for a woman. It protects against breast cancer and many female diseases, resulting in proper contraction of the uterus after delivery. It is also easier to get rid of extra pounds because a woman's body consumes more energy for the lactation using fat accumulated during pregnancy. During breastfeeding, the mother and child remain in very close	Closed	Admin add; women only	Added by admin aware of my research; consent sought on collection of specific data where possible; same issues as above

						physical and emotional contact, which positively influences the further development of the baby.'			
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Appendix 2: Guide

Created in June 2012 with dr Danuta Duch-Krzysztozek (my IFiS PAN/GSSR supervisor). Some of the interviews were conducted during my registration at the GSSR. Permission has been received from participants to use them in this thesis.

Wiek/ Age
Wykształcenie/ Education
Zawód/ Occupation
Stan cywilny/ Marital status
Gdzie mieszkasz, skąd jesteś?/ Where do you live, where are you from?

Ile masz dzieci? Ile mają lat? Ile miałas lat kiedy urodziłaś pierwsze dziecko?
Number of children, ages, age when first child born?

Karmione piersią? Ktore? Ile miały jak odstawiałas?
Which children were breastfed? Child/ren currently bf? What age weaned?

Co wiesz/ś wiesz o kp zanim zaszłaś w ciążę?
What did you know about breastfeeding before you got pregnant?

Dlaczego zdecydowałaś się KP?
What made you decide to breastfeed?

Czy coś się zmieniło w podejściu do KP od czasu kiedy miałas pierwsze dziecko?
Any changes in bf attitudes from first to subsequent children?

Czy w Twojej rodzinie ktoś KP? Czy znałaś kobiety karmiące piersią?
Was anyone bf in your family? Did you know any bf women?

Kto Cię najbardziej wspierał w KP?
Who was your biggest source of support in bf in the family?

Jakie miałas doświadczenia ze służbą zdrowia odnośnie kp?
What were your encounters with HCP like whilst breastfeeding?

Jakie masz doświadczenia ze szpitalem?
What was your hospital experience like?

Czy wróciłaś do pracy? Jak było z karmieniem?
Did you return to work? How was it with breastfeeding?

Skąd czerpałaś wiedzę na temat kp?
What sources did you use to find out facts, learn things about breastfeeding?

Czy korzystałaś ze źródeł internetowych? Jakich?
Did you access any internet sources? What were they?

Jakie było Twoje doświadczenie kp, czym kp było dla Ciebie?
What was breastfeeding like for you? What was bf for you?

Czy kp jakos na Ciebie wpłynęło, zmieniło Cie?
Do you think breastfeeding had any impact on you as a person?

PKP/PS: kiedy i jak zostałaś pkp/ps?
Supporters: how & when did you become a supporter?

Na czym polega to, co robisz?
Can you tell me more about the experiences of supporting – what is it like?

Appendix 3: Participants

Name	Age	N of children & weaning age	Occupation	Relationship status	Notes	Follow up engagement?
Joanna	35	2 (1 & 1+3)	White collar lower managerial	partner	Interview at workplace - could not be recorded	Upset at content I shared about breastfeeding to term; online conversation
Lina	31	1 (7-9mo)	journalist	partner	Initially hated the idea of breastfeeding but is vegan so decided to try	
Honorata	29	1 (6)	White collar worker	single	Feeding a 4yo at time of interview; seeing someone	Kept in contact, exchanged messages after second child born
Anna	29	1 (1+6)	Photographer and designer	partner	Weaned to undergo an operation 3 weeks before interview	
Magdalena	34	4 (1+3, 1+5, 1+4, bf)	Homemaker	married	Feeding her youngest (3mo); lives with widowed mother who helps	
Agnieszka	34	2 (2+6, bf 2+)	Writer & director	married	Family experience of wet-nursing (one generation back)	Contacted me seeking lactation support for cousin
Ola	33	2 (1+9; bf 2+)	White collar worker	married	Her mother was the first person I had ever seen bf	Contacted me when weaning daughter
Sylwia	29	1 (1+7)	Performer	single	Frequent travel for work; child born in the UK	
Marysia	'nearly 40'	1 (bf 2+)	White collar worker	married	Shared milk with friend;	Contacted me when son weaned
Marta	32	1 (bf)	On maternity leave 'not sure'	married	Started off bottle feeding, fully bf by 6 weeks	Contacted me to add observations after second child born
Paula	32	1 (2+)	academic	Partner	Recently weaned child; was	Kept in contact

					pregnant whilst living in UK	
Shel	NG	3 (19mo, 22mo, 3+)	‘empowering women to make informed infant feeding choices’	Married	Lactivist legend, IBCLC	ongoing
Lucy	25	1 (bf 3+)	Fulltime mother	single	At first interview son 11mo – intended to bf to ‘maybe two’.	2 interviews; kept in contact
Tatiana	34	2 (1+, 2)	Ward breastfeeding counsellor (neonatology)	married	Lives in Morecambe, in a community dominated by recent Polish migrants.	2 interviews; became a friend
Maria	27	2 (7mo, bf 3+)	Parenting blogger, doula	married	Born in a village, alternative lifestyle enthusiast	Blogs about her third child
Gemma	28	1 (bf)	Teacher	Married	Younger sister bf; planned on bf when her and wife were planning the pregnancy	
Lisa	44	2 (2+, bf 2+)	Full-time homemaker (‘which is a job!’)	married	Qualified as peer supporter, but realised ‘staring at people’s chests’ was not for her	
Nickie	23	1 (2+)	PG student	partner	Veganism, feminism strong influences on decision to bf	
Vicky	37	1 (bf5+)	White collar worker	married	Does not consider herself ‘lactivist’	
Hanna	38	3 (2+4, 2, bf 5+)	Doula, activist	married	Balances her daytime job with her involvement in home birthing and lactivist communities	

Bibliography

- Abbas, F. (2015) *Breastfeeding: a summary report*. Preston: Lancashire County Council.
<http://www.lancashire.gov.uk/media/897681/breastfeeding-report-2015.pdf>
- ABC (2016) Argentine women hold mass breastfeeding protest. ABC News 24/07/14 (online)
<http://www.abc.net.au/news/2016-07-24/argentine-mothers-hold-mass-breastfeeding-protest/7656400>
- Abrahams, S. W. (2012) Milk and Social Media. *Journal of Human Lactation* 28(3): 400 – 406
10.1177/0890334412447080
- Acta Paediatrica (2015) Special Issue: Impact of Breastfeeding on Maternal and Child Health, December, 04 (S467): 1–134.
- Aiken, A. & G. Thomson (2013) Professionalization of a breast-feeding peer support service: Issues and experiences of peer supporters. *Midwifery* 29: e145-e151
- Ainsworth, M.D. (1991) Attachments and other affectional bonds across the life cycle. In: C.M. Parkes, J. Stevenson-Hinde, and P. Marris (eds.) *Attachment across the life cycle*. London: Routledge. 33-51.
- Akrich, M. (2010) From communities of practice to epistemic communities: Health mobilizations on the internet. *Sociological Research Online* 15(2).
<http://www.socresonline.org.uk/15/2/10.html>
- Akrich, M., M. Leane, C. Roberts, and J. Arriscado Nunes (2014) Practising childbirth activism: A politics of evidence. *BioSocieties* 9(2):129–152. <https://doi.org/10.1057/biosoc.2014.5>
- Analytical Armadillo (2012) Clare Byam-Cook In The Times - Say What? (blog post)
<http://www.analyticalarmadillo.co.uk/2012/05/>
- Analytical Armadillo (2012a) 5 Reasons Infant Formula Isn't The Lazy Option. (blog post)
<http://www.analyticalarmadillo.co.uk/2012/07/5-reasons-infant-formula-isnt-lazy.html>

- Anderson, B. (2005) Everyday Domestic Research in the Knowledge Society: How Ordinary People Use Information and Communication Technologies to Participate. In: R. Finnegan (ed.) *Participating in the Knowledge Society. Research Beyond the University Walls*. London: Palgrave. 183-97.
- Anderson, K. (2014) *For Love and for Justice: Narratives of Lesbian Activism*. PhD. New York: CUNY Academic Works. http://academicworks.cuny.edu/gc_etds/8
- Andrews, T. & S. Knaak (2013). Medicalised mothering: experiences with breastfeeding in Canada and Norway. *The Sociological Review* 61(1): 88–110
- Antonelli, J. (1994). Feminist spirituality: The politics of the psyche. In: C. Spretnak (ed.) *The politics of women's spirituality*. Garden City, NY: Anchor Books. 399-403
- Apple, R.D. (1987) *Mothers and Medicine: A Social History of Infant Feeding 1890–1950*. Madison: University of Wisconsin Press.
- Aptheker, B. (1989) *Tapestries of Life. Women's Work, Women's Consciousness, and the Meaning of Daily Experience*. Amherst: University of Massachusetts Press
- Archibald, M. & C. Crabtree (2010) Health Social Movements in the United States: An Overview. *Sociology Compass* 4: 334–343. doi:10.1111/j.1751-9020.2009.00256.x
- Arons-Mele, M. (2008) Bloggers: Citizen Journalists or Entrepreneurs? *GoodWork Project Report Series 56*. <http://thegoodproject.org/pdf/56-Bloggers-Citizens-or-Entrepreneurs.pdf>
- Asher, A. & L.M. Jahnke (2013) Curating the Ethnographic Moment. *Archive Journal* <http://www.archivejournal.net/essays/curating-the-ethnographic-moment/>
- Atkinson, N.L., S.L. Saperstein, J. Pleis (2009) Using the internet for health-related activities: findings from a national probability sample. *Journal of Medical Internet Research* 11(1):4. doi:10.2196/jmir.1035.

- Attwood, F., Hakim J. & Winch, A. (2017) Mediated intimacies: bodies, technologies and relationships. *Journal of Gender Studies* 26(3): 249-253
DOI: 10.1080/09589236.2017.1297888
- Avishai, O. (2011) Managing the Lactating Body: The Breastfeeding Project in the Age of Anxiety. In: P. Liamputtong (ed.) *Infant Feeding Practices: A Cross-Cultural Perspective*. New York: Springer
- Avishai, O. (2004) At the Pump. *Journal of the Association for Research on Mothering* 6(2)
<http://jarm.journals.yorku.ca/index.php/jarm/article/view/4929/4123>
- Badinter, E. (2010). *Le conflit: La femme et la mère*. [The conflict. Woman and mother.] Paris: Flammarion.
- Bagci Bosi, A. T., Eriksen, K. G., Sobko, T., Wijnhoven, T. M., & Breda, J. (2016). Breastfeeding practices and policies in WHO European Region Member States. *Public Health Nutrition* 19(4):753–764. 10.1017/S1368980015001767
- Balkin, J. M. (1993) Ideological Drift and the Struggle over Meaning. *Yale Law Faculty Scholarship Series* 274. http://digitalcommons.law.yale.edu/fss_papers/274
- Balsamo, F., G. De Mari, V. Maher, R. Serini (1992) Production and pleasure: Research on Breast-feeding in Turin. In: V. Maher (ed.) *The Anthropology of Breastfeeding: Natural Law or Social Construct*. Oxford: Berg. 59-90
- Baniak, J. (2012) Wprowadzenie: demokracja i społeczeństwo obywatelskie a religia i kościół. [Introduction: democracy, civil society, and church and religion]. In: J. Baniak (ed.) *Religia i Kościół w społeczeństwie demokratycznym i obywatelskim w Polsce*. Poznań: Wydawnictwo Naukowe WNS UAM
- Barabási, A. L. (2011) Introduction and Keynote to A Networked Self. In: Zizi Papacharissi (ed.) *A Networked Self. Identity, Community, and Culture on Social Network Sites*. London: Taylor & Francis. 1-15

- Barett, T. (2014) De-individualising autobiography: a reconsideration of the role of autobiographical life writing within disability studies. *Disability & Society* 29(10)
- Barkhuus L., E. Bales & L. Cowan (2013). It Takes an Online Village: Internet Use by New Mothers for Social Support. *Paper presented at the Motherhood and HCI workshop Paris*
- Bartington, S. L.J. Griffiths, A.R. Tate, C. Dezateux and the Millennium Cohort Study Child Health Group (2006) Are breastfeeding rates higher among mothers delivering in Baby Friendly accredited maternity units in the UK? *International Journal of Epidemiology* 35(5):1178–1186. doi10.1093/ije/dyl155
- Bartlett, A. (2000). Thinking through breasts: Writing maternity. *Feminist Theory*, 1(2), 173-188.
- Bartlett, A. (2002) Breastfeeding as Headwork: Corporeal Feminism and Meanings for Breastfeeding. *Women's Studies International Forum* 25(3): 373-82
- Bartlett, A. (2002a). Scandalous Practices and Political Performances: Breastfeeding in the City. *Continuum: Journal of Media and Cultural Studies* 16(1):111-21
- Bartlett, A. (2003). Breastfeeding Bodies and Choice in Late Capitalism. *Hecate* 29(2): 153-165
- Bartlett, A. (2005). *Breastwork: Rethinking breastfeeding*. Sydney: University of South Wales Press.
- Bartlett, A. (2005a). Scandalous Practices and Political Performances: Breastfeeding in the City. In: M. Porter, P. Short & A. O'Reilly (eds.) *Motherhood, Power and Oppression*. Toronto: Women's Press. 57-73
- Bartlett, A. (2010) Breastfeeding and Time: In Search of a Language for Pleasure and Agency. In: R. Shaw and A. Bartlett (eds.) *Giving Breastmilk. Body Ethics and Contemporary Breastfeeding Practice*. Toronto: Demeter. 222-235

Bartlett, Y.K. & N.S. Coulsons (2011) An investigation into the empowerment effects of using online support groups and how this affects health professional/patient communication. *Patient Education and Counselling* 83(1):113-9 doi10.1016/j.pec.2010.05.029

Baumslag, N. & D. L. Michels. (1995) *Milk, Money and Madness: The Culture and Politics of Breastfeeding*. Greenwood Publishing

Baym, N. (2010) *Personal connections in the digital age*. Cambridge: Polity

BBC (2012) Breastfeeding mothers stage protest in a Bristol cafe.

<http://www.bbc.co.uk/news/uk-england-bristol-18705583>

BBC (2017) Breastfeeding event attracts 2,000 mothers in Philippines

<http://www.bbc.co.uk/news/av/world-asia-40837990/breastfeeding-event-attracts-2000-mothers-in-philippines>

BBC News (2014) Thousands protest in support of breastfeeding 'tramp'

<http://www.bbc.co.uk/news/uk-england-stoke-staffordshire-26592340>

Be a Star (2008) Welcome to our blog (blog post) <http://www.beastar.org.uk/>

Beasley (2010) "Breast is Best" and other messages of Breastfeeding Promotion. In: R. Shaw and A. Bartlett (eds.) *Giving Breastmilk. Body Ethics and Contemporary Breastfeeding Practice*. Toronto: Demeter. 39-50

Bell, D. (2001) *An Introduction to Cyberculture*. New York: Routledge

Bennett, W.L. & A. Segerberg (2012) The Logic of Connective Action. *Information, Communication & Society* 15(5): 739-768 doi:10.1080/1369118X.2012.670661
23.02.2015

Berg, A. (1973) The economics of breast feeding. *Saturday Review of the Sciences*.

BfN (2014) Breastfeeding in Public (website entry).

<https://www.breastfeedingnetwork.org.uk/breastfeeding-help/out-about/>

- BfN (2016) BfN supports open letter on the crisis in breastfeeding (website entry).
<https://www.breastfeedingnetwork.org.uk/crisis-in-bf/>
- Birth with Dignity (2015) Raport: Opinie i potrzeby kobiet rodzących w szpitalach ginekologiczno – położniczych. [Report: Opinions and needs of women giving birth in ob-gyn hospitals]. Warszawa: Rodzic po Ludzku.
http://www.rodzicpoludzku.pl/images/raport_ost.pdf
- Birth with Dignity (2016) Stanowisko Fundacji Rodzic po Ludzku w sprawie zmian dotyczących Standardów opieki okołoporodowej (website entry). [Statement by Birth with Dignity Foundation on the changes in the Standards of Intrapartum Care]
<http://www.rodzicpoludzku.pl/Interwencje/Stanowisko-Fundacji-Rodzic-po-Ludzku-w-sprawie-zmian-dotyczacych-Standardow-opieki-okoloporodowej.html>
- Blackburn, V. (2014) Breast may be best but, please, not in public. *Daily Express* 13/03/2014
<http://www.express.co.uk/comment/columnists/virginia-blackburn/464532/Breast-may-be-best-but-please-not-in-public>
- Blum, L. (1999) *At the Breast: Ideologies of breastfeeding and motherhood in the contemporary United States*. Boston: Beacon
- Bobako, M (2010) Konstruowanie odmiennosci klasowej jako urasowanie. Przypadek polski po 1989 roku. [Constructing class difference as racialisation] In: P.Zuk (ed.) *Podzialy klasowe i nierownosci społeczne w Polsce. Refleksje socjologiczne po dwóch dekadach realnego kapitalizmu w Polsce* [Class divisions and social inequities. Sociological reflections after two decades of real capitalism in Poland]. Warszawa: Oficyna Naukowa
- Bobel, C. (2002) *The Paradox of Natural Mothering*. Philadelphia, PA: Temple University Press
- Boon, S and B. Pentney (2015) Virtual Lactivism: Breastfeeding Selfies and the Performance of Motherhood. *International Journal of Communication* 9(14).
<http://ijoc.org/index.php/ijoc/article/view/3136>

- Borek, E. and P. Chwialkowska (2014) Patients Participation and Shared Decision-Making in the Polish Healthcare System. *Journal of Health Sciences* 4(1):
- Borowiec A., I. Lignowska, M. Makowska (2009). Czy działania edukacyjne prowadzone w ramach profilaktyki i promocji zdrowia kreują 'nowych dewiantów'? *Problemy Polityki Społecznej* 12(12):169-182
http://problemypolitykispolecznej.pl/images/czasopisma/12/12_169-182.pdf
- Boswell-Penc, M. & K. Boyer (2007) Expressing Anxiety? Breast pump usage in American wage workplaces. *Gender, Place & Culture* 14 (5)
- Boswell-Penc, M. (2016) Breastmilk, cow's milk and environmental crisis: Embodiment as key to individual, public and planetary health.(conference presentation). *Breastfeeding and the politics of embodiment. ESRC seminar series: Social experiences of breastfeeding: building bridges between research and policy.* Cardiff 02/03/2016
<https://soundcloud.com/uwebristol/maia-boswell-penc-esrc-seminar-series-march-2016>
- Bowes, A. & T. M. Domokos (1998) Negotiating Breast-Feeding: Pakistani Women, White Women and their Experiences in Hospital and at Home. *Sociological Research Online* 3(3) <http://www.socresonline.org.uk/3/3/5.html>
- boyd, d. (2011) Social Network Sites as Networked Publics: Affordances, Dynamics, and Implications. In: Zizi Papacharissi (ed.) *A Networked Self. Identity, Community, and Culture on Social Network Sites.* London: Taylor & Francis. 39-57
- boyd, d. & K. Crawford (2012) Critical Questions for Big Data, *Information, Communication & Society* 15:5, 662-679, DOI: 10.1080/1369118X.2012.678878
- Boyer, K. (2011). "The way to break the taboo is to do the taboo thing" breastfeeding in public and citizen-activism in the UK. *Health & Place* 17(2): 430-437.
- Boyer, K. (2012). Affect, corporeality and the limits of belonging: breastfeeding in public in the contemporary UK. *Health & Place* 18(3): 552-560.

- Boyer, K. (2014) 'Neoliberal motherhood': Workplace lactation and changing conceptions of working motherhood in the contemporary US. *Feminist Theory* 15(3):269 - 288
10.1177/1464700114545321
- Boyer, K. (2016) The emotional resonances of breastfeeding in public: The role of strangers in breastfeeding practice. *Emotion, Space and Society*
<http://dx.doi.org/10.1016/j.emospa.2016.09.002>
- Bradley, H (2014) Class Descriptors or Class Relations? Thoughts Towards a Critique of Savage et al. *Sociology* 48(3): 429-436
- Brady, J. P. (2012) Marketing breast milk substitutes: problems and perils throughout the world. *Archives of Disease in Childhood* 97(6): 529–532.
<http://doi.org/10.1136/archdischild-2011-301299>
- Brady, M. (2005) Blogging: Personal Participation in Public Knowledge-Building on the Web. In: R. Finnegan (ed.) *Participating in the Knowledge Society. Research Beyond the University Walls*. London: Palgrave. 212-28
- Breastfeeding etc. (Scotland) Act 2005 <http://www.legislation.gov.uk/asp/2005/1/contents>
- Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental psychology* 28(5): 759.
- Brown, A. (2016) *Breastfeeding Uncovered. Who really decides how we feed our babies?* London: Pinter and Martin.
- Brown, P., S. Zavestoski, S. McCormick, B. Mayer, R. Morello-Frosch, and R. Gasior Altman (2004) Embodied health movements: new approaches to social movements in health. *Sociology of Health & Illness* 26: 50–80. doi:10.1111/j.1467-9566.2004.00378.x
- Bruns, A. (2008). *Blogs, Wikipedia, Second life, and Beyond: From production to produsage*. New York: Peter Lang.

- Bueskens, P. (2001) The impossibility of 'natural parenting' for modern mothers: on social structure and the formation of habit. *Journal of the Association for Research on Mothering* 3(1):75-86
- Bueskens, P. (2014). *Breastfeeding "in public": A personal and political memoir*. http://petrabueskens.com/wp-content/uploads/2014/03/Breastfeeding-in-public_A-personal-and-political-memoir1.pdf
- Burns E., J. Fenwick, and A. Sheehan, V. Schmied (2013) Mining for liquid gold: midwifery language and practices associated with early breastfeeding support. *Maternal and Child Nutrition* 9(1):57-73. doi:10.1111/j.1740-8709.2011.00397.x
- Cain, M. J. Sarasohn-Kahn, and J. C. Wayne (2000). Health e-People: The Online Consumer Experience. *Institute for the Future*. <http://www.chcf.org/topics/view.cfm?itemID=12540>
- Callaghan, J. E., & Lazard, L. (2012). 'Please don't put the whole dang thing out there!': A discursive analysis of internet discussions around infant feeding. *Psychology & Health* 27(8): 938-955. doi: 10.1080/08870446.2011.63429411
- Callon, M. and V. Rabeharisoa (2008). The Growing Engagement of Emergent Concerned Groups in Political and Economic Life. Lessons from the French Association of Neuromuscular Disease Patients. *Science Technology Human Values*. 33(2): 230-261
- Campbell, D. (2017) Health inequality gap 'is still growing' in England, new Department of Health data shows. *The Guardian* 12/08/17. <https://amp.theguardian.com/society/2017/aug/12/health-inequality-gap-growing>
- Campbell, D. and J. Meikle (2011) £20bn NHS cuts are hitting patients, Guardian investigation reveals. *The Guardian* 17/10/11. <https://www.theguardian.com/society/2011/oct/17/nhs-cuts-impact-on-patients-revealed>
- Campo, M, (2010) The Lactating Body and Conflicting Ideas of Sexuality, Motherhood and Self. In: R. Shaw and A. Bartlett (eds.) *Giving Breastmilk. Body Ethics and Contemporary Breastfeeding Practice*. Toronto: Demeter. 51-63

- Carpenter, F.Ch. (2006) 'Lactivists and Lattes': Breastfeeding Advocacy as Domestic Performance. *Women and Performance: A Journal of Feminist Theory* 16(3): 347-67
- Carse, A.L.(2006) Vulnerability, Agency and Human Flourishing. In: C. Taylor and R. Dell'Oro (eds.) *Health and Human Flourishing: Theology, Medicine and Moral Anthropology*. Washington, DC: Georgetown University Press.
- Carter, P. (1995) *Feminism, Breasts and Breast-feeding*. London: Macmillan.
- Cassidy, T. & A. El-Tom (2010) Comparing Sharing and Banking Milk. In: R. Shaw and A. Bartlett (eds.) *Giving Breastmilk. Body Ethics and Contemporary Breastfeeding Practice*. Toronto: Demeter. 110-21
- Castells, M. (2012). *Networks of outrage and hope: Social movements in the Internet age*. Cambridge: Polity Press.
- Cattaneo, A. (2004) *EU Project on Promotion of Breastfeeding in Europe. Protection, promotion and support of breastfeeding in Europe: a blueprint for action*. Luxembourg: European Commission Directorate Public Health and Risk Assessment.
http://europa.eu.int/comm/health/ph_projects/2002/promotion/promotion_2002_18_en.htm
- Charkiewicz, E. (2008) Matki do sterylizacji. Neoliberalny rasizm w Polsce.[Sterilise the mothers. Neoliberal racism in Poland]. Nowa Krytyka Online.
http://www.nowakrytyka.pl/pl/artykuly/Nk_on-line/?id=651
- Chetley, A. (1979) *Baby Killer Scandal: War on Want Investigation into the Promotion and Sale of Powdered Baby Milks in the Third World*. London: War on Want.
- Chetley, A. (1986). *The politics of baby foods: successful challenges to an international marketing strategy*. London, F. Pinter.
- Chin, N. And A. Dozier (2012) The Dangers of Baring the Breast: Structural Violence and Formula Feeding among Low-Income Women. In: P.H. Smith, B. Hausman, M. Labbok

(eds.) *Beyond Health, Beyond Choice. Breastfeeding Constraints and Realities*. London: Rutgers University Press. 64-73

CNOL (2014) *Nowe Standardy Opieki Okoloporodowej*

http://www.kobiety.med.pl/cnol/images/cnol/Publikacje/Nowe_Standardy_Opieki.pdf

Cohen, J.J. (2013) 'Storied matter'. In the Middle [blog]

<http://www.inthemedievalmiddle.com/2013/02/storied-matter.html> [accessed May 2018]

Coleman R. (2008) The becoming of bodies. *Feminist Media Studies* 8(2): 163–179.

Condon, L. and S. McLean (2017) Maintaining pre-school children's health and wellbeing in the UK: a qualitative study of the views of migrant parents. *Journal of Public Health* 39(3):455–463. doi:10.1093/pubmed/fdw083

Condon, L., C. Rhodes, S. Warren, J. Withall, A. Tapp (2012) 'But is it a normal thing?'

Teenage mothers' experiences of breastfeeding promotion and support. *Health Education Journal* 72(2):156 – 162 doi:10.1177/0017896912437295

Connell, R. W. (2002). *Gender*. Cambridge: Polity.

Copelton, D.A., R. McGee, A. Coco, I. Shanbaky, T. Riley (2010) The Ideological Work of Infant Feeding. In: R. Shaw and A. Bartlett (eds.) *Giving Breastmilk. Body Ethics and Contemporary Breastfeeding Practice*. Toronto: Demeter. 24-38

Cornelius, R., T. Shahrokh, and E. Mills (2015) Coming Together to End Gender Violence:

Report of Deliberative Engagements with Stakeholders on the Issue of Collective Action to Address Sexual and Gender-based Violence. *Evidence Report 112 IDS*.

<http://bit.ly/2wfmXEo>

Costanza-Chock, S (2001) Draft of "Mapping the Repertoire of Electronic Contention," in Andrew Opel and Donnalyn Pompper (eds.), *Representing Resistance: Media, Civil Disobedience and the Global Justice Movement*. NJ: Greenwood [2003]

https://www.researchgate.net/profile/Sasha_Costanza-

Chock/publication/253902534_MAPPING_THE_REPERTOIRE_OF_ELECTRONIC_CONTENTION/links/557df55c08aeb61eae247c1f.pdf

Cowie, G.A., S. Hill and P. Robinson (2011) Using an online service for breastfeeding support: what mothers want to discuss. *Health Promotion Journal Australia* 22(2):113-8.

Crawley, H. & S. Westland (2013) *Infant milks in the UK. A practical guide for health professionals*. First Steps Nutrition Trust.
http://www.firststepsnutrition.org/pdfs/infant_milks_june13.pdf

Crittenden, A. (2001) *The Price of Motherhood*. New York: Henry Holt.

Crossley, M. (2009) Breastfeeding as a Moral Imperative: An Autoethnographic Study. *Feminism & Psychology* 19(71):71-87 doi: 10.1177/0959353508098620

Cuen, L (2016) These Hong Kong Moms Fought the Patriarchy By Breastfeeding In Public. *Mic*
<https://mic.com/articles/143086/these-hong-kong-moms-fought-the-patriarchy-by-breastfeeding-in-public#.7hRL12hT3>

Davis, K. (1997) Embodiment Theory: Beyond Modernist and Postmodernist Readings of the Body. In: K. Davis (ed.) *Embodied Practices. Feminist Perspectives on the Body*. London: Sage. 1-26

Davis, K. (2007) Reclaiming women's bodies: Colonialist trope or critical epistemology? *The Sociological Review* 55: 50–64. doi:10.1111/j.1467-954X.2007.00692.x

Davis, W. (2005) Using the Internet as a Research Tool: Between Information and Communication. In: R. Finnegan (ed.) *Participating in the Knowledge Society. Research Beyond the University Walls*. London: Palgrave. 229-241

De Certeau, M. (1988) *The Practice of Everyday Life*. London: University of California Press

de Bronkard D. (2015) From patient centred to people powered: autonomy on the rise. *BMJ* 350:h148

- Della Porta, D. & M. Diani (1999) *Social Movements: An Introduction*. Malden, MA: Blackwell.
- Department of Health (2011) Breastfeeding [archived]
http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/PublicHealth/Nutrition/Nutritionpregnancyearlyyears/DH_127625
- Dixon, C. (2014) *Another Politics: Talking across Today's Transformative Movements* (ebook). University of California Press
- Doan T., A. Gardiner, C.L. Gay, K.A. Lee (2007) Breast-feeding increases sleep duration of new parents. *Journal of Perinatal and Neonatal Nursing* 21(3): 200-6.
- Dodgson, J.E. (2012) Racism, Race, and Disparities in Breastfeeding. In: P.H. Smith, B. Hausman, M. Lobbok (eds.) *Beyond Health, Beyond Choice. Breastfeeding Constraints and Realities*. London: Rutgers University Press. 74-85
- Domanski, H. (2002) *Polska klasa średnia*. [Polish middle class]. Wrocław: Fundacja na Rzecz Nauki Polskiej.
- Domanski, H. (2002a) Is the East European “underclass” feminized? *Communist and Post-Communist Studies* 35(4): 383-394 doi 10.1016/S0967-067X(02)00027-2.
- Donaldson, L. (2003) Expert patients usher in a new era of opportunity for the NHS. *BMJ* 326:1279
- Douglas, J. (1992) Black Women's Health Matters. In: H. Roberts (ed.) *Women's Health Matters*. London: Routledge. 33-46
- Dowling, S. & A. Brown (2013) An Exploration of the Experiences of Mothers Who Breastfeed Long-Term: What Are the Issues and Why Does It Matter? *Breastfeeding Medicine* 8(1): 45-52
- Dowling, S. (2009) Review: Grandmother breastfeeding support: what do mothers need and want? *Midwifery Digest*. 19(2)

- Dowling, S. (2013). *Exploring the experiences of women who breastfeed long-term*. PhD. Bristol: University of the West of England.
- Drehrer, R. (2006). *Crunchy cons: the new conservative counterculture and its return to roots*. New York: Three Rivers Press.
- Drentea, P. & J.L. Moren-Cross (2005) Social capital and social support on the web: the case of an internet mother site. *Sociology of Health and Illness* 2005: 920-943.
- Duch-Krzystoszek, D. (2007) Kto rządzi w rodzinie. Socjologiczna analiza relacji w małżeństwie.[Who rules in the family: sociological analysis of relations in marriage]. Warsaw: Wydawnictwo IFiS PAN.
- DWP (2015) Policy paper 2010 to 2015 government policy on employment. <https://www.gov.uk/government/publications/2010-to-2015-government-policy-employment/2010-to-2015-government-policy-employment>
- Dwyer, C., S. R. Hiltz, & K. Passerini (2007). Trust and privacy concern within social networking sites: A comparison of Facebook and MySpace. In: *Proceedings of AMCIS*.
- Dykes, F (2005) 'Supply' and 'Demand': Breastfeeding as Labour. *Social Science and Medicine* 60: 2283-93.
- Dykes, F (2005a) A critical ethnographic study of encounters between midwives and breastfeeding women on postnatal wards. *Midwifery* 21 (3): 241-252.
- Dykes, F. & R. Flacking (2010) Encouraging breastfeeding: A relational perspective. *Early Human Development* 86: 733-6.
- Dykes, F. (2006) *Breastfeeding in Hospital: Mothers, Midwives and the Production Line*. London: Routledge.
- Ehrenreich, B. & D. English (1978) *For Her Own Good: 150 Years of the Experts' Advice to Women*. Garden City: Anchor

- Ehrenreich, B. & D. English (2005) *For Her Own Good: 200 Years of the Experts' Advice to Women*. Garden City: Anchor.
- Ellingsæter, A. L. (2010) Feminist Policies and Feminist Conflicts: Daddy's Care or Mother's Milk? In: J. L. Scott, R. Crompton, and C. Lyonette (eds.) *Gender Inequalities in the 21st Century: New Barriers and Continuing Constraints*. Cheltenham: Edward Elgar. 257–274.
- Emmott, E.H. & R. Mace (2015) Practical Support from Fathers and Grandmothers Is Associated with Lower Levels of Breastfeeding in the UK Millennium Cohort Study. *PLoS ONE* 10(7): e0133547. doi 10.1371/journal.pone.0133547
- Epstein, S. (1995). The construction of lay expertise: AIDS activism and the forging of credibility in the reform of clinical trials. *Science, Technology & Human Values*, 20(4), 408-437.
- Epstein, S. (2008) Patient groups and health movements. In: E.J. Hackett, O. Amsterdamska, M. Lynch, and J. Wajcman (eds.) *The Handbook of Science and Technology Studies* (3rd edn.) Massachusetts: MIT Press. 499–538.
- Epstein, S. (2008a). *Inclusion: The politics of difference in medical research*. Chicago: University of Chicago Press.
- Epstein, S. (2011) Measuring success: Scientific, institutional, and cultural effects of patient advocacy. In: B. Hoffman, N. Tomes, R. Grob, and M. Schlesinger (eds.) *Patients as Policy Actors*. London: Rutgers University Press. 257–277.
- Equality Act (2010) Guidance on the Equality Act 2010. <https://www.gov.uk/guidance/equality-act-2010-guidance>
- Erel, U. (2011) Reframing migrant mothers as citizens. *Citizenship Studies* 15(6-7):695-709 DOI:10.1080/13621025.2011.600076
- European Commission (2017) *Food for infants and young children*. https://ec.europa.eu/food/safety/labelling_nutrition/special_groups_food/children_en

- Faircloth, C. (2013) "What Feels Right": Affect Emotion and the Limitations of Infant Feeding Policy. *Journal of Women, Politics and Policy* 34(4): 345-358.
doi10.1080/1554477X.2013.835678.
- Faircloth, C. (2010) "What Science Says is Best": Parenting Practices, Scientific Authority, and Maternal Identity. *Sociological Research Online* 15(4)
<http://www.socresonline.org.uk/15/4/4.html>
- Faircloth, C. (2013) *Militant Lactivism? Intensive Motherhood and Attachment Parenting in the UK and France*. Oxford: Berghahn.
- Feasey, R. (2012) From Soap Opera to Reality Programming: Examining Motherhood, Motherwork and the Maternal Role on Popular Television. *Imaginations* 4(2): 25-46.
DOI: 10.17742/IMAGE.mother.4-2.2
- Federacja Konsumentow (nd) Dlaczego FK promuje Międzynarodowy Kodeks Marketingu Produktów Zastępujących Mleko Kobięce (web post) <http://bit.ly/2ribVvQ>
- Federici, S. (1975) *Wages against Housework*.
<https://caringlabor.files.wordpress.com/2010/11/federici-wages-against-housework.pdf>
- Fentiman, L.C. (2012) Marketing Mother's Milk: The Markets for Human Milk and Infant Formula. In: P.H. Smith, B. Hausman, M. Labbok (eds.) *Beyond Health, Beyond Choice. Breastfeeding Constraints and Realities*. London: Rutgers University Press. 169-179.
- Ferguson, T. (2009) *White Paper: e-Patients: How they can help us heal health care*. Society for Participatory Medicine. http://participatorymedicine.org/e-Patient_White_Paper_2015.pdf
- Ferreday, D. J. (2017) Something substantive enough to reach out and touch: the intimate politics of digital anti-rape activism. In M. Nebeling Petersen, K. Harrison, T. Raun, & R. Andreassen (eds.) *New media – new intimacies: connectivities, relationalities, proximities*. London: Routledge.
- Ferreday, D. J. (2009) *Online Belongings: Fantasy, Affect and Web Communities*. Bern: Peter Lang.

- Fildes, V. (1986) *Breasts, bottles and babies: a history of infant feeding*. Edinburgh: Edinburgh University Press
- Finfgeld, D.L. (2000) Therapeutic groups online: the good, the bad, and the unknown. *Issues in Mental Health Nursing* 21(3) DOI: 10.1080/016128400248068
- Finn, J. (1999) An exploration of helping processes in an online self-help group focusing on issues of disability. *Health and Social Work* 24 (3), 220–231
- Foss, K. A., & B. G. Southwell (2006) Infant feeding and the media: the relationship between Parents' Magazine content and breastfeeding, 1972–2000. *International Breastfeeding Journal* 1 (10) doi10.1186/1746-4358-1-10
- Foucault, M. (1998) [1978] *The History of Sexuality: Volume One. The Will to Knowledge*. London: Penguin
- Fox, R., S. McMullen, M. Newburn (2015) UK women's experiences of breastfeeding and additional breastfeeding support: a qualitative study of Baby Café services. *BMC Pregnancy Childbirth*. 15:147 10.1186/s12884-015-0581-5
- Francke, J.L. (2016) Breastfeeding protest to hit Edgars store. IOL 10/03/2016
<https://www.iol.co.za/news/south-africa/western-cape/breastfeeding-protest-to-hit-edgars-store-1996314>
- Frank, A.W. (2000) Illness and Autobiographical Work: Dialogue as Narrative Destabilization. *Qualitative Sociology* 23: 135 <https://link.springer.com/article/10.1023/a:1005411818318>
- Fredriksen E.H., J. Harris, K.M. Moland (2016) Web-based Discussion Forums on Pregnancy Complaints and Maternal Health Literacy in Norway: A Qualitative Study. *Journal of Medical Internet Research* 18(5):e113. doi: 10.2196/jmir.5270.
- Frydman, G. J. (2009). Patient-driven research: rich opportunities and real risks. *Journal of Participatory Medicine* 1(1):e12. <http://ojs.jopm.org/index.php/jpm/article/view/28/>

- Gajjala, R. (2002) An Interrupted Postcolonial/Feminist Cyberethnography: Complicity and Resistance in the “Cyberfield”. *Feminist Media Studies* 2(2): 177-193
- Gaskin, I.M. (1987) *Babies, breastfeeding and bonding*. Bergin & Garvey
- Gatrell, C. (2011). Managing the maternal body: A comprehensive review and transdisciplinary analysis. *International Journal of Management Reviews* 13(1): 97-112.
- Gatrell, C. (2011a) Breastfeeding Under the Blanket: Exploring the Tensions Between Health and Social Attitudes to Breastfeeding in the United States, Ireland, and the United Kingdom. In: P. Liamputtong (ed.) *Infant Feeding Practices*. New York: Springer. 109-123.
- Gatrell, C. J. (2013). Maternal body work: How women managers and professionals negotiate pregnancy and new motherhood at work. *Human Relations*. 66(5): 621-644.
- Gatrell, C.J. (2011b) Policy and the Pregnant Body at Work: Strategies of Secrecy, Silence and Supra-performance. *Gender, Work, and Organization* 18(2):158-181.
- Gatrell, C.J. (2007) Secrets and Lies: Breastsfeeding and Professional Paid Work. *Social Science and Medicine* 65: 393-404.
- Gaweda, A. & S. Fica (2012) Natural feeding of infants and children from urban and rural areas on the example of Rybnik and villages Tura and Rudy. *Nowa Pediatria* 16(4): 71-74
<http://www.czytelniamedyczna.pl/4298,karmienie-naturalne-niemowlat-i-dzieci-w-wieku-poniemowlecym-z-terenow-miejskich.html>
- Gazeta Wyborcza (2011) Piersi w metrze. Zobacz zdjecia z happening. [Breasts on the metro. See the images from the happening.]
http://warszawa.gazeta.pl/warszawa/5,34862,9791658,Piersi_w_metrze__Zobacz_zdjecia_z_happeningu.html?i=1 [archived]
- Gazeta Wyborcza/JS (2011) Bunt matek karmiących. [The revolt of breastfeeding mothers.] http://wyborcza.pl/1,75478,9791984,Bunt_matek_karmiacych.html 30.11.11

- Gemius/PBI (2016) Polskie Badania Internetu. [Polish Internet Studies]. <http://pbi.org.pl/raporty/>
- Genowska, A., I. Grzegorzewska, M. Zalewska, J. Fryc (2015) Inequalities in access to healthcare according to socio-economic status. <http://www.h-ph.pl/pdf/hyg-2015/hyg-2015-2-383.pdf>
- Giles, F. (2015) Breastfeeding as a social activity. The role of breelfies in breastfeeding's burgeoning publics. Presentation at the *ESRC Breastfeeding Seminar Series, Seminar 5*. <http://www1.uwe.ac.uk/hls/research/healthandclinicalresearch/seminarseries/seminarschedule/seminar5.aspx>
- Giles, F. (2012) Reinstating Pleasure in Reality: Promoting Breastfeeding through *Ars Erotica*. In: P.H. Smith, B. Hausman, M. Labbok (eds.) *Beyond Health, Beyond Choice. Breastfeeding Constraints and Realities*. London: Rutgers University Press. 215-225.
- Gillett, J.(2003) Media activism and Internet use by people with HIV/AIDS. *Sociology of Health & Illness* 25(6):608-624. doi 10.1111/1467-9566.00361
- Glos Wielkopolski (2016) Karmiące Cyce na Ulice: Młode mamy spotkały się w parku Wieniawskiego. [Breastfeeding Tits in the Streets: New moms meet in the park] . <http://www.gloswielkopolski.pl/wiadomosci/poznan/a/karmiace-cyce-na-ulice-mlode-mamy-spotkaly-sie-w-parku-wieniawskiego,10059706/>
- Goer, H. (2004) Humanizing birth: A global grassroots movement. *Birth* 31 (4): 308–314.
- Goslinska, M (2011) Komu przeszkadzają kobiety karmiące piersią? [Who is bothered by breastfeeding women?] *Gazeta Wyborcza Katowice* http://katowice.gazeta.pl/katowice/1,35019,9792774,Komu_przeszkadzaja_kobiety_karmiace_piersia_.html
- Grabowska, M. (2014) Cultural war or “business as usual”? Recent instances, and the historical origins, of a “backlash” against women's and sexual rights in Poland. Warsaw: Heinrich Boel Stiftung.

- Graff, A. (2003) Lost between the Waves? The Paradoxes of Feminist Chronology and Activism in Contemporary Poland. *Journal of International Women's Studies* 4(2):100-116.
<http://vc.bridgew.edu/jiws/vol4/iss2/9>
- Graff, A., R Hryciuk, E. Korolczuk, D. Szelewa (2015) Z nienawiści do matek: W mediach wyraźnie widać dyscyplinowanie matek do „właściwego” wychowywania dzieci. Zapis debaty „Niebezpieczne związki. Macierzyństwo, ojcostwo i polityka”. [Out of hatred to mothers: A visible media tendency to discipline mother's to 'correctly' bring up their children. Transcripts from the debate.] *Krytyka Polityczna*.
<http://krytykapolityczna.pl/kraj/graff-hryciuk-korolczuk-szelewa-z-nienawisci-do-matek/>
- Graffy, J. and Taylor, J. (2005), What Information, Advice, and Support Do Women Want With Breastfeeding? *Birth* 32: 179–186. doi:10.1111/j.0730-7659.2005.00367.x
- Graham, H. (1985). Providers, negotiators, and mediators: Women as the hidden carers. In E. Lewin and V. Olesen (eds.) *Women, Health, and Healing: Toward a new perspective*. London: Tavistock. 25-52.
- Grant, A. (2016) “I...don't want to see you flashing your bits around”: Exhibitionism, othering and good motherhood in perceptions of public breastfeeding. *Geoforum* 71(2016): 52-61. doi10.1016/j.geoforum.2016.03.004.
- Greiner, T. (1982) *Infant Feeding Policy Options for Governments. Report for the USAID Infant Feeding Consortium*. http://craft-beat.com/globalbreastfeeding/pdf/Infant_Feeding_Policy_Options.pdf
- Greiner, T. (2000) The history and importance of the Innocenti Declaration. Keynote address Allattamento e Politiche per l'Infanzia Dieci Anni dopo la “Dichiarazione degli Innocenti” 16 March 2000 Florence, Italy. (Courtesy of author)
- Guasti, C. (2012) From breastfeeding to bottles: Nestlé Infant Formula Debate and its Aftermath. *The Journal of Global Health* (Fall 2012).
https://issuu.com/ghjournal/docs/print_2012_fall

- Gugulska, M. (2012a) Konsultant laktacyjny IBCLC w Polsce. [Lactation consultants IBCLC in Poland] (blog post). BreastfeedingPL
<https://breastfeedingpl.wordpress.com/2012/02/26/konsultant-laktacyjny-ibclc-w-polsce/>
- Gugulska, M. (2012b) Sekretarzowanie. [On being the Secretary] (blog post). BreastfeedingPL
blog <https://breastfeedingpl.wordpress.com/2012/05/25/sekretarzowanie/> accessed
26/05/2012
- Guillamon N., M. Armayones, E. Hernandez, B. Gómez-Zúñiga (2010) The role of patient organizations in participatory medicine: can virtual health communities help participatory medicine accomplish its objectives? *Journal of Participatory Medicine* 29(2):e21. <http://bit.ly/2qj4Exo>
- GUS (2011) Area and population in the territorial profile in 2011.
http://stat.gov.pl/cps/rde/xbcr/gus/L_powierzchnia_ludnosc_teryt_2011.pdf
- GUS (2016) Społeczeństwo informacyjne w Polsce w 2016 roku. [Information society in Poland in 2016]. <http://stat.gov.pl/obszary-tematyczne/nauka-i-technika-spoleczenstwo-informacyjne/spoleczenstwo-informacyjne/spoleczenstwo-informacyjne-w-polsce-w-2016-roku,2,6.html>
- GUS (2017) Jak korzystamy z internetu? [How do we use the Internet?].
<http://stat.gov.pl/obszary-tematyczne/nauka-i-technika-spoleczenstwo-informacyjne/spoleczenstwo-informacyjne/jak-korzystamy-z-internetu-2016,5,1.html>
- Haaken, J. (2010) *Hard Knocks: Domestic Violence and the Psychology of Storytelling*. London: Routledge.
- Hafija (2012) Karmienie piersia jest dla leniwych.[Breastfeeding is for the lazy] (blog post).
<https://www.hafija.pl/tag/karmie-piersia-jestem-leniwa>
- Hafija (2012a) Karmienie piersia to przyjemność. [Breastfeeding is a pleasure] (blog post).
<https://www.hafija.pl/2012/05/takie-sobie-przemyslenia.html>

- Hafija (2016) Co powinno spotkać Cie w szpitalu a co nie. [What should and should not happen in hospital] (blog post). <https://www.hafija.pl/2016/07/co-powinno-spotkac-cie-w-szpitalu-a-co-nie.html>
- Hafija (2016) Poland's formula for breastfeeding (blog post). <https://www.hafija.pl/2016/09/polands-formula-for-breastfeeding.html>
- Hafija (2017) To mówisz że te wytyczne to niby dla kogo są. [Who do you say the guidelines are for then] (blog post). <https://www.hafija.pl/2017/03/to-mowisz-ze-te-wytyczne-to-niby-dla-kogo-sa.html>
- Hamilton, P. (2016) The 'Good' Attached Mother: An Analysis of Postmaternal and Postracial Thinking in Birth and Breastfeeding Policy in Neoliberal Britain. *Australian Feminist Studies*. 31(90): 410-431, DOI: 10.1080/08164649.2016.1278152
- Hara, N. and B. Y. Huang (2011) Online social movements. *Annual Review of Information Science & Technology* 45: 489–522. doi:10.1002/aris.2011.1440450117
- Haraway, D. (1991) *Simians, Cyborgs, and Women: The Reinvention of Nature*. London: Routledge.
- Haraway, D. J. (1989). *Primate visions: Gender, race, and nature in the world of modern science*. Psychology Press.
- Hardey, M. (1999). Doctor in the house: The Internet as a source of lay health knowledge and the challenge to expertise. *Sociology of Health and Illness* 21 (6): 820–835.
- Hardey, M. (2002) 'The story of my illness': personal accounts of illness on the Internet. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine* 6(1):31-46.
- Harding, S. G. (1987). Introduction: Is There a Feminist Method? In: S. Harding (ed) *Feminism and methodology: Social science issues*. Milton Keynes: Open University Press.

- Harding, S. G. (1991). *Whose science? Whose knowledge?: Thinking from women's lives*. Ithaca, N.Y: Cornell University Press.
- Harney, A. (2013) Special Report: How Big Formula bought China. *Reuters* 08/11/13
<http://www.reuters.com/article/us-china-milkpowder-specialreport/special-report-how-big-formula-bought-china-idUSBRE9A700820131108>
- Hausman, B. L. (2003). *Mother's milk: Breastfeeding controversies in American culture*. London: Routledge
- Hausman, B. L. (2004). The feminist politics of breastfeeding. *Australian Feminist Studies*. 19(45): 273-285.
- Hausman, B. L. (2008). Women's liberation and the rhetoric of “choice” in infant feeding debates. *International breastfeeding journal* 3(1): 10.
- Hausman, B. L. (2012) Feminism and Breastfeeding: Rhetoric, Ideology, and the Material Realities of Women's Lives. In: P.H. Smith, B. Hausman, M. Lobbok (eds.) *Beyond Health, Beyond Choice. Breastfeeding Constraints and Realities*. London: Rutgers University Press.15-24
- Hays, S. (1996) *The Cultural Contradictions of Motherhood*. New Heaven, CT: Yale University Press
- Healthy Start (nd) About Healthy Start. <https://www.healthystart.nhs.uk/>
- Hee, L. (2017). *Constructing Singapore public space*. (ebook) Springer
<http://site.ebrary.com/id/11269985>.
- Heining, M.J. (2009) Are There Risks to Using Risk-Based Messages to Promote Breastfeeding? *Journal of Human Lactation* 25(1):7-8.
- Henderson, L., Kitzinger, J., & Green, J. (2000). Representing infant feeding: content analysis of British media portrayals of bottle feeding and breast feeding. *BMJ: British Medical Journal* 321(7270): 1196–1198.

- Heslett, C., S. Hedberg, H. Rumble (2007) *What's in breastmilk* (poster) <http://illinoisap.org/wp-content/uploads/Whats-In-Breastmilk.pdf>.
- Heyman, J., A. Raub, A. Earle (2013) Breastfeeding policy: a globally comparative analysis. *Bulletin of the World Health Organisation* 2013(91):398-406
- Hill Collins, P. (2000) *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. London: Routledge.
- Hine, C. (2000). *Virtual ethnography*. London: SAGE.
- Hird, M.J. (2007) The Corporeal Generosity of Maternity. *Body & Society* 13(1):1-20.
<http://bod.sagepub.com/content/13/1/1>
- Hoddinott, P., & R. Pill (1999) Qualitative study of decisions about infant feeding among women in east end of London. *BMJ: British Medical Journal* 318(7175): 30–34.
- Hohman, M (2016) How to create your own tree of life.(web article) *What to expect* 19.12.2016
<https://www.whattoexpect.com/wom/first-year/how-to-create-your-own-tree-of-life-breastfeeding-selfie/>
- Holbrey, S. and N.S. Coulson (2013) A qualitative investigation of the impact of peer to peer online support for women living with Polycystic Ovary Syndrome. *BMC Women's Health* 13 (1). 8/1-8/8.
http://eprints.nottingham.ac.uk/3075/1/Coulson_A_qualitative_investigation_of_the_impact_of_peer.pdf
- Hryciuk, R. E. (2012). O znikającej matce. Upolityczone macierzyństwo w Polsce i Ameryce Łacińskiej. [The disappearing mother. Policised motherhood in Poland and Latin America]. In: R.E. Hryciuk i E. Korolczuk (eds.). *Pożegnanie z Matką Polką. Dyskursy, praktyki i reprezentacje macierzyństwa we współczesnej Polsce*. Warsaw: University of Warsaw Press.

- Hryciuk, R.E. & E. Korolczuk, (2012). Wstęp: Pożegnanie z Matką Polką? [Introduction: Farewell to Mother Pole?]. In: R. E. Hryciuk & E. Korolczuk Hryciuk (eds.) *Pożegnanie z Matką Polką? Dyskursy, praktyki i reprezentacje macierzyństwa we współczesnej Polsce*. Warsaw: University of Warsaw Press.
- Hryciuk, R.E. & E. Korolczuk (2013) At the Intersection of Gender and Class: Social Mobilization Around Mothers' Rights in Poland In: S. Saxonberg (ed.) *Beyond NGO-ization. The Development of Social Movements in Central and Eastern Europe*. London: Routledge. 49-71
- Hryciuk, R.E. & E. Korolczuk (2015) Konteksty upolitycznienia macierzyństwa i ojcostwa we współczesnej Polsce. [The contexts of politicisation of motherhood and fatherhood in contemporary Poland]. In: R. Hryciuk, E. Korolczuk (eds.) *Niebezpieczne związki. Macierzyństwo, ojcostwo i polityka*. Warsaw: University of Warsaw Press.
- Huberty, J., D. Dinkel, M.W. Beets, J. Coleman (2013) Describing the use of the Internet for health, physical activity, and nutrition information in pregnant women. *Maternal and Child Health Journal* 17(8):1363–72. doi: 10.1007/s10995-012-1160-2
- Idriss, S.Z., J.C. Kvedar, A.J. Watson (2009) The Role of Online Support Communities Benefits of Expanded Social Networks to Patients With Psoriasis. *Archiva Dermatologica* 145(1):46-51
<http://community.hciresearch.org/sites/community.hciresearch.org/files/Arch%20Dermatol%202009%20Idriss.pdf>
- Ingram, J., K. Cann, J. Peacock, B. Potter (2008) Exploring the barriers to exclusive breastfeeding in black and minority ethnic groups and young mothers in the UK. *Maternal & Child Nutrition* 4: 171–180. doi:10.1111/j.1740-8709.2007.00129.x
- Innocenti (1990) Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding.
http://www.who.int/about/agenda/health_development/events/innocenti_declaration_1990.pdf

- Innocenti (2005) The Innocenti Declaration on Infant and Young Child Feeding .
<https://www.unicef-irc.org/publications/435/>
- Internet World Stats (2017) *World Internet Users and 2017 Population Stats*
<http://www.internetworldstats.com/stats.htm>
- Jansson, M. (2009) Feeding Children and Protecting Women: The Emergence of Breastfeeding as an International Concern. *Women's Studies International* 32: 240–248.
- Jensen, T & I. Tyler (2015). Classificatory struggles: class, culture and inequality in neoliberal times. *The Sociological Review*. 63(2): 493–511. DOI: 10.1111/1467-954X.12296
- Johnson, S., D. Leeming, I. Williamson, and S. Lyttle (2013) Maintaining the ‘good maternal body’: expressing milk as a way of negotiating the demands and dilemmas of early infant feeding. *Journal of Advanced Nursing* 69: 590–599. doi:10.1111/j.1365-2648.2012.06035.x
- Johnson, S., D. Leeming, S. Lyttle and I. Williamson (2012) Empowerment of Regulation? Women's Perspectives on Expressing Milk. In: P.H. Smith, B. Hausman, M. Labbok (eds.) *Beyond Health, Beyond Choice. Breastfeeding Constraints and Realities*. London: Rutgers University Press. 180-191.
- Johnston-Robledo, I., S. Wares, J. Fricker, et al. (2007) Indecent Exposure: Self-objectification and Young Women's Attitudes Toward Breastfeeding. *Sex Roles* 56: 429.
<https://doi.org/10.1007/s11199-007-9194-4>
- Joyce, M. (2010) *Digital activism decoded: the new mechanics of change*. New York, International Debate Education Association.
- Kahn, R. P. (1988) Women and Time in Childbirth and During Lactation. In: F.J. Formon and C. Sowton (eds.) *Taking Our Time: Feminist Perspectives on Temporality*. Oxford: Pergamon. 20-35.
- Kahn, R.P. (1989) Mother's Milk: The ‘Moment of Nurture’ Revisited. *RFR/DRF* 18(3)

- Katz Rothman, B. (1992) *In Labour: Women and Power in the Birthplace*. New York: Norton.
- Katz Rothman, B. (1992) *Encyclopaedia of childbearing: critical perspectives*. Phoenix, AZ: Oryx Press.
- Kaufman, J.C. (2010) Wywiad rozumiejący [L'entretien compréhensif]. Warszawa: Oficyna Naukowa.
- Kedrowski, K. (2010) Women's Health Activism in Canada: The Cases of Breast Cancer and Breastfeeding. Presentation at Canadian Political Science Association Meeting Montreal, QC <https://www.cpsa-acsp.ca/papers-2010/Kedrowski.pdf>
- Kedrowski, K. M., & M. S. Sarow (2007). *Cancer activism: Gender, media, and public policy*. Urbana: Univ. of Illinois Press.
- Kenny, D.T. (2014) The "Mother" in Attachment Theory and Attachment Informed Psychotherapy. In: P. Bueskens (ed) *Mothering and Psychoanalysis: Clinical, Sociological and Feminist Perspectives*. Bradford, ON: Demeter. 113-137 .
- Kent, C. (2006) Child feeding and human rights. *International Breastfeeding Journal* 1(27) doi10.1186/1746-4358-1-27
- Kindler, M. & J. Napierala (2010) Migracje kobiet: przypadek Polski [Women's migrations the case of Poland]. Warszawa: Wydawnictwo Naukowe Scholar.
- Kitzinger, S. (1978) *Women as mothers*. Glasgow: Fontana/Collins
- Kitzinger, S. (1992) Birth and violence against women. In : H. Roberts (ed.) *Women's Health Matters*. London: Routledge
- Kitzinger, S. (2012) *Birth & Sex. The power and the passion*. London: Pinter and Martin
- Kivits, J. (2004) Researching the 'Informed Patient'. *Information, Communication & Society* 7(4):510-530 DOI: 10.1080/1369118042000305629

- Klon-Jawor (2016) Kondycja sektora organizacji pozarządowych w Polsce 2015: Raport z badań [Condition of Polish non-governmental organisations in 2015: report on results]. http://www.nck.pl/media/attachments/318004/Raport_Klon_Kondycja_2015.pdf
- Knaak, S. (2010) Contextualising Risk, Constructing Choice: Breastfeeding and Good Mothering in Risk Society. *Health, Risk and Society* 12(4):345-355.
- Kojder-Demska, K. (2015) Kobiety, mleko i polityka karmienia we współczesnej Polsce. [Women, milk and the politics of infant feeding in contemporary Poland]. In: R. Hryciuk, E. Korolczuk (eds.) *Niebezpieczne związki. Macierzyństwo, ojcostwo i polityka*. Warsaw: Warsaw University Press
- Koku, P.S. (2011) On Boycotts Organized Through the Internet. *Journal of Marketing Development and Competitiveness* vol. 5(6):83-93
- Koku, P.S. (2012) "On the effectiveness of consumer boycotts organized through the internet: the market model", *Journal of Services Marketing*, Vol. 26 Issue: 1, pp.20-26, <https://doi.org/10.1108/08876041211199698>
- Kolodziejka, M. & M. Hnatiuk (2012) Pozegnanie z homo sovieticus: proba empirycznej weryfikacji kategorii oraz analiza jej obecności w socjologicznym dyskursie o transformacji. [Farewell to *homo sovieticus*: an attempt at empirical verification of the category and analysis of its presence in the sociological discourse on transformation]. In: M. Gdula and P. Sadura (eds.) *Style Zycia i Porzadek Klasowy w Polsce*. [Life styles and the class order in Poland]. Warsaw: Scholar.117-138.
- Koopmans, R. & P. Statham (1999). Ethnic and Civic Conceptions of Nationhood and the Differential Success of the Extreme Right in Germany and Italy. In: M.G. Giugni, D. McAdam, and Ch. Tilly. *How Social Movements Matter*. London: University of Minnesota Press
- Kornas-Biela, D. (1992). Psychospołeczne przyczyny zaniku naturalnego karmienia niemowląt. [Psychosocial reasons for disappearance of natural infant feeding]. *Roczniki Nauk Społecznych* 19-20(2): 59-73.

- Korolczuk, E. (2014) Ruchy społeczne a plec - perspektywa intersekcjonalna: Kongres Kobiet i ruch na rzecz przywrócenia Funduszu Alimentacyjnego. [Social movements and gender in an intersectional perspective: Women's Congress and the movement for the reinstatement of the Child Support Fund]. *Kultura i Społeczeństwo* 2014(1):97-120.
- Korolczuk, E. and K. Jacobsson (2017) *Civil Society Revisited. Lessons from Poland*. Oxford: Berghahn Books.
- Kowalczyk, I. (2010) 'Bryzgające' piersi. ['Squirting' breasts] (blog post). *Straszna sztuka*. <http://strasznaszuka.blox.pl/2010/01/Bryzgajace-piersi.html>
- Kowalczyk, I. (2011) Piersi ocenzurowane. [Censored breasts] (blog post). *Straszna sztuka* <http://strasznaszuka.blox.pl/2011/06/Piersi-ocenzurowane.html>
- Kubisa, J. (2014) *Bunt białych czepków. Analiza działalności związkowej pielęgniarek i położnych*. [White caps revolt. An analysis of union activities of nurses and midwives.] Warsaw: Scholar.
- Kuczyńska, A. & K. Stachura (2012) Wstęp [Introduction]. In: A. Kuczyńska, K. Stachura (eds.) *Pomiędzy Realnością i Wirtualnością. Internet i nowe technologie w życiu codziennym*. [Between Realness and Virtuality. Internet and new technologies in everyday life.] Gdańsk & Warsaw: Warsztaty Analiz Socjologicznych i Ośrodek Badań i Analiz Społecznych. 4-12.
- Kukla, R. (2006) Ethics and Ideology in Breastfeeding Advocacy Campaigns. *Hypatia* 21(1):151-180.
- Kuntsman, A. (2007) *Figurations of Violence and Belonging: Sexuality, Immigration and Nationalism in Israel/Palastine and in Cyberspace*. PhD. Lancaster: Lancaster University.
- Kuntsman, A. (2017) Introduction: Whose selfie citizenship? In: A. Kuntsman (ed.) *Selfie citizenship*. London: Pallgrave Macmillan. 13-20.
- Labbok, M. H. (2008) Transdisciplinary breastfeeding support: Creating program and policy synergy across the reproductive continuum. *International Breastfeeding Journal* 3:16008

- Labbok, M. (2012) Breastfeeding in Public Health: What is Needed for Policy and Program Action? In: P.H. Smith, B. Hausman, M. Labbok (eds.) *Beyond Health, Beyond Choice. Breastfeeding Constraints and Realities*. London: Rutgers University Press. 36-51
- Labbok, M. (2015) The Gloobal Village: Do Women Live There? A Critical Look at Global Approaches to Breastfeeding Promotion, Protection and Support. In: P.H. Smith and M. Labbok (eds.) *It Takes a Village: The Role of the Greater Community in Inspiring and Empowering Women to Breastfeed* (kindle edition). Amarillo, TX: Praeclarus Press
- Labbok, M., P.H. Smith, E. C. Taylor (2008) Breastfeeding and feminism: A focus on reproductive health, rights and justice. *International Breastfeeding Journal* 3:8
- Lagarde, M. (2003) Mujeres cuidadoras: entre la obligacion y la satisfacion.[Caring women: between duty and satisfaction]. SARE 2003 Cuidar Cuesta: costes y beneficios del cuidado.
- Lancashire Council (2013) Children and Young People Report (archived)
- Lancet (2016) *The Lancet Breastfeeding Series* (online repository).
<http://www.thelancet.com/series/breastfeeding>
- Lancet (2016a) Supplement to: Victora, C.G., R. Bahl, A.J.D. Barros et al.(2016) Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet* 2016; 387: 475–90. <http://www.thelancet.com/cms/attachment/2047468706/2057986218/mmc1.pdf>
- Landzelius, K. (2006) Patient Organisation Movements and New Metamorphoses in Patienthood. *Social Science and Medicine* 62(3):529-37.
- Law, J. (2000). The politics of breastfeeding: Assessing risk, dividing labor. *Signs* 25(4):450.
- Layne, L.L. (2006) Pregnancy and infant loss support: A new, feminist, American, patient movement? *Social Science & Medicine* 62(3):602-613.
doi10.1016/j.socscimed.2005.06.019.

- Lee, E. J. (2007). Infant feeding in risk society. *Health, Risk & Society* 9 (3): 295-309.
- Lee, E. J. (2007a). Health, morality, and infant feeding: British mothers' experiences of formula milk use in the early weeks. *Sociology of Health & Illness* 29 (7): 1075-1090.
- Lee, E. J. (2008). Living with risk in the age of 'intensive motherhood': Maternal identity and infant feeding. *Health, Risk & Society* 10 (5): 467-477.
- Lee, E. J. (2011). Infant feeding and the problems of policy. In: P. Liamputtong (ed.) *Infant Feeding Practices; A Cross-Cultural Perspective*. New York: Springer 77-94
- Lee, E. J. (2011a). Breast-feeding advocacy, risk society and health moralism: a decade's scholarship. *Sociology Compass* 5(12):1058-1069.
- Lee, E. J. (2014) Introduction. In: E. Lee, J. Bristow, C. Faircloth, J. Macavarish *Parenting Culture Studies*. Basingstoke: Palgrave Macmillan
- Lee, E. J. and J. Bristow (2009) Rules for Infant Feeding. In: S. Day-Sclater, M. Richards, E. Jackson (eds.) *Regulating Autonomy. Sex reproduction and the family*. Oxford: Hart. 73-92.
- Lee, E., J. Macvarish, & J. Bristow (2010) Risk, health and parenting culture. *Health, Risk and Society*. 12(4): 293-300.
- Lee, H. J., I. Elo, K. F. McCollum, & J.F. Culhane (2009). Racial/Ethnic Differences in Breastfeeding Initiation and Duration Among Low-income, Inner-city Mothers. *Social Science Quarterly* 90(5):1251–1271. DOI 10.1111/j.1540-6237.2009.00656.x
- Leeming, D. (2016) Changing the Conversation: Shelving Shame. *Perspective - NCT's journal on preparing parents for birth and early parenthood* 33
- Lekakis, E.J. (2013) A liquid politics? Conceptualising the politics of fair trade consumption and consumer citizenship. *Ephemera* 13(2): 317-338.

- Leune, A.S. & J. Nizard (2012) Docteur Google : l'utilisation d'Internet au cours de la grossesse en France, en 2009.[Doctor Google: the use of Internet during pregnancy in France]. *Journal de Gynécologie Obstétrique et Biologie de la Reproduction*. 41(3): 243-254.
- Lhotska, L. (2008)*Whatever happened to Health for All? Ups and downs of protection of breastfeeding, regulation of transnational corporations and Health for All*. Geneva: International Baby Food Action Network (IBFAN)
- Lin, Ch.P. & A. Bhattacharjee (2009) Understanding online social support and its antecedents: A socio-cognitive model. *The Social Science Journal* 46: 724–737.
- LLLI (2008) Are there any foods I should avoid while breastfeeding? (web resource).
<http://www.llli.org/faq/avoid.html>
- LLLI (2012) A Brief History of La Leche League International (web resource).
<http://www.llli.org/lllihistory.html>
- LLLI (2014) LLLI updates breastfeeding counsellor eligibility criteria (press release).
http://www.llli.org/llli_updates_breastfeeding_counsellor_eligibility_criteria_21_april_2014
- Locke, A. (2009) 'Natural versus Taught': Competing Discourses in Antenatal Breastfeeding Workshops. *Journal of Health Psychology* 14: 435-446
- Lopez Rodriguez, M. (2010). Migration and a quest for 'normalcy'. Polish migrant mothers and the capitalization of meritocratic opportunities in the UK. *Social identities* 16(3): 339-358.
- Lorde, A. (1980). *The cancer journals*. San Francisco: spinsters/aunt lute.
- Louw, E. (2001) The Struggle for Power and the Struggle for Meaning. In: *The Media and Cultural Production*. London: Sage. 1-35.
- Lucas, P.J., T. Jessiman, and A. Cameron (2015). Healthy Start: The use of welfare food vouchers by low-income parents in England. *Social Policy & Society* 14(3): 457-469.

- Lumb, F. (1980) Baby foods - formula or abuse. *Spare Rib* 99. October 1980.
- Luna, Z. (2009) From rights to justice: Women of color changing the face of US reproductive rights organizing. *Societies without Borders* 4 (3): 343–365.
- Lunceford, B. (2012) Weaponising the Breast: Lactivism and Public Breastfeeding. In: *Naked Politics: Nudity, Political Action, and the Rhetoric of the Body*. Plymouth: Lexington.
- Lupton, D. (2011) 'The best thing for the baby': Mother's concepts and experiences related to promoting their infants' health and development. *Health, Risk & Society* 13(7-8): 637-651.
- Lupton, D. (2014) Health promotion in the digital era: a critical commentary. *Health Promotion International*. doi:10.1093/heapro/dau9
- Lupton, D. (forthcoming) Vital Materialism and the Thing-Power of Lively Digital Data In: D. Leahy, K. Fitzpatrick and J. Wright (eds) *Social Theory, Health and Education* London: Routledge https://www.academia.edu/36566499/Vital_Materialism_and_the_Thing-Power_of_Lively_Digital_Data [accessed May 2018]
- Madge, C., & O'Connor, H. (2005). Mothers in the making? Exploring liminality in cyber/space. *Transactions of the Institute of British Geographers* 30(1): 83-97.
- Madge, C., & O'Connor, H. (2006). Parenting gone wired: empowerment of new mothers on the internet? *Social & Cultural Geography* 7(02): 199-220.
- Maher, V. (1992) Breastfeeding and Maternal Depletion: Natural Law or Cultural Arrangements? In: V. Maher (ed.) *The Anthropology of Breastfeeding: Natural Law or Social Construct*. Oxford: Berg. 151-180.
- Maher, V. (1992a) Breast-feeding in Cross-cultural Perspective: Paradoxes and Proposals. In: V. Maher (ed.) *The Anthropology of breastfeeding: Natural Law or Social Construct*. Oxford: Berg. 1-36

- Mahon-Daly, P. & G. Andrews (2001) Liminality and breastfeeding: women negotiating space and two bodies. *Health & Place* 8: 61–76.
- Main, I. (2016) Biomedical practices from a patient perspective. Experiences of Polish female migrants in Barcelona, Berlin and London. *Anthropology & Medicine* 23(2) 10.1080/13648470.2016.1180579
- Mamatoga (2013) On Multitasking and Being Judgmental (blog post). Mamatoga. <http://www.mamatoga.com/2013/12/multitasking-judgmental/>
- Marcinkiewicz, A. (2014). Terror laktacyjny w przestrzeni wirtualnej. [Lactation terror in visual space.] *Kultura-Społeczeństwo-Edukacja* 1:119-134 <http://hdl.handle.net/10593/14471>
- Markham, A. (2003) Representation in online ethnographies: A matter of Context Sensitivity. In: Chen, S., Hall, J., Jones, M. (eds). *Online Social Research: Theory, Methods, and Ethics*. New York: Peter Lang Publishers.
- Marshall, J.L. and M. Godfrey (2011) Shifting Identities: Social and Cultural Factors That Shape Decision-Making Around Sustaining Breastfeeding. In: P. Liamputtong (ed.) *Infant Feeding Practices*. New York: Springer Science. 95-108.
- Martin, E. (1989). *The woman in the body: a cultural analysis of reproduction: with a new introduction*. Boston, MASS: Beacon Press.
- Martinez, E. & A. Garcia (2001) *What is Neoliberalism? A Brief Definition for Activists* <http://www.corpwatch.org/article.php?id=376>
- Mataja (2015) Moje ciało podarowało. [My body has gifted] (blog post). Mataja rodzicielstwo oparte na dowodach naukowych. <http://mataja.pl/2015/05/mlekokoteka/>
- Maternity Action (2012) Breastfeeding in Public Places (online resource). <https://www.maternityaction.org.uk/advice-2/mums-dads-scenarios/6-breastfeeding-rights/breastfeeding-in-public-places/>

- Matki Polki na wyrebie (2017) *Matki Polki na Wyrebie – Aktualnosci* (web page).
<http://www.matkipolkinawyrebie.pl/>
- Mauss, M. (1973) [1934] Techniques of the body. *Economy and Society* 2(1): 70-88
 doi10.1080/030851473000000003
- Mazanderani, F. and S. Papparini (2015) The stories we tell: Qualitative research interviews, talking technologies and the ‘normalisation’ of life with HIV. *Social Science & Medicine* 131: 66-73, doi10.1016/j.socscimed.2015.02.041.
- McAndrew, F., J. Thompson, L. Fellows, A. Large, M. Speed, & M.J. Renfrew (2012). Infant feeding survey 2010. Leeds: Health and Social Care Information Centre
- McCammon, H. (2013) Discursive opportunity structure. *The Wiley-Blackwell Encyclopedia of Social and Political Movements*.
- McCarter-Spaulding, D. (2008) Is Breastfeeding Fair? Tensions in Feminist Perspectives on Breastfeeding and the Family. *Journal of Human Lactation* 24(2):206-212
- McCaughey, M. (2010) Got Milk?: Breastfeeding as an 'Incurably Informed' Feminist STS Scholar. *Science as Culture*. 19(1):79-100
- McCormick, S. (2007). Democratizing Science Movements. A New Framework for Mobilization and Contestation. *Social Studies of Science* 37(4): 609-623.
- McCormick, S., P. Brown, & S. Zavestoski. (2003). The personal is scientific, the scientific is political: the public paradigm of the environmental breast cancer movement. *Sociological Forum* 18(4): 545-576
- McDaniel, B.T., S.M. Coyne, & E.K. Holmes (2012) New mothers and media use: associations between blogging, social networking, and maternal well-being. *Maternal and Child Health Journal* 16: 1509. doi10.1007/s10995-011-0918-2

- McDonald, T. (2012) Tips for Transgender Breastfeeders and Their Lactation Educators (blog post). *Milk Junkies*. <http://www.milkjunkies.net/2012/03/tips-for-transgender-breastfeeders-and.html>
- McFadden, A., J. M. Green, V. Williams, J. McLeish, F. McCormick, J. Fox-Rushby, & M.J. Renfrew (2014). Can food vouchers improve nutrition and reduce health inequalities in low-income mothers and young children: a multi-method evaluation of the experiences of beneficiaries and practitioners of the Healthy Start programme in England. *BMC Public Health* 14(1): 148.
- McGregor, S. L.T. (2001). Neoliberalism and health care. *International Journal of Consumer Studies - Special edition on 'Consumers and Health'* 25(2): 82-89.
- McLellan, M. F. (1997) Literature and medicine: narratives of physical illness. *The Lancet* 349(9065): 1618 – 1620.
- McNish, H. (2016) Women's breasts can be sexual and feed babies – pretty basic really. *Guardian*. <https://www.theguardian.com/commentisfree/2016/may/16/women-breasts-sexual-feed-babies-mother-breastfeeding>
- Mendes, L. (2014) Mulheres realizam mamaço no MIS após mãe ser proibida de amamentar. [Women hold a feed-in in MIS after a mother is prohibited from breastfeeding]. Globo Sao Paulo. <http://g1.globo.com/sao-paulo/noticia/2014/02/mulheres-realizam-mamaco-no-mis-apos-mae-ser-proibida-de-amamentar.html>
- Michael, S. (2008) The Rise of Welfare States and the Regendering of Civil Society: The Case of the United States. In: Hagemann, K., S. Michel, & G. Budde (eds.) *Civil Society and Gender Justice: Historical and Comparative Perspectives*. Bergham
- Mickelson, K.D. (1997) Seeking social support: parents in electronic support groups In: S. Kiesler *Culture of the Internet*. Mahwah, NJ: Lawrence Erlbaum Publishers. 157-178.
- Miller, D. & D. Slater (2000) *The Internet: An ethnographic approach*. Oxford: Berg.

- Miller, T. (1998) Shifting layers of Professional, Lay and Personal Narratives: Longitudinal Childbirth Research. In: J. Ribbens and R. Edwards (eds.) *Feminist Dilemmas in Qualitative Research. Public Knowledge and Private Lives*. London: Sage. 58-70.
- Miller, T., S. Bonas and M. Dixon-Woods (2007) Qualitative Research on Breastfeeding in the UK: A Narrative Review and Methodological Reflection. *Evidence and Policy* 3 (2)
- Ministerstwo Zdrowia (2013) Karmienie Piersia [Breastfeeding] (web page).
<http://www.mz.gov.pl/zdrowie-i-profilaktyka/zdrowie-matki-i-dziecka/karmienie-piersia>
- Ministerstwo Zdrowia (2013) Karmienie Piersia w Standardach Opieki Okoloporodowej [Breastfeeding in the Standards of Intrapartum Care] (web page)
<http://www.mz.gov.pl/zdrowie-i-profilaktyka/zdrowie-matki-i-dziecka/karmienie-piersia/karmienie-piersia-w-standardzie-opieki-okoloporodowej/>
- Mleko Mamy (2011) Konkurs. <http://mlekomamy.pl/index.php?page=alias-7> [page no longer active]
- Mo, P.H.K. & N. Coulson (2013) Online support group use and psychological health for individuals living with HIV/AIDS. *Patient Education and Counselling* 93(3): 426 – 432.
- Moran, V.H., F. Dykes, S. Burt & C. Shuck (2006) Breastfeeding support for adolescent mothers: similarities and differences in the approach of midwives and qualified breastfeeding supporters. *International Breastfeeding Journal*. 1(23)
- Mrozik, A. (2014) Poza nawiasem historii (kobiet), czyli po co nam dzis komunistki? [Outside the brackets of (women's) history, or why do we need communist women now?] *Wakat nr 26* (3/2014) <http://wakat.sdk.pl/poza-nawiasem-historii-kobiet-czyli-po-co-nam-dzis-komunistki/>
- Muller, M. (1974) *The Baby Killer: A War on Want Investigation Into the Promotion and Sale of Powdered Baby Milks in the Third World*.
<http://archive.babymilkaction.org/pdfs/babykiller.pdf>.

- Murphy, E. (1999) "Breast is Best": Infant Feeding Decisions and Maternal Deviance. *Sociology of Health and Illness*.21(2): 187-208.
- Murphy, E. (2004) Risk, maternal ideologies, and infant feeding. In: J. Germnov, L. Williams (eds.) *A Sociology of Food and Nutrition*. Oxford: Oxford University Press.
- Nagle, A. (2013) Not quite kicking off everywhere: feminist notes on digital liberation. In: C. Fowley, C. English, S. Thouëсны (eds.) *Internet research, theory, and practice: perspectives from Ireland*. Research Publishing. 157-175 DOI 10.14705/rpnet.2013.000087
- Nagle, M. (2015) Boobin' All Day Boobin' All Night: A Gentle Approach To Sleep For Breastfeeding Families (kindle edition). MegNagle.
- Nanette (2016) Creating the #TreeOfLife Brelfie With PicsArt (web page). *PicsArt News* 16.12.2016 <https://picsart.com/blog/post/creating-treeoflife-brelfie-picsart/>
- Nasze miasto (2011) Karmiace matki postanowily zaprotestowac [Breastfeeding mothers decided to protest] <http://warszawa.naszemiasto.pl/artykul/950853,matki-karmiace-postanowily-zaprotestowac-w-srode-beda,id,t.html#289b87b3c13eeab6,1,3,5>
- Nathan, S. (2010) Smug mother Gisele Bundchen says there 'should be a law' forcing women to breastfeed for six months. *Daily Mail/Femail*. <http://www.dailymail.co.uk/femail/article-1299711/Gisele-Bundchen-says-breastfeeding-law-6-months.html>
- Nathoo, T. and A. Ostry (2010) Wet-Nursing, Milk-Banks, and Black Markets: The Political Economy of Giving Breastmilk in Canada in the 20th and 21st century. In: R. Shaw and A. Bartlett (eds.) *Giving Breastmilk. Body Ethics and Contemporary Breastfeeding Practice*. Toronto: Demeter. 134-149.
- Nead, L. (1990) The Female Nude: Pornography, Art, and Sexuality. *Signs* 15(2): 323-335. doi/pdfplus/10.1086/494586
- Nedermann, B. and P. Sztompka (1993) Introduction. In: B. Nederman, P. Sztompka (eds.) *Sociology in Europe: In Search of Identity*. Berlin: Walter de Gruyter. 1-23.

Nehring-Gugulska, M. & B. Szyber (2013) *Report on Breastfeeding Status in Poland 2013*.
Warsaw: Centrum Nauki o Laktacji.

Nehring-Gugulska, M., M. Kaleta and B. M. Szyber (2013) Program Kształcenia Kursu Specjalistycznego Edukacja i Wsparcie Kobiety w Okresie Laktacji. [Programme of the Specialist Course Education and Support to Women During Lactation] (web resource).
http://ckppip.edu.pl/uploads/docs/Programy_ksztalcenia/kursy_specjalistyczne_2/Edukacja%20i%20wsparcie%20kobiety%20w%20okresie%20laktacji.pdf

Nelson, S (2012) Breastfeeding Flashmob Descends On Cafe After Mother Was ‘Verbally Abused By Waitress’. *The Huffington Post*
http://www.huffingtonpost.co.uk/2012/07/05/breastfeeding-flashmob-cafe-verbal-abuse-waitress_n_1650637.html

Nemecek, A.L. (2011) What Can Disability Learn from the Breastfeeding Wars? *Disability Studies Quarterly* 31(2) <http://dsq-sds.org/article/view/1595/1563>

Nestle, M. (2007) *Food Politics*. Berkley: UoC Press

Newman, H. D. (2010) *Cross-Cultural Framing Strategies of the Breastfeeding Movement and Mothers' Responses*. PhD. Vanderbilt University.

Newman, H. D., L.M. Carpenter (2014) Embodiment without bodies? Analysis of embodiment in US-based pro-breastfeeding and anti-male circumcision movements. *Sociology of health & illness* 36(5): 639-654.

Newman, T.B. (2004) The power of stories over statistics: lessons from neonatal jaundice and infant airplane safety. In: B. Hurwitz, T. Greenhalgh, V. Skultans. *Narrative research in health and illness*. Malden, Massachussets: BMJ Books.

NHS (nd) Schedule of antenatal visits (web page). www.nhs.uk/conditions/pregnancy-and-baby/pages/antenatal-appointment-schedule.aspx

- NICE (2006) Postnatal care up to 8 weeks after birth. Clinical guideline [CG37]
<https://www.nice.org.uk/guidance/cg37/chapter/1-Recommendations#infant-feeding>
- NICE (2007) *National Institute for Health and Clinical Excellence: Intrapartum Care: Management and Delivery of Care to Women in Labour*. London: RCOG Press.
- NICE (2008) Public Health Guidance 11: Improving the nutrition of pregnant and breastfeeding women and children in low income households. Quick Reference Guide: Maternal and child nutrition. Issued March 2008 (updated September 2014)
- NICE (2013) Routine postnatal care of women and babies (QS37)
<http://www.nie.org.uk/guidance/qs37>
- NICE (2014) Intrapartum care for healthy women and babies Clinical guideline [CG190] (replaces Intrapartum care: Care of healthy women and their babies during childbirth Clinical guideline [CG55]) <https://www.nice.org.uk/guidance/cg190>
- Nicholson, P. (1993) Motherhood and Women's Lives. In: D. Richardson and V. Robinson *Introducing Women's Studies*. London: Macmillan. 201-223.
- Niela-Vilén, H., A. Axelina, S. Salanterä, H-L. Melender (2014) Internet-based peer support for parents: A systematic integrative review. *International Journal of Nursing Studies* 51(11): 1524-1537.
<http://www.sciencedirect.com/science/article/pii/S0020748914001667>
- NIK (2016) NIK o opiece okołoporodowej na oddziałach położniczych. [National Audit Office on care in obstetric wards] (web page press release)
<https://www.nik.gov.pl/aktualnosci/nik-o-opiece-okoloporodowej-na-oddzialach-poloznicznych.html>
- Nowakowska, U. & A. Swedrowska (2000) Women in the Labour Market. In: U. Nowakowska (ed.) *Polish Women in the 90's. The reports by the Women's Rights Center*. Warsaw: WRC

- Oakley, L.L., M.J. Renfrew, J.J. Kurinczuk, M.A. Quigley (2013) Factors associated with breastfeeding in England: an analysis by primary care trust *BMJ Open* 2013 (3):e002765. doi: 10.1136/bmjopen-2013-002765
- Oakley, A. (1986) Feminism, Motherhood and Medicine - Who Cares? In: J. Mitchell and A. Oakley (eds.) *What is Feminism?* Oxford: Blackwell.127-150.
- Oakley, A. (1986) *From here to maternity: Becoming a mother*. London: Penguin.
- Oakley, A. (1992). *Social support and motherhood: the natural history of a research project*. Oxford: Blackwell.
- O'Brien Hallstein, L. (2015) *Bikini-Ready Moms Celebrity Profiles, Motherhood, and the Body*. New York: SUNY Press.
- O'Connor, H., & Madge, C. (2003). "Focus groups in cyberspace": using the Internet for qualitative research. *Qualitative Market Research: An International Journal*. 6(2): 133-143.
- Offman, A. & P.J. Kleinplatz (2004) Does PMDD belong in the DSM? challenging the medicalization of women's bodies. *The Canadian Journal of Human Sexuality* 13(1) <http://www.biomedsearch.com/article/Does-PMDD-belong-in-DSM/124560642.html>
- Ohly H., N. Crossland N, F. Dykes F, et al (2017) A realist review to explore how low-income pregnant women use food vouchers from the UK's Healthy Start programme. *BMJ Open* 2017 (7):e013731. doi: 10.1136/bmjopen-2016-013731
- Oldersma, J. And K. Davis (1991) Introduction. In: K. Davis, M, Leijmar, J. Oldersma (eds.) *The Gender of Power*. London: Sage.
- Olorenshaw, V (2016) *Liberating Motherhood. Birthing the Purple Stockings Movement* (kindle edition). WomanCraft Publishing.

- O'Neill Brendan (2008) The tyranny of militant lactivism. *The Guardian*.
<http://www.guardian.co.uk/commentisfree/2008/jan/27/thetyrannyofmilitantlactiv?commentpage=all#start-of-comments>
- ONS (2010) Appendix A to Rural and urban areas: comparing lives using rural/urban classifications (T. Pateman ed). <https://www.ons.gov.uk/ons/rel/regional-trends/regional-trends/no--43--2011-edition/rural-and-urban-areas--comparing-lives-using-rural-urban-classifications.pdf>
- ONS (2011) Census data (web resource).
<https://www.ons.gov.uk/census/2011census/2011censusdata>
- ONS (2016) Internet users in the UK:2016.
<https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2016>
- ONS (2016a) Internet access households and individuals.
<https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/bulletins/internetaccesshouseholdsandindividuals/2016>
- Oppermann, S. (2018) 'Storied Matter' In: Braidotti, R. & Hlavajova, M. (eds) *Posthuman Glossary*. London: Bloomsbury
- Oxford Social Sciences (2016) Managing Secondary Trauma in Social Science Research.
<https://www.socsci.ox.ac.uk/files/services/secondary-trauma-for-researchers-and-supervisors-18-jan-16.docx>
- Paasonen, S. (2018) Infrastructures of intimacy. In: Andreassen, R., Nebeling Petersen, M., Harrison, K. and Raun, T. (eds.) *Mediated Intimacies: Connectivities, Relationalities and Proximities*. London: Routledge. Pp 103-116.
- Palmer, G. (2009) *The Politics of Breastfeeding. When Breasts are Bad for Business* (3rd edition). London: Pinter and Martin.

- Palmquist, A. (2015) Demedicalizing Breastmilk: The Discourses, Practices, and Identities of Informal Milk Sharing. In: T. Cassidy & A. O. E. Tom (eds.). *Ethnographies of breastfeeding: cultural contexts and confrontations*. London: Bloomsbury
- Parr, J. (1998) Theoretical Voices and Women's Own Voices: The Stories of Mature Women Students. In: J. Ribbens and R. Edwards (eds.) *Feminist Dilemmas in Qualitative Research. Public Knowledge and Private Lives*. London: Sage. 87-101.
- Paterson, B.L., J. Brewer, L. Leeseberg Stamler (2013) Engagement of Parents in On-line Social Support Interventions. *Journal of Pediatric Nursing* 28(2): 114–124 .
DOI10.1016/j.pedn.2012.05.001
- Payne, D. & D.A. Nicholls (2010) Managing breastfeeding and work: a Foucauldian secondary analysis. *Journal of Advanced Nursing* 66(8): 1810-1818.
- Pearson, Ch. & F. Trevisan (2015) Disability activism in the new media ecology: campaigning strategies in the digital era. *Disability & Society* 30(6): 924-940
- Penney, J. (2014). Motivations for participating in ‘viral politics’. A qualitative case study of Twitter users and the 2012 US presidential election. *Convergence: The International Journal of Research into New Media Technologies*
<http://journals.sagepub.com/doi/abs/10.1177/1354856514532074>
- PHE (2013) 'Progress in Breastfeeding in London: 2013'. Public Health England.
- Piątkowski, W., L. Nowakowska. (2012). System medyczny w Polsce wobec wyzwań XXI w. Perspektywa krytycznej socjologii zdrowia i choroby. [Medical System in Poland facing the challenges of the 21 century from the perspective of critical sociology of health and illness]. *Przegląd Socjologiczny* 61(2): 11-29.
- Pink, S. (2001) *Doing Visual Ethnography: Images, Media and Representation in Research*. London: Sage
- Piotrowski, G. (2009). Civil Society, Un-Civil Society and the Social Movements. *Interface: Journal for and about Social Movements* (1): 166–189.

- Plucinski (2010) Dyskurs klasowy polskiej socjologii potransformacyjnej: niedyskretny urok klasy sredniej [Class discourse in Polish post-transformation sociology: the indiscreet charm of middle class]. In: P. Zuk (ed.) Podziały klasowe i nierownosci społeczne. Refleksje socjologiczne po dwóch dekadach realnego kapitalizmu w Polsce [Class divisions and social inequities. Sociological reflections after two decades of real capitalism in Poland]. Warsaw: Oficyna Naukowa pp101-116
- Plummer, K. (1995) *Telling Sexual Stories. Power, Change and Social Worlds*. London: Routledge
- Pollack, A. (2015) Breast Milk Becomes a Commodity, With Mothers Caught Up in Debate. *The New York Times*. <https://www.nytimes.com/2015/03/21/business/breast-milk-products-commercialization.html?smid=nytcore-iphone-share&smprod=nytcore-iphone>
- Polletta, F. and J. M. Jasper (2001) Collective Identity and Social Movements. *Annual Review of Sociology* 27:283-305.
- Poll-Franse, L.V. Van de & M.C. Eenbergen (2008) Internet use by cancer survivors: current use and future wishes. *Supportive Care in Cancer* 16(10):1189-95. doi: 10.1007/s00520-008-0419-z
- Pols, J. (2013). Knowing patients: turning patient knowledge into science. *Science, Technology & Human Values* 0(00):1-25 10.1177/0162243913504306 20/01/2015
- Porter, J. & R. Oliver (2016) Rethinking Lactation Space: Working Mothers, Working Bodies, and the Politics of Inclusion. *Space and Culture*. 19(1): 80-93.
- Pranke, B. (2003) Nurt chłopomanii w twórczości Stanisława Radziejowskiego, Ludwika Stasiaka, Włodzimierza Tetmajera, Wincentego Wodzinowskiego i Kacpra Żelechowskiego [The peasant movement in the works of Stanisław Radziejowski, Ludwik Stasiak, Włodzimierz Tetmajer, Wincenty Wodzinowski and Kacper Żelechowski]. Warsaw: Neriton <http://www.kpbc.ukw.edu.pl/dlibra/plain-content?id=137752>

Purple Ella (2012) Bristol Breastfeeding Protest (blog post).

<http://www.purpleella.com/2012/07/04/bristol-breastfeeding-protest/>

Pustułka, P. (2015) *Polish mothers on the move: gendering migratory experiences of Polish women parenting in Germany and the United Kingdom*. PhD. Bangor University.

Pyzik, A. (2014) *Poor but Sexy: Culture Clashes in Europe East and West*. Alresford: Zero Books

Pyzik, A. (2017a) Jeśli muszę się rozbierać, nie chcę być częścią waszej rewolucji. Krytyka selfie-feminizmu [If I have to undress, I do not want to be part of your revolution. A critique of selfie-feminism]. *Magazyn Szum*. <http://magazynszum.pl/krytyka/jesli-musze-sie-rozbierac-nie-chce-byc-czescia-waszej-rewolucji-krytyka-selfie-feminizmu>

Pyzik, A. (2017b) Sprzeczności peryferyjnego feminizmu albo ewangelistki selfies [Contradictions of peripheral feminism or selfie evangelists]. *Magazyn Szum*. <http://magazynszum.pl/krytyka/sprzecznosci-peryferyjnego-feminizmu-albo-ewangelistki-selfie>

Quinton, M. (2012) Breastfeeding mums march on cafe after verbal abuse claim. *The Sun*. <https://www.thesun.co.uk/archives/news/734677/breastfeeding-mums-march-on-cafe-after-verbal-abuse-claim/>

Rabeharisoa, V. & M. Callon (2002) The involvements of patients' associations in research. *International Social Science Journal* 54 (171): 57–65.

Radin, P. (2006) 'To me, it's my life': Medical communication, trust, and activism in cyberspace. *Social Science & Medicine* 62:591-601.

Radkowska-Walkowicz, M. (2010) Nie słuchaj teściowej! Czyli jak żywić niemowlę w czasach Internetu [Don't listen to your mother in law! Or how to feed a baby in the Internet age]. In: *Antropolog wobec współczesności*. Tom w darze Profesor Annie Zadrożyńskiej.

Warsaw: Instytut Etnologii i Antropologii Kulturowej Uniwersytetu Warszawskiego.
235-256.

Ramazanoğlu, C. & J. Holland (2002). *Feminist Methodology: Challenges and Choices*.
London: Sage.

Rapp, R. and F. Ginsburg (2011) Reverberations: disability and the new kinship imaginary.
Anthropological Quarterly 84(2): 379–410.

RCM (2015) Maternity services overworked, understaffed and struggling to cope shows senior
midwives survey (web page news). <https://www.rcm.org.uk/news-views-and-analysis/news/maternity-services-overworked-understaffed-and-struggling-to-cope-shows>

Reed, A. (2017) Social Media Boycotts Succeed When They Reflect a Movement. NY Times.
<https://www.nytimes.com/roomfordebate/2017/02/07/when-do-consumer-boycotts-work>

Reese, L. and Clack, A. (2014) Engaging teenage mothers in healthy lifestyle change. In: A. M.
Tod, J. Hirst (eds.) *Health and Inequality: Applying Public Health Research to Policy
and Practice*. London: Routledge.

Remer, M. (2012). Breastfeeding as an ecofeminist issue. *Restoration Earth: An
Interdisciplinary Journal for the Study of Nature & Civilization* 1(2): 34–39.
<https://talkbirth.me/2012/06/15/breastfeeding-as-an-ecofeminist-issue/>

Renfrew, M.J., S. Pokhrel, M. Quigley, F. McCormick, J. Fox-Rushby, R. Dodds, S. Duffy, P.
Trueman, T. Williams (2012) *Preventing disease and saving resources: the potential
contribution of increasing breastfeeding rates in the UK*. Unicef UK Baby Friendly
Initiative. <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/advocacy/preventing-disease-andsaving-resources/>

Ribbens, J. (1998) Hearing my Feeling Voice? An autobiographical Discussion of Motherhood.
In: J. Ribbens and R. Edwards (eds.) *Feminist Dilemmas in Qualitative Research. Public
Knowledge and Private Lives*. London: Sage. 24-37.

- Rich, E., J. Evans, and R. Allwood (2005) Healthism and schools. *British Psychological Society Seminar Series on Weight Issues*. University of West of England.
- Richter, J. (2001) *Holding corporations accountable: corporate conduct, international codes, and citizen action*. London: Zed Books.
- Richters, A. (1991) Fighting symbols and structures: postmodernism, feminism and women's health. In: L. Nencel & P. Pels *Constructing Knowledge. Authority and Critique in Social Science*. London: Sage. 123-144.
- Ridgeway, C. & S.J. Correll (2004) Motherhood as a Status Characteristic. *Journal of Social Issues* 60 (4): 683-700. doi10.1111/j.0022-4537.2004.00380.x/full
- Riessman, CK. (1983) Women and medicalization: a new perspective. *Social Policy* 14(1):3-18.
- Riessman, CK. (1998) Women and Medicalization: A New Perspective. In: R. Weitz (ed) *The Politics of Women's Bodies: Sexuality, Appearance and Behaviour*. Oxford: OUP. 46-64.
- Rippeyoung, P.L.F. & M.C.Noonan (2012) Breastfeeding and the Gendering of Infant Care. In: P.H. Smith, B. Hausman, M. Labbok (eds.) *Beyond Health, Beyond Choice. Breastfeeding Constraints and Realities*. London: Rutgers University Press.133-143.
- Rippeyoung, P.L.F. & M.C.Noonan (2012a) Is Breastfeeding Truly Cost Free? Income Consequences of Breastfeeding for Women. *American Sociological Review* 7(22): 244-267.
- Roadside Theater (2014) About: Story Circles (website) <https://roadside.org/asset/about-story-circles>
- Robinson, C. (2016) Misshapen motherhood: Placing breastfeeding distress. *Emotion, Space and Society* 26 (2018): 41-48
- Rogers, A., A. Kennedy, P.Bower, C.Gardner, C.Gately, V.Lee, D.Reeves and G.Richardson (2008) The United Kingdom Expert Patients Programme: results and implications from a

national evaluation. *The Medical Journal of Australia* 189(10): S21
<https://www.mja.com.au/journal/2008/189/10/united-kingdom-expert-patients-programme-results-and-implications-national?inline=true>

Rokicka, J. (2015) 10 rzeczy, do których nigdy nie przyznają się matki [10 things that mothers never admit] (web article). e-dziecko.
http://www.edziecko.pl/rodzice/56,79353,10285829,10_rzeczy__do_ktorych_nigdy_nie_przyznaja_sie_matki.html

Rollock, N. (2014) Race, Clas and the "Harmony of Dispositions". *Sociology* 48(3): 445-451.

Romano, A.M. (2007) A Changing Landscape: Implications of Pregnant Women's Internet Use for Childbirth Educators. *Journal of Perinatal Education* 16(4):18–24. doi: 10.1624/105812407X244903

Rose, G. (2001) *Visual Methodologies: An Introduction to Researching with Visual Materials*. London: Sage

Rose, H. (1986) Women's Work: Women's Knowledge. In: J. Mitchell and A. Oakley (eds.) *What is Feminism?* Oxford: Blackwell. 161-183.

Rose, H. (1994). *Love, power, and knowledge: Towards a feminist transformation of the sciences*. Bloomington, Ind: Indiana University Press.

Rose, N. and C. Novas (2000) Genetic risk and the birth of the somatic individual. *Economy and Society* 29(4): 485–513.

Rose, N. and C. Novas (2002) *Biological Citizenship*.
<http://thesp.leeds.ac.uk/files/2014/04/RoseandNovasBiologicalCitizenship2002.pdf>

RPO (2009) Raport o korespondencji między Rzecznikiem Praw Obywatelskich a Organami Państwa w sprawach przestrzegania praw dzieci do Życia i Zdrowia, Edukacji, Życia w Rodzinie i Godziwych Warunków Socjalnych oraz do Bezpiecznego Rozwoju. 2006-2009 [Report of correspondence between the Ombudsman and the State Bodies regarding respect for the rights of children to life and health, education, family life and decent

social conditions and safe development. 2006-2009]

[https://www.rpo.gov.pl/sites/default/files/Raport_o_korespondencji_miedzy_RPO_a_org
anami_panstwa_w_sprawach_ochrony_praw_dzieci_do_zycia_i_zdrowia_educacji_zyci
a_w_rodzinie.pdf](https://www.rpo.gov.pl/sites/default/files/Raport_o_korespondencji_miedzy_RPO_a_org
anami_panstwa_w_sprawach_ochrony_praw_dzieci_do_zycia_i_zdrowia_educacji_zyci
a_w_rodzinie.pdf)

Rubin, L. (2010) *Discreet*. In: *The Wild and Twisted World of Rubes: A Rubes Cartoon Collection*. Andrews McMeel Publishing. 96.

Rudolph, A. (2009) *Un/Doing Risk: Sexually Transmitted Infections, Identity and Lesbian Bodies*. PhD. Lancaster: Lancaster University.

Rutter, M. (1991) *Maternal deprivation reassessed*. London: Penguin Books.

Ruzek, S. B. (1978) *The women's health movement: Feminist alternatives to medical control*. New York: Praeger.

Ruzek, S. B. (1986) *Feminist Visions of Health: and International Perspective*. In: J. Mitchell and A. Oakley (eds.) *What is Feminism?* Oxford: Blackwell.

Savage, M., F. Devine, N. Cunningham, M. Taylor, Y. Li (2013) *A New Model of Social Class? Findings from the BBC's Great British Class Survey Experiment*. *Sociology* 47(2):219–250 <http://journals.sagepub.com/doi/pdf/10.1177/0038038513481128>

Sayakhot, P., & M. Carolan-Olah (2016). *Internet use by pregnant women seeking pregnancy-related information: a systematic review*. *BMC Pregnancy and Childbirth* 16: 65. <http://doi.org/10.1186/s12884-016-0856-5>

Schaffer, R., K. Kuczynski, & D. Skinner (2008). *Producing genetic knowledge and citizenship through the Internet: mothers, pediatric genetics, and cybermedicine*. *Sociology of Health & Illness* 30(1): 145-159.

Schmied, V. & D. Lupton (2001) *Blurring the boundaries: breastfeeding and maternal subjectivity*. *Sociology of Health and Illness* 23(2): 234-250.

- Schmied, V. & L. Barclay (1999) Connection and Pleasure, Disruption and Distress: Women's Experiences of Breastfeeding. *Journal of Human Lactation* 15(4): 325-334.
- Schoppe-Sullivan, S.J., J.E. Yavorsky, M.K. Bartholomew, J.M. Sullivan, M.A. Lee, C.M. Kamp Dush, M. Glassman (2016) 'Doing Gender Online: New Mothers' Psychological Characteristics, Facebook Use, and Depressive Symptoms Sex Roles. *Sex Roles* 76(5): 276–289. Doi 10.1007/2Fs11199-016-0640-z
- Schrijvers, J. (1991) Dialectics of a dialogical ideal: studying down, studying sideways and studying up. In: L. Nencel & P. Pels (eds.) *Constructing Knowledge. Authority and Critique in Social Science*. London: Sage. 162-179.
- Sen Wai, K. (2013) The Dangerous Breastfeeding Advocates Network (blog post).
<http://k0ks3nw4i.blogspot.co.uk/2013/08/the-dangerous-and-shrill-breastfeeding.html>
- Sharf, B.F. (1997). Communicating breast cancer on-line: Support and empowerment on the Internet. *Women & Health* 26: 65–84. doi 10.1300/J013v26n01_05
- Shaw, R. (2004) Performing Breastfeeding: Embodiment, Ethics and the Maternal Subject. *Feminist Review* 78: 99-116.
- Shaw, R. (2010) Perspectives on Ethics of Human Milk Banking. In: R. Shaw and A. Bartlett (eds.) *Giving Breastmilk. Body Ethics and Contemporary Breastfeeding Practice*. Toronto: Demeter. 83-97.
- Shubber, S (2011) *The WHO international code of marketing of breast-milk substitutes. History and Analysis*. 2nd edition. London: Pinter and Martin.
- Sikorska, M. (2009) Nowa matka, nowy ojciec, nowe dziecko: O nowym układzie sił w polskich rodzinach [New mother, new father, new baby: On the new arrangement of power in Polish families]. Warsaw: Wydawnictwa Akademickie i Profesjonalne.

- Singleton, V. (1996) Feminism, Sociology of Scientific Knowledge and Postmodernism: Politics, Theory and Me. *Social Studies of Science* 26(2):445 – 468.
doi10.1177/030631296026002010
- Slawson, N. (2015) Fears for new mothers and babies as support services are cut across England. *The Guardian*. <https://www.theguardian.com/lifeandstyle/2015/jun/28/new-mothers-babies-support-services-cut-england-breastfeeding-midwife>
- Smart, C. (1992) *Regulating Womanhood: Historical Essays on Marriage, Motherhood and Sexuality*. London: Routledge.
- Smith, D. (1987) [1974] Women's Perspective as a Radical Critique of Sociology. In: S. Harding (ed) *Feminism and methodology: Social science issues*. Milton Keynes: Open University Press.
- Smith, J.P. (2013) "Lost Milk?" Counting the Economic Value of Breast Milk in Gross Domestic Product. *Journal of Human Lactation* 29(4): 537-546.
- Smith, P.H. (2008) "Is it just so my right?" Women repossessing breastfeeding. *International Breastfeeding Journal* 3:12
- Smith, P.H. (2012) Breastfeeding Promotion through Gender Equity: A Theoretical Perspective for Public Health Practice. In: P.H. Smith, B. Hausman, M. Lobbok (eds.) *Beyond Health, Beyond Choice. Breastfeeding Constraints and Realities*. London: Rutgers University Press. 25-35.
- Smith, P.H. (2013) Breastfeeding and Gender Inequality. *Journal of Women, Politics & Policy* 34(4): 371-383. doi10.1080/1554477X.2013.835682
- Sokolinska, J. (2011) To będzie kraj dla młodych matek [This will be a country for young mothers]. *Wysokie Obcasy*. http://www.wysokieobcasy.pl/wysokie-obcasy/1,114377,9800592,To_będzie_kraj_dla_mlodych_matek.html 30.11.11

- Sokołowska, M. (1980). *Granice medycyny* [The boundaries of medicine]. Warsaw: Wiedza Powszechna.
- Spretnak, C. (1986) *The Spiritual Dimension of Green Politics*. Santa Fe, CA: Bear and Company.
- Spretnak, C. (1988) *The womanspirit sourcebook*. New York: Harper Collins.
- Staggenborg, S. and V. Taylor (2005) Whatever Happened to The Women's Movement? *Mobilization: An International Quarterly* 10(1): 37-52.
- Standardy Opieki Okoloporodowej (2010) Directive of the Minister of Health about standards of acting and medical procedures in health care of woman during physiologic pregnancy, physiologic delivery, postpartum period and neonatal care. J.o.L., Ministry of Health. 187 (1259) <http://isap.sejm.gov.pl/DetailsServlet?id¼WDU20101871259>
- Stanley, L., & Wise, S. (1990). *Breaking Out Again: feminist ontology & epistemology*. London: Routledge.
- Stanley, L. & S. Wise (2002) *Breaking Out Again: feminist ontology & epistemology* (2nd edition -revised). London: Routledge.
- Statista (2016) *Social media statistics: social networks*.
<https://www.statista.com/topics/1164/social-networks/>
- Statista (2017) *Total number of Facebook users in the United Kingdom (UK) in January 2017, by age group and gender (in millions)*
<https://www.statista.com/statistics/507417/number-of-facebook-users-in-the-united-kingdom-uk-by-age-and-gender/>
- Statista (2017a) *Leading countries based on number of Facebook users as of July 2017 (in millions)* <https://www.statista.com/statistics/268136/top-15-countries-based-on-number-of-facebook-users/>

- Stearns, C. (1999) Breastfeeding and the Good Maternal Body. *Gender and Society* 13(3): 308-25.
- Stearns, C. (2009) The Work of Breastsfeeding. *Women's Studies Quarterly* 37(3-4): 63-80.
- Stearns, C. (2010) The Breast Pump. In: R. Shaw and A. Bartlett (eds.) *Giving Breastmilk. Body Ethics and Contemporary Breastfeeding Practice*. Toronto: Demeter. 11-23.
- Stearns, C. (2014) The Embodied Practices of Breastfeeding: Implications for Research and Policy. *Journal of Women, Politics and Policy* 34 (4):359-370.
- Strajk.eu (2016) Sąd: restaurator mógł zabronić karmienia piersią [Court: restaurateur may have forbidden breastfeeding]. Strajk EU Strona Startowa Polskiej Lewicy.
<http://strajk.eu/sad-restaurator-mogl-zabronic-karmienia-piersia/>
- Suchman, L. (2012) Configuration. In: C. Lury and N. Wakeford (eds.) *Inventive Methods*. London: Routledge. 48-60.
- Sveningsson, M. 2004. Ethics in Internet ethnography. In: E. A. Buchanan (ed.) *Virtual research ethics: Issues and controversies* . Hershey, PA: Information Science Publishing. 45-61.
- Swift, T. & P.A. Dieppe (2005) Using expert patients' narratives as an educational resource. *Patient Education and Counseling* 57(1) : 115–121.
- Szlendak, T. (2011) Socjologia rodziny: Ewolucja, historia, zróżnicowanie [Family Sociology: Evolution, History, Diversity]. Warsaw: Wydawnictwo Naukowe PWN.
- Sztyber, B. & E. Dmoch-Gajzlerska (2013) Żywnienie mlekiem matki w polskich oddziałach szpitalnych – gdzie jesteśmy i dokąd zmierzamy? [Feeding mother's milk in Polish hospital wards - where are we and where are we going?] Warszawa: CNOL
- Szymanik, G. (2011) Karmiły piersią w metrze. "To nie jest obsceniczne" [They breastfed in the metro. "This is not obscene"]. *Gazeta Wyborcza Warszawa*.
http://warszawa.gazeta.pl/warszawa/1,34862,9792435,Karmily_piersia_w_metrze___To_nie_jest_obseniczne_.html

- Szymanik, G. (2011a) Młode matki będą karmić w metrze. Masowo i publicznie [Young mothers to feed in the subway. In mass and publicly]. *Gazeta Wyborcza Warszawa*. http://warszawa.gazeta.pl/warszawa/1,34862,9778487,Mlode_matki_beda_karmic_w_metrze__Masowo_i_publicznie.html
- Szymanik, G. (2011b) Szokują cię te zdjęcia? Za ostre, żeby trafić do metra [Are you shocked by these pictures? Too hot to hit the metro]. *Gazeta Wyborcza Warszawa*. http://warszawa.gazeta.pl/warszawa/1,34889,9751436,Szokuja_cie_te_zdjecia__Za_ostre__zeby_trafic_do_metra.html
- Tanessini, A. (1999) *An Introduction to Feminist Epistemologies*. Oxford: Blackwell
- Tarrow, S. (2006) *Power in movement: Social movements and contentious politics*. Cambridge: Cambridge University Press.
- Taylor, C. (2011) Biopower. In: D. Taylor (ed.) *Michel Foucault: Key Concepts*. Durham: Acumen.
- Taylor, V. (1998) Feminist Methodology in Social Movements Research. *Qualitative Sociology* 21(4): 357-379. doi:10.1023/A:1023376225654
- Taylor, V. (2000) Emotions and Identity in Women's Self Help Movements. In: T.J. Owens, S. Stryker, R.W. White (eds.) *Self, identity, and social movements*. Minneapolis: Univ. of Minnesota Press. 271-299.
- Taylor, V. & L. Leitz (2010) From Infanticide to Activism: The Transformation of Emotions and Identity in Self-Help Movements. In: J.C. Banaszak-Holl, S.R. Levitsky, and M.N. Zald (eds.) *Social Movements and the Transformation of American Health Care*. Oxford: Oxford University Press. 266-284.
- Taylor, V. & N. Whittier (1995). Analytical approaches to social movement culture: The culture of the women's movement. In: H. Johnston and B. Klandermans (eds.) *Social Movements and Culture*. University of Minnesota Press. 163-87.

- Thompson, J., Bissell, P., Cooper, C., Armitage, C. J., & Barber, R. (2012). Credibility and the 'professionalized' lay expert: Reflections on the dilemmas and opportunities of public involvement in health research. *Health* 16(6): 602–618.
- Thomson, G. Balaam, MC, K. Hymers (2015) Building social capital through breastfeeding peer support: insights from an evaluation of a voluntary breastfeeding peer support service in North-West England. *International Breastfeeding Journal* 2015(10):15 10.1186/s13006-015-0039-4
- Thomson, R., MJ. Kehily, L. Hadfield, & S. Sharpe (2011) *Making modern mothers*. Bristol: Policy Press.
- Tiidenberg, K. & E. Gómez-Cruz (2015) Selfies, Image and the Re-making of the Body. *Body and Society* :1-26.
- Titkow, A., D. Duch-Krzystoszek, and B. Budrowska (2004) Nieodpłatna praca kobiet: Mity, realia, perspektywy [Women's unpaid work: Myths, realities, perspectives]. Warsaw: Wydawnictwo IFiS PAN.
- Tomlinson, S (2012) 'Lactivist' flashmob take over cafe in protest against waitress who told breastfeeding mother: 'Don't ever come back with your t*** out again!' *The Daily Mail* <http://www.dailymail.co.uk/news/article-2168820/Gang-lactivists-cafe-protest-waitress-told-breastfeeding-mother-Don-t-come-t--again.html#ixzz4iBibNY7E>
- Tomori, C. (2014) *Nighttime Breastfeeding. An American Cultural Dilemma*. Oxford: Berghahn Books.
- Tomori, C., A.E.L. Palmquist, S. Dowling (2016) Contested moral landscapes: Negotiating breastfeeding stigma in breastmilk sharing, nighttime breastfeeding, and long-term breastfeeding in the U.S. and the U.K. *Social Science & Medicine* 168:178-185
- Torres, J. (2014) Medicalizing to demedicalize: Lactation consultants and the (de)medicalization of breastfeeding. *Social Science & Medicine* 100: 159-166.

Trickey, H. (2013) Peer support for breastfeeding continuation: an overview of research.

Perspective - NCT's journal on preparing parents for birth and early parenthood 21: 15-20.

Trickey, H. and Newburn, M. (2014) Goals, dilemmas and assumptions in infant feeding education and support. Applying theory of constraints thinking tools to develop new priorities for action. *Maternal and Child Nutrition* 10 (1): 72–91.

Tugwell, S. (2016) Breastfeeding in the Digital Age: Expressions of Maternity through Breastfeeding Selfies. Presentation at the *ESRC Breastfeeding Seminar Series, Seminar 6*.

Tummons, J. (2017) ICTs and the Internet as a Framework and Field in Ethnographic Research. *Acta Paedagogica Vilnensia* 39:132-42

Tunçalp, D. & P. L. Lê (2014) (Re)Locating boundaries: a systematic review of online ethnography. *Journal of Organizational Ethnography* 3(1):59-79. <https://doi.org/10.1108/JOE-11-2012-0048>

TVN (2016) Sopot: Liwia Malkowska walczy o prawa kobiet karmiaczych piersia [Sopot: Liwia Malkowska fights for the rights of women who breastfeed] <http://www.tvn24.pl/pomorze,42/sopot-liwia-malkowska-walczy-o-prawa-kobiet-karmiaczych-piersia,665605.html>

TVN Warszawa (2011) Karmienie piersia nie jest obsceniczne [Breastfeeding is not obscene] <http://www.tvnwarszawa.pl/informacje,news,-quot-karmienie-piersia-nie-jest-obsceniczne-quot-,227547.html>

TVN (2011) *Dzien Dobry TVN* (tv programme)

http://dziendobrytvn.plejada.pl/24,49343,news,,1,,publiczne_karmienie_piersia_jest_obseniczne,aktualnosci_detal.html (archived)

TVP 2 (2011) *Pytanie na Sniadanie* (TV programme) <http://www.tvp.pl/styl-zycia/magazyny-sniadaniowe/pytanie-na-sniadanie/wideo/karmienie-piersia-w-miejscach-publicznych/4712297>

- TVP Info (2011) *Wiadomosci* (news programme) <http://tvp.info/wiadomosci/tematy/karmienie-piersia-w-miejscach-publicznych/4705086>
- Tyler, I. (2011) *Pregnant Beauty: Maternal Feminities under Neoliberalism*. In: R. Gill, C. Scharff (eds.) *New Femininities: Postfeminism, Neoliberalism and Subjectivity*. London: Palgrave Macmillan.
- Tyler, I. (2013) *Revolting Subjects. Social Abjection and Resistance in Neoliberal Britain*. London: Zed Books.
- Umansky, L. (1996) *Motherhood Reconceived: feminism and the legacies of the sixties*. London: NY University Press
- Unicef (2017) *Removing The Barriers To Breastfeeding: A Call To Action*. <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2017/07/Barriers-to-Breastfeeding-Briefing-The-Baby-Friendly-Initiative.pdf>
- UNITE (2015) *Stressed and overworked. Survey reveals health visitors still need support* (web page news). <http://unitelive.org/stressed-and-overworked/>
- Van Esterik, P. (1989) *Beyond the Breast-bottle Controversy*. New Brunswick, NJ: Rutgers University Press.
- Van Esterik, P. (2013) *The Politics of Breastfeeding: An Advocacy Update*. In: C. Counihan, P. Van Esterik (eds.) *Food and Culture: A Reader* (3rd edition). London: Routledge
- Van Laer, P. & P. Van Aelst (2010) *Cyber-protest and civil society: the Internet and action repertoires in social movements*. In: I. Jewkes and Y. Majid (eds.) *Handbook of Internet Crime* (online resource)
- Van Uden-Kraan, C. F., Drossaert, C. H., Taal, E., Smit, W. M., Bernelot Moens, H. J., & Van de Laar, M. A. (2011) *Determinants of Engagement in Face-to-Face and Online Patient Support Groups*. *Journal of Medical Internet Research* 13(4): e106. doi10.2196/jmir.1718

- van Uden-Kraan, C.F., C.H.C. Drossaert, E. Taal, E.R. Seydel, M.A.F.J. van de Laar (2009) Participation in online patient support groups endorses patients' empowerment. *Patient Education and Counseling* 74(1):61-69. DOI10.1016/j.pec.2008.07.044.
- Venditti, S. and A. Poshar (2015) Mediatizing Activism as a Creative Act: Social Media and the Ice Bucket Challenge Case. In: A. Meroni, L. Galluzzo, L. Collina (eds.) *The Virtuous Circle*. McGraw Hill Education Italy (ebook) [fragment:] <http://cumulusmilan2015.org/proceedings/articles/abs-083-Disseminating/>
- Vermuelen, K. (nd) 'iamBreastfeeding' – Participatory Project Aug 2013 – Aug 2015 <http://kimjv.co.uk>
- Vermuelen, K. (nd) Envisioning Motherhood Project Sept 2012 – Sept 2013 <http://kimjv.co.uk>
- Victoria CG, R. Bahl, A.D. Barros, et al. (2016) The Lancet Breastfeeding Series. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet* 2016 387
- Vivienne, S. (2016) *Digital Identity and Everyday Activism. Sharing Private Stories with Networked Publics*. London: Palgrave Macmillan.
- Walczak, P. (2015) „Kraina Mlekiem i Miłością Płynąca” – ogólnopolski projekt z udziałem karmiących mam [Land of Milk and Love - - a nationwide project involving lactating mothers]. Interview by Marta Mandzak (web article). *Siostra Ania* <http://dziecko.siostraania.pl/kraina-mlekiem-i-miloscia-plynaca-ogolnopolski-projekt-z-udzialem-karmiaczych-mam/>
- Walczewska, S. (2003) Matka gastronomiczna [Gastronomic mother]. *Pełnym Głosem (nr 3)* http://efka.org.pl/archiwum/index.php?action=p_art&ID=8
- Walther, J.B., C. T. Carr, S. Seung, W. Choi (2011) Interaction of Interpersonal, Peer, and Media Influence Sources Online: A Research Agenda for Technology Convergence. In: Zizi Papacharissi (ed.) *A Networked Self. Identity, Community, and Culture on Social Network Sites*. London: Taylor & Francis. 17-37.

- Wasik, Z. (2016) Breastfeeding in Poland: not in public, please. *Financial Times: Maternal Health*. <https://www.ft.com/content/afabb012-7b42-11e6-ae24-f193b105145e>
- Wawak-Sobierajska, B. (2002) *Psychologiczne uwarunkowania naturalnego karmienia niemowląt* [Psychological determinants of natural infant feeding]. Katowice: Wyd. Uniwersytetu Śląskiego.
- Weiner, K. (2008) Lay involvement and legitimacy: The construction of expertise and participation within HEART UK. *Journal of Contemporary Ethnography* 38 (2): 254-273
- Weiner, L.Y. (1994) Reconstructing motherhood: The La Leche League in postwar America. *The Journal of American History* 80 (4): 1357–1381.
- Wellcome Trust (2017) Expert Debate (web summary). <https://wellcome.ac.uk/news/what-weve-learned-expertdebate>
- WHO (1981) *International Code of Marketing of Breast-milk Substitutes* (full text) http://www.who.int/nutrition/publications/code_english.pdf
- WHO (1981) *International Code of Marketing of Breastmilk Substitutes*. Geneva: WHO <http://apps.who.int/iris/bitstream/10665/40382/1/9241541601.pdf>
- WHO (2003) *Global Strategy on Infant and Young Child Feeding*. Geneva: WHO.
- WHO (2010) *Breastfeeding key to saving children's lives*. Press release on WBW 2010. http://www.who.int/mediacentre/news/notes/2010/breastfeeding_20100730/en/
- WHO (2016) *Marketing of Breastmilk substitutes: National Implementation of the International Code Status Report*. http://apps.who.int/iris/bitstream/10665/206008/1/9789241565325_eng.pdf
- WHO/Unicef (1989) *Protecting, promoting and supporting breast-feeding. The special role of maternity services*. Geneva: WHO. <http://www.who.int/nutrition/publications/infantfeeding/9241561300/en/>

- Wieczorkowska, M. (2012). Medicalisation of a woman's body – a case of breasts. *Przełęcz Socjologiczny*4: 143-172.
- Wiessinger, D., D. West, T. Pitman (2013) *The Womanly Art of Breastfeeding*. London: Pinter and Martin
- Wilson, J.A. And E. Chivers Yochim (2017) *Mothering through precarity. Women's work and digital media*. London: Duke University Press.
- Witkowska, K. (2009) Karmienie Piersia w Ustawodawstwie Polskim [Breastfeeding in Polish Legislation]. Warsaw: CNOL.
<http://www.kobiety.med.pl/cnol/images/cnol/Publikacje/wustawodawstwie.pdf>
- Włodkowska, K. (2016) Precedensowy proces. Chciała nakarmić dziecko piersią, kelner poprosił, by wyszła do toalety [Precedent trial. She wanted to feed the baby, the waiter asked her to go to the toilet]. *Gazeta Wyborcza Trojmiasto*.
<http://trojmiasto.wyborcza.pl/trojmiasto/1,35636,20494253,precedensowy-proces-chciala-nakarmic-dziecko-piersia-kelner.html>
- Wolf, J. B. (2007) Is Breast really Best? Risk and Total Motherhood in the National Breastfeeding Awareness Campaign. *Journal of Health Politics, Policy and Law* 32(4): 595-636
- Wolf, J.B. (2011) *Is Breast Best? Taking on the Breastfeeding Experts and the New High Stakes of Motherhood*. New York, NY: NYU Press
- Wolf, J.H. (2001). Don't Kill Your Baby: Public Health and the Decline of Breastfeeding in the 19th and 20th Centuries.
https://www.researchgate.net/publication/260363155_Don%27t_Kill_Your_Baby_Public_Health_and_the_Decline_of_Breastfeeding_in_the_19th_and_20th_Centuries
- Wolf, J.H. (2006) What Feminists Can Do for Breastfeeding and What Breastfeeding Can Do for Feminists. *Signs: Journal of Women in Culture and Society* 31(2): 397-424

- Woodward, K. (2002) Motherhood: Identities, Meanings and Myths. In: K. Woodward (ed) *Identity and Difference*. London: Sage. 239-85.
- Yalom, M. (1998) *A History of the Breast*. London: Pandora Press.
- Yate, Z. M. (2017). A Qualitative Study on Negative Emotions Triggered by Breastfeeding; Describing the Phenomenon of Breastfeeding/Nursing Aversion and Agitation in Breastfeeding Mothers. *Iranian Journal of Nursing and Midwifery Research*, 22(6), 449–454. http://doi.org/10.4103/ijnmr.IJNMR_235_16
- Young, C. (2016) *Why Breastfeeding Matters*. London: Pinter & Martin.
- Young, I.M. (1998) Breasted Experience: The Look and the Feeling. In: R. Weitz (ed.) *The Politics of Women's Bodies: Sexuality, Appearance and Behaviour*. Oxford: OUP. 125-136.
- Youngs, G. (2001). Theoretical reflections on networking in practice: The case of the women on the net. In: E. Green & A. Adam (eds.) *Virtual gender: Technology, consumption and identity*. London: Routledge. 84–99.
- Zagórecka, E., J. Piotrowska-Jastrzębska (2007) Żywnienie niemowląt – wybrane aspekty [Infant feeding – chosen aspects]. *Pediatrics Polska* 82(7):559-566. DOI 10.1016/S0031-3939(07)70372-4
- Załęski, P.S. (2012) *Neoliberalizm i społeczeństwo obywatelskie* [Neoliberalism and Civil Society]. Toruń: Wydawnictwo Naukowe Uniwersytetu Mikołaja Kopernika.
- WTF4Photography (2012) Bristol Mother Suckers (photo) <http://www.wtf4photography.com/bristol-mother-suckers-event-photography-bristol/>
- Zdrojewska-Żywiecka, A. (2012) Terror laktacyjny versus nagonka butelkowa. O konfliktach między kobietami w zakresie praktyk macierzyństwa [Lactation terrorism versus bottle pushing. On the conflicts between women regarding maternity practices]. In: R.E. Hryciuk, & E. Korolczuk *Pożegnanie z Matką Polką?* [Farewell to Mother Pole]. Warsaw: University of Warsaw Press. 125-146

Zolnowska, J. (nd) Praktyki szpitalne - bariera nie do pokonania? [Hospital Practices - an insurmountable barrier?]. Warsaw: CNOL
http://www.kobiety.med.pl/cnol/images/cnol/Publikacje/Praktyki%20szpitalne_Zolnowska.pdf

Zuk, P. (2010) Introduction. The ignored reality - problems with perceiving social inequalities in the times of real capitalism (in English). In: P. Zuk (ed.) *Podziały klasowe i nierówności społeczne. Refleksje socjologiczne po dwóch dekadach realnego kapitalizmu w Polsce* [Class divisions and social inequities. Sociological reflections after two decades of real capitalism in Poland]. Warszawa: Oficyna Naukowa. 15-22

Zulczyk, J. (2016) 'A mnie tam nie przeszkadza' (facebook post).
<http://www.facebook.com/jakub.zulczyk/posts/1068771549879107>