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ORIGINAL PAPER

Managing The Lactating Body: The Breast-Feeding Project and Privileged Motherhood

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Abstract Drawing on interviews with twenty-five mostly white, educated, work-force experienced and class-privileged mothers, this paper explores how these women construct the lactating body as a carefully managed site and breast-feeding as a project—a task to be researched, planned, implemented, and assessed, with reliance on expert knowledge, professional advice, and consumption. The framing of breast-feeding as a project contrasts with the emphases on pleasure, embodied subjectivity, relationality, and empowerment that characterizes much of the recent breast-feeding literature across the humanities and social sciences. I argue that the project frame sheds light on the amount of work and self-discipline involved in compliance with broader middle-class mothering standards set in the consumerist, technological, medicalized, and professionalized contexts that shape parenting in late capitalist America.

Keywords Breast-feeding · Mothering · Parenting experts · Body management · Medicalization

> It's admirable that mothers are willing to do whatever it takes to keep their children as healthy as possible, and breast-feeding is a great gift to the child. The issue is when it gets stuck in the arena of these high-achieving women having gotten an A + at everything in their lives and they're treating breast-feeding in the same way. [Lisa, a mothers' group moderator who serves a predominantly educated, middle-class clientele].

Recent research on mothering in the United States points to the consumerist, technological, medicalized, and professionalized contexts that shape contemporary parenting, and mothering in particular (Hays, 1996; Hochschild, 2003; Lareau, 2003; Pugh, 2005; Rapp, 1999; Taylor, Layne, & Wozniak, 2004). Hays (1996) argues that these contexts produce an ideology of intensive mothering—a gendered model that advises mothers to expend a tremendous amount of time, energy, and money in raising their children. Hays and others also suggest

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that in this context parents, and especially middle and upper class parents, tend to rely on expert advice in making child-rearing decisions (Hays, 1996; Lareau, 2003; Martin, 2005).

Critics point out that expert advice is gendered (Hochschild, 1994), speaks down to mothers (Apple, 1987; Hays, 1996; Hulbert, 2003; Litt, 2000), reproduces traditional gendered socialization (Martin, 2005), and sets standards of middle-class mothering that render many women as "bad mothers" (Blum, 1999; Ladd-Taylor & Umansky, 1998). Recent studies have shown that these standards contribute to the reproduction of racialized, ethnic, and class privileges (Hays, 1996; Ladd-Taylor & Umansky, 1998; Lareau, 2003; Pugh, 2005). However, while several researchers recognize that compliance with middle-class mothering standards is a laborious task (Hays, 1996; Lareau, 2003), few studies examine the tremendous amount of invisible labor (DeVault, 1991) and self-discipline involved in *compliance* with dominant mothering standards from the perspective of those deemed as "good mothers."

This paper seeks to fill this gap by focusing on one aspect of mothering that has only recently come under expert surveillance—breast-feeding. Drawing on interviews with educated, work-force experienced and class-privileged first-time mothers, I explore how this group of women responds to a regime of professionalized motherhood and navigates breast-feeding within the commercialized, medicalized, and bio-medicalized contexts that define breast-feeding at the turn of the twenty-first century (Bartlett, 2005; Blum, 1999; Carter, 1995; Hausman, 2003). How do they respond to a pervasive mothering standard defined by the number of ounces of breast milk a mother produces per day? Analyzing how they prepare for breast-feeding, the advice they seek, and the gadgets they purchase, I show that as they attempt to meet this standard, these women produce the lactating body as a carefully managed site, and breast-feeding as a "project"—a task to be researched, planned, implemented, and constantly assessed. Analysis of the breast-feeding project thus explores the burdens of mothering in late capitalist America and contributes to the literature on the enormous invisible labor contemporary mothering projects entail.

This framing of breast-feeding as a mothering project contrasts with the emphases on pleasure, embodied subjectivity, relationality, and empowerment that characterize much of the breast-feeding literature across the humanities and social sciences (Bartlett, 2005; Baumslag & Michels, 1995; Dykes, 2005; Hausman, 2003; the November 2004 issue of *Australian Feminist Studies*). I argue that these emphases do not sufficiently attend to contemporary breast-feeding *realities*. While notions of pleasure, relationality, and empowerment were prevalent in the narratives I collected, I found that the project frame dominated the narratives of women who simultaneously talked about breast-feeding as a pleasurable experience. I diverge here from Schmied and Lupton (2001) who *contrast* pleasure and intimacy with a competing frame of breast-feeding as a difficult, unpleasant, and disruptive experience. This paper is the first to underscore the construction of breast-feeding as a middle-class mothering project. Rather than criticizing this construction, I argue that by framing breast-feeding as a project, these middle-class mothers are able to access an otherwise potentially threatening, alien, or unintelligible embodied practice.

The breast-feeding project

While *infant* feeding has been subject to expert and medicalized control for decades, breast-feeding was largely left unregulated by experts who deemed this method of feeding inferior to scientific formula (Apple, 1987; Fildes, 1986). As physicians promoted "formula" as the modern, responsible, scientific, and "American" way of feeding babies starting in the 1950s, and legions of mothers were diagnosed with "insufficient milk syndrome"—a product

of erroneous breast-feeding advice dispensed to mothers (Apple, 1987; Carter, 1995)—mothers who persevered enjoyed a relatively expert-free cultural space (the description of breast-feeding as a counter-hegemonic, natural, symbiotic, and simple practice in the 1973 version of *Our Bodies Ourselves* is instructive).

This has changed with the confluence of studies that establish the benefits of lactation, breast-feeding and breast milk to mothers, infants, and entire populations (AAP, 1997), with feminist, anti-corporate, and maternalist breast-feeding advocates' efforts to increase breast-feeding rates (Palmer, 1988; Van Esterik, 1989). Starting in the 1990s, public health campaigns have begun to tout breast milk as "liquid gold," vital for the health, intelligence, and emotional well-being of infants (see policy statements and calls for action of the American Academy of Pediatrics, 1997, 2005; the Department of Health's 2000 Blueprint for Action on Breastfeeding; WHO, 2002 Global Strategy on Infant Feeding; for analyses of these campaigns sees Kukla, 2006). These campaigns promote breast-feeding as a natural, medically informed, rational, and responsible parenting choice. Supporting these campaigns, parenting books and magazines offer mothers expert advice as to why they should breastfeed ("Why Breast is Best"; "The Secret to Quick Weight Loss"; "Avoid Ear Infections") and how (exclusively and "on demand," in response to the infants' needs rather than according to a pre-set feeding schedule; Huggings, 1995; Sears & Sears, 1993). The "good mother," as she emerges from these public campaigns and expert advice, is a woman who practices exclusive breast-feeding during her infant's first year of life. To achieve exclusivity, a woman must supply *all* of her infant's nourishment needs until the age of six months, a period during which supplementation of any kind is discouraged, and all of her infants' milk requirements during at least the first year. In 2003, 18% of American mothers met the first goal, and 11% met the second (Ross Mothers Survey, 2003).[1]

These figures represent a dramatic increase over breast-feeding rates just two decades earlier. In the United States, the percentage of women who initiate breast-feeding has risen from 51.5% in 1990 to 69.5% within a decade (Ryan, Wenjun, & Acosta, 2002). However, maternal breast-feeding, once associated with poor, immigrant, and unsophisticated mothers (Apple, 1987; Carter, 1995), has become a marker of privileged motherhood: white, middle-class, educated, heterosexually partnered, and older mothers are more likely to initiate breast-feeding, continue breast-feeding beyond the first few days, and achieve exclusivity (Ahluwalia, Morrow, Hsia, & Grummer-Strawn, 2003; Ryan et al., 2002). Given that breast-feeding experts advise that breast-feeding success hinges on mothers' access to adequate nourishment, rest, and a relaxing environment (Huggings, 1995; Sears & Sears, 1993), these disparities are hardly surprising. Responding to these statistics, public health researchers and activists attempt to increase breast-feeding rates among other populations through a variety of interventions (most issues of *The Journal of Human Lactation* include descriptions of such case studies).

These demographic shifts have been accompanied by changes in the social organization of breast-feeding. Notably, a new profession—lactation consulting—emerged in the mid-1980s as a professional alternative to the free breast-feeding advice offered by La Leche League, a non-profit breast-feeding support and advocacy organization (on La Leche League see Gorham & Andrews, 1990; Ward, 2000). Working within a clinical frame, this profession boasts formal training and certification procedures, a vibrant professional association, the International Lactation Consultant Association (ILCA),[2] yearly conferences, and a peer

[1] The notion of exclusivity itself is a relatively new construction (Law, 2000; Maher, 1992).

[2] Although the ILCA was formed by La Leche League, it quickly an became independent organization.

reviewed journal, *The Journal of Human Lactation* (Bailey, 2005; Spangler, 2000). In addition, breast-feeding is supported by a vast market of goods and services, including lactation classes and books, nursing clothes, bras, pillows, chairs, and breast pumps and related paraphernalia. Numerous websites also provide breast-feeding advice, support, and merchandise.

To researchers conversant in the social history of reproduction and mothering and in theories of bodily disciplinary practices, the emergence of medicalized, expert, disciplinary, and consumerist regimes that govern yet another aspect of the female reproductive body sounds all too familiar. Such regimes govern other realms of health and reproduction (Clarke, Mamo, Fishman, Shim, & Fosket, 2003; Davis-Floyd, 1992, 2004; Martin, 1992; Rapp, 1999), appearance (Bartky, 1988; Bordo, 1993; Dworkin & Wachs, 2004; Gimlin, 2002), and parenting (Ladd-Taylor & Umansky, 1998; Litt, 2000). Yet, the breast-feeding literature remains largely decontextualized from these discussions. Although ethnographic studies consistently point to the insecurities, ambivalences, and chaos associated with breast-feeding (Balsamo, Mari, Maher, & Serini, 1992; Blum, 1999; Dykes, 2005; Schmied & Lupton, 2001), most of the breast-feeding literature continues to frame breast-feeding as an embodied, feminist-maternalist, woman-empowering, and postmodern response to medicalized, corporate, and gendered regimes (Bartlett, 2005; Baumslag & Michels, 1995; Dykes, 2005; Giles, 2003 are representative examples; the few exceptions include Blum, 1999; Carter, 1995; Law, 2000; Schmied & Lupton, 2001). Missing in this literature is an appreciation for the realities of breast-feeding at the crossroads of disciplinary, expert, and consumerist regimes that render this practice equally disposed to their governance as its medicalized, scientific alternative—the bottle and formula.

More contextualized analyses demonstrate that breast-feeding practices and trends are products of political and cultural dialogues about capitalism, sexuality, race, and gender (Bartlett, 2005; Blum, 1999). Blum examined breast-feeding among three groups of women: white, middle-class mothers associated with La Leche League, who view breast-feeding as a challenge to the mechanistic, authoritative model of medical science, working-class white women, and working-class black women. Noting the medicalized context that characterizes breast-feeding in the United States, Blum argues that breast-feeding has come to define a measure of the good mother. Of the three groups, Blum found that only white middle-class women lived up to the measure of the good mother who breast-feeds her child. White working-class women were largely unable to live up to the demands of this image, due to cultural and structural barriers that thwarted their breast-feeding efforts. In contrast, she found that working-class African-American mothers were *unwilling* to draw on what they perceived as racially marked discourses and images.

Blum suggests that the commercialization and medicalization of breast-feeding give rise to a dominant trope—the "breast-feeding wage-earning Supermom, who is . . . endlessly self-disciplining . . . affluent, thin and toned, white"—the yardstick against which other women are measured (1999, p. 183). She also suggests a conceptual link between disciplinary regimes that govern bodily projects and disciplinary regimes that govern maternal projects. Yet, Blum stands almost alone. As in the broader literature on mothering that pays little attention to the labor involved in complying with dominant standards, few studies examine the strategies women employ to meet contemporary breast-feeding standards, and the price of compliance with such standards. Given the rich literature that examines the confluence of bio-medicalized, consumptive, commercialized, professionalized, and disciplinary regimes that govern embodied practices pertaining to the achievement of the beautiful, healthy, fit, sexual, thin, or reproductive body, this omission is surprising.

It is precisely this conceptual space that this paper occupies. With Blum, I view breast-feeding as both an embodied and mothering project: the lactating body simultaneously

involves the feminine body, the maternal body, and the achievement of a standard of good mothering that happens to be measured in ounces produced per day. Like Blum, I note the conceptual linkages between mothering projects and bodily projects that render the lactating body as a site of self-assessment and management. However, whereas Blum identifies the dominant trope but focuses on mothers who either challenge or fail to live up to this image, my study focuses on women who embody this trope. In this endeavor, I bring Blum's work in conversation with Rapp's (1999) argument that middle-class women are simultaneously served and controlled by expert and bio-medicalized regimes, and that their reproductive decisions are products of a scientific literacy that renders "living by the numbers" a cultural accomplishment which they experience and practice in all aspects of life.

Extending Blum's and Rapp's logics, I place breast-feeding at the crossroads of disciplinary, expert, and consumerist regimes. Other studies have established the consumerist, technological, and medicalized contexts that shape mothering in late capitalist America (Hays, 1996; Hochschild, 2003; Lareau, 2003; Rapp, 1999; Taylor et al., 2004) and produce "intensive mothering" as the dominant parenting ideology and childhoods as sites of extensive production (Hays, 1996; Lareau, 2003). While this literature suggests that contemporary motherhood, at least for privileged women, is as an anxiety-producing enterprise—resulting in what one commentator calls "perfect madness" (Warner, 2005), and I call mothering projects that entail self assessment and surveillance, few studies explore the realities of this "madness" and the amount of labor involved in compliance with dominant mothering standards. In what follows I examine the enormous work involved in meeting one contemporary mothering standard and trace the anxieties lactation experts and the breast-feeding market generate. While the breast-feeding practices of the privileged women this paper examines is not representative of the general population of American mothers, their attempts to meet the breast-feeding "gold standard" is instructive of the amount of labor involved in meeting other dominant mothering standards such as feeding one's family (DeVault, 1991) and cultivating one's children through enrollment in activities (Lareau, 2003) and the purchase of toys (Pugh, 2005), and the anxiety, stress, and resentment that accompany these attempts.

Methods

This study is based on interviews with twenty-five first time, educated, work-force-experienced, and class-privileged mothers in several locations around the San Francisco Bay Area in 1999–2000. I recruited half of the subjects through a local virtual parents' organization;[3] other subjects were recruited using a snowball technique that began with personal acquaintances, a mothers' group moderator, and a lactation consultant; I also interviewed the latter two as informants.

The focus on privileged women was motivated by data suggesting persistent racial, ethnic, and class disparities in breast-feeding practices; "successful" breast-feeding, measured in terms of initiation rates, duration, and exclusivity, is associated with middle-class status, white ethnicity, education, and marriage (Ryan, 1997). I was interested in the experiences of women who from a statistical perspective were at least partially successful breast-feeders,

[3] The network, *parents.berkeley.edu*, is an anonymous on-line forum, in the form of several weekly newsletters; membership is free. When I posted a call for volunteers the network had around 5,000 subscribers, the vast majority of whom reside in the San-Francisco Bay Area. I have no information on the demographics of the membership. Anecdotal evidence, from people's introductions when they join, through the types of advice sought and dispensed, to daily access to the internet, suggests a culturally and economically privileged group.

and who supposedly embody the dominant representational trope one encounters in parenting magazines.

At the time of my interviews, most of the women in my sample were in their thirties; they ranged in age from twenty-five to forty-one. Twenty are white, one is East-Indian, two are Latina, and two are mixed-race (Asian/white). About one-half are native to the Bay Area or had local extended family support. All but one were in heterosexual marriages; one was a lesbian single mother who otherwise shared the group's educational and professional cultural capital. All are college graduates, and almost half hold professional or graduate degrees. Before giving birth, they pursued careers in white-collar professions, such as law, medicine, accounting, engineering, management, nursing, and teaching. Many of this group who returned to paid employment negotiated part-time arrangements, and attempted to provide their babies with breast milk by pumping their breasts at work, with varying degrees of success (I discuss the tremendous amount of labor involved in pumping and the toll this mothering project takes on this group of women in Avishai, 2004). One-third decided not to return to paid employment, though all but one planned to join the paid workforce in the future. The babies' ages ranged from six months to two years. Interviews lasted between two and three hours and were loosely structured, recorded, and transcribed in full. Interview topics included pregnancy and birth experiences, childrearing ideologies, the breast-feeding decision process, breast-feeding and pumping practices, women's sources of breast-feeding information and advice, women's assessment of the market of goods and services which support breast-feeding and the extent to which they drew on this market, spousal and other support systems, perception of the maternal body, and maternal enjoyment of breast-feeding. Most of the women I interviewed were eager to tell their breast-feeding stories in detail. Women who experienced severe difficulties or felt that they had failed to meet the "good mothering" standard, signified by a termination of breast-feeding short of the one-year mark or by their inability to produce sufficient amounts of milk were both anxious about their failures and grateful for an opportunity to discuss the topic.

Melanie's breast-feeding story

Melanie, a 32-year-old stay-at-home mother, is an avid breast-feeding advocate. A self-described feminist, with a graduate degree in public health and a background in women's studies, she "never considered doing it any other way." She had always thought of breast-feeding as a "spiritual journey" and a "rich womanly experience." She imagined breast-feeding would be "magical and romantic." She was certain that breast-feeding would be easy, natural, and intuitive.

Her reality was dramatically different. Her daughter was difficult to nurse, and Melanie could never quite read her signals. She was unable to nurse as casually and intuitively as she had imagined, and was baffled by the "mechanics" of breast-feeding that ceremoniously involved arranging her body and her baby "just so" on the couch numerous times a day, and by the clock permanently lodged in the back of her head that regimented her feeding schedule and undermined her attempt to breast-feed "on demand." Though by her own judgment she did not experience any "real difficulties," in the sense that she was not beleaguered by some of the common breast-feeding impediments such as cracked nipples, engorgement, or mastisis (breast infection), Melanie nonetheless met with a lactation consultant when her daughter was 8 weeks old, to ease her insecurities about the breast milk she could not see. In addition, "the books"—as she referred to breast-feeding experts—frustrated her, because "they made

breast-feeding seem so easy." To her dismay, she discovered that breast-feeding became a "production."

Melanie remained fascinated with the female body, and was amazed by the ability of her body, a "food machine," to feed her daughter and make her grow. However, at six months, she was deeply disillusioned about breast-feeding:

> I thought I would find breast-feeding more fulfilling, relaxing, positive, I thought I would like it more. It's at zero almost. I don't dislike it but I wonder if I'll look back on this as a rich bonding period or a rich womanly experience. I'm ambivalent. I suppose if the process was easier it would have been better. But I have a feeling it's the reality of it . . . .

Melanie's reality entailed constant interruption of other activities, her transformation from a thinking human being into a "food machine," and a dialogue with "the books." Thus, although she believed that breast-feeding should be spiritual and empowering, this was not her experience. Like many other women I interviewed, Melanie negotiated between what she termed a "romantic" notion of breast-feeding, and her reality in a cultural context that affords an array of breast-feeding related gadgets and services, including experts who emphasize breast milk quantities. As she described her preparations for breast-feeding, her goals, the advice she sought, and the gadgets she purchased, Melanie conveyed that far from the romantic experience she had anticipated, breast-feeding for women like her is a project.

The breast-feeding project

Consulting the books and asking the experts

Without exception, the women in my study subscribed to the "breast is best" axiom (for similar findings in Britain and Australia, respectively, see Murphy, 2000; Schmied & Lupton, 2001). "Breast-feeding wasn't much of a decision," one interviewee put it, because "breast-feeding is everywhere. At the OB's office. At the pediatrician's office. In the books, in the magazines. Everyone breastfeeds." However, the effortless decision to breast-feed, for most of the women I interviewed, marked the beginning of a long, laborious, and demanding process.

In her study of pregnancy and childbirth, Davis-Floyd (1992) found that middle-class women control, plan, and manage their pregnancies as actively as they manage their careers. They seek primarily scientific knowledge about medical birth, reject embodiment in favor of technology, trust intellectual rather than emotional knowledge, and extend reliance on experts from other realms of their lives to pregnancy and childbirth (see Lareau, 2003; Rapp, 1999 for similar patterns in other parenting realms). I found similar processes at work with regards to breast-feeding. While the women I interviewed knew that their bodies were "equipped" to breast-feed, many approached breast-feeding with awe: "Is this going to work?" "Is it supposed to be so painful?" "Am I producing enough milk for him?" "Is she gaining enough weight?" (Dykes, 2005 points to similar anxieties among British women). They did not expect breast-feeding to just happen, nor did they trust their bodies to know intuitively what to do. Breast-feeding was an art to be learned and mastered, as well as a science based on expert skill and knowledge.

Diane, a 30-year-old engineer turned stay-at-home mom, was most fastidious in her preparation. Though she remarked that "you didn't need to know much," in her interview

she referred to over a dozen childbirth, breast-feeding, and childrearing books; she also took pre- and postnatal breast-feeding classes, and met with a lactation consultant. She explained that she researched breast-feeding thoroughly, because she "really needed to know." In contrast, Lara, a 34-year-old administrative assistant who thought that little preparation was necessary, lamented retrospectively:

> I did no research on breast-feeding. I wish I had. I assumed I knew how to breast-feed. What's there to it? The baby sucks on your breasts. But I had such a hard time in the first few months that I wish I'd known how to breast-feed.

Experiences like Lara's—difficult breast-feeding, sore nipples, insufficient weight-gain—circulate among expectant mothers through books, classes, doctors' offices, websites, and informal networks, serving as cautionary tales which underscore the importance of adequate preparation. Accordingly, the women I interviewed were proactive. Starting early in their pregnancies, most women sought some information about breast-feeding. The books most consistently mentioned—*The Nursing Mothers' Companion* (Huggings, 1995), *The Baby Book* (Sears & Sears, 1993), and the *What to Expect Series* (Eisenberg, Murkoff, & Hathaway, 1996)—as well as the popular *Parenting Magazine*, are of the "how to" genre. This finding is particularly significant since the women I interviewed reside in the San-Francisco Bay Area, where alternatives to expert and scientific approaches to the "taming" of nature are abundant. Only Nora—a lesbian single mother and labor activist—did not read these books. In addition, while almost half of the women in my sample read *Mothering*—the "natural family living magazine that celebrates the experience of parenthood" (www.mothering.com), most thought that *Mothering* was too radical, or, in Angela's terms, too "crunchy-granola." Though she found it occasionally useful, Angela—a high-powered 35-year-old part-time management consultant—felt that the lifestyle which *Mothering* promoted did not fit hers. She felt that its messages were dogmatic and occasionally oppressive "if you don't share their natural tendencies" (see Bobel, 2002 on the oppressive potential of natural mothering ideologies).

Reading did not satisfy the quest for knowledge, and almost all the women in my sample sought hands-on training in the form of breast-feeding preparation classes; two also met privately with a lactation consultant prenatally, *anticipating* difficulties. In these classes, offered as stand-alone classes or as part of a birth preparation series, mothers-to-be and their partners learn breast-feeding techniques and practice with life-size dolls. Ana, a 38-year-old interior designer explained how the hands-on experience alleviated her anxieties about the unknowns associated with the lactating body:

> I read books but it was nice to practice with a doll . . . . The class affirmed what I was seeing in the books. When you read something and then actually take action and implement it, that's a little different. The reality compared to what you're doing in class is not close, but it's a lot better than nothing.

Angela attributed her successful management of the threatening lactating body to the careful attention she paid to a pre-natal breast-feeding class she attended with her husband to "learn the technique." Although reluctant at first, her husband acknowledged that joining her was a "wise decision":

> Even though he wasn't involved in actually breast-feeding, it was extremely helpful in the beginning. I was extremely nervous, thinking, 'I am not going to get sore, I do not want to get sore.' I heard numerous stories from my girlfriends, how they were sore, how they were cracked, and stopped. I was so determined, 'I want the proper latch

> on.' That's the key, I heard. So I would start, and my husband would give directions: 'no, you're a little high, you probably want to do this direction.' That was extremely useful.

The quest for expert knowledge was more pronounced after childbirth, when many women felt insecure about breast-feeding techniques and breast milk production, or, in some cases, encountered significant difficulties. Most did not mobilize social networks as they negotiated their anxieties and difficulties (many accepted general advice from friends, but not hands-on instruction). In addition, most of these women could not expect practical advice or information about breast-feeding from older kin. As a result of the social history of breast-feeding in the United States, social, cultural, and practical knowledge about breast-feeding has been lost over the past two generations (Gorham & Andrews, 1990), eradicating older female kin as a resource for new mothers; geographical and emotional distance between family members exacerbates this process. In my sample, few of the interviewees' mothers or mothers-in-law had had much experience with breast-feeding. These older women became mothers in a cultural climate that promoted formula, and many of them had been diagnosed with "insufficient milk syndrome." Many of them were critical of their daughters' or daughters' in law breast-feeding, and some baulked at the sight of breast-feeding "in public" (which, in many cases, referred to breast-feeding in front of family members at home!), and criticized the practice of breast-feeding "older" babies. In this social setting, an expert—the lactation consultant—fills the gap in knowledge and expertise.

Almost half of the women I interviewed had met with a lactation consultant at least once. While lay lactation experts, associated with La Leche League (LLL), have served American women since the 1950s, certified lactation consultants, who are health professionals, are a recent phenomenon. The women in my sample considered these experts more professional than LLL volunteers, and preferred to pay rather than utilize LLL's free assistance (visits cost between $50–$100; some insurance companies partially cover the cost). In addition, many women associated LLL with radicalism or conservatism, both unappealing. Significantly, by their own accounts, only four women turned to these experts for assistance with conditions that the medical profession defines as potentially dangerous conditions that require professional intervention, such as poor infant weight gain, unbearable soreness, or infected nipples. The others primarily sought a professional stamp of approval or "emotional support." Diane, who breast-fed with ease, and had a clear sense that her daughter was "doing fine," nevertheless sought "objective" reassurance from a lactation consultant—a reassurance that the books and her "rational brain" were unable to provide. In Melanie's case, the lactation consultant relieved anxieties about the milk she could not see:

> I went twice to [a local lactation consultant]. When you're desperate, it's the obvious choice; it's like calling Jiffy Lube. I needed someone who knew a lot about breast-feeding to watch her breast-feed and say, 'yes, you're breast-feeding, it's working, she's doing fine, don't worry so much.'

Such insecurity points to a gap between a rational understanding of the body as a "feeding machine" and an intuitive trust in lactating bodies—a trust that many women lacked until they noticed changes in their baby's weight or behavior, or a lactation professional convinced them that breast-feeding was indeed "working." As in the case of prenatal preparation, the aggregate message is that professional, quasi-scientific expertise is requisite in order to realize a "natural" process—*for those who can afford it*.

Undoubtedly, lactation consultants are a vital resource for some breast-feeding mothers. Without their expert knowledge and practical advice, women who face painful or potentially

life-threatening conditions, such as poor infant weight gain, would probably discontinue breast-feeding. Perceiving of the mother-infant *unit* as a patient, and armed with clinical experience coupled with holistic and scientific approaches to lactation, these experts are better positioned to assist breast-feeding mothers than either pediatricians or obstetricians (these medical professionals routinely refer their patients to lactation consultants). They teach women tricks of a newly rediscovered trade, and diagnose and treat a range of breast-feeding related conditions. At the same time, these certified and paid professionals contribute to the construction of breast-feeding as a middle-class mothering project. Below I discuss how the "workout plans" that they devise for their clients directly construct breast-feeding as a project and the lactating body as a disciplined site. I emphasize here that the expert-client relationship facilitated by the market and heavily invested in modern science is indicative of the overlapping expert, medicalized, and consumerist regimes that characterize breast-feeding in contemporary America.

Setting goals and assessing the product

In addition to hiring lactation consultants, the women I interviewed deployed two other strategies to discipline their lactating bodies: they set goals and strove to manage uncooperative lactating bodies. Both strategies emphasize the product, breast *milk*, over the process, breast-*feeding*.

The women I interviewed established breast-feeding targets, stated in terms of duration and quantities to be produced, and sought to avoid commercial formula during their babies' first year of life, in accordance with the American Academy of Pediatrics' then-recent recommendation concerning exclusive breast-feeding (1997). Once the goal was established, these women engaged in constant evaluation of their "success." Employing the terms "supply" and "demand," they reported how much their infants drank each day and how this quantity measured against the amounts they were able to produce and/or pump (see Dykes, 2005 for similar imagery among British women). Though more pronounced amongst women who pumped their breasts at work (Avishai, 2004), the emphasis on "making it" to the one-year mark without introducing breast milk alternatives, and the focus on quantities produced and pumped, was shared by most interviewees.

Consequently, while a handful viewed formula as liberation from full-time motherhood, formula-feeding generated almost universal anxieties. Janine apologized to her baby when she first offered her a bottle of formula. Denise proudly reported that her son had "negligible amounts of formula in his first six months of life." Bridgett viewed formula as junk food—"it's like feeding your baby potato chips." Leslie, who suffers from severe migraines and occasionally could not nurse her daughter until her medication cleared out of her system, "kept a backlog of milk in the freezer." Like other women who were concerned about their emergency "stash," she felt nervous if she "had fewer than eight 4-ounce bottles in the freezer. Because then what would I feed her?"

The emphasis on exclusivity thus resulted in constant monitoring and assessment of "production" levels and the "stash in the fridge," and took a toll on most of the women I interviewed. Many stay-at-home mothers grappled with the "24/7 duty" entailed by their commitment to exclusivity, and resented the time spent at the pump (many stay-at-home mothers pumped for emergencies, occasional breaks, and to mix with solid foods). They often experienced exclusivity as emotionally straining, and several were concerned that exclusivity would set in motion a long-term family dynamic that renders the mother as the primary caregiver. For mothers who worked outside of their homes and were separated from their babies for several hours at a time, exclusivity entailed long hours of pumping at the

work place, rendering exclusivity a physically draining enterprise. (Most of the working mothers failed to pump sufficient amounts of milk, and their babies' first birthday signified liberation from the universally disliked pumping; I discuss pumping at length in Avishai, 2004).

Many mothers remarked that exclusivity was irrational, ridiculous and unreasonable—I was told repeatedly that "formula-fed babies do just fine." Some, especially those interviewed retrospectively, anticipated they would be more lenient with their second child. Yet, within the context of breast-feeding as a middle-class mothering project, exclusivity makes rational sense: as goal-attaining individuals, these women were determined to meet a target, which happened to be stated in terms of ounces produced per day over a certain period of time. For these success-oriented, high-achieving women, a breast-feeding goal was no different than an educational, professional, or athletic goal. Accordingly, many mothers attributed "success" to their mindsets and go-getter attitudes; "failures" damaged their egos. Denise, a 35-year-old research scientist reflected on a year of pumping at work that left her "drained":

> I decided I was going to do it, so by god I was going to do it—supply all her milk. I wanted to do it for a year. That was my goal. That's the way I attack things. I won't take on anything I don't do 100%. And this was just an extension of that. So, I got to my goal and passed out.

Jennifer echoed these sentiments:

> We didn't supplement with formula until she was eight months old. I got the flu and it screwed up my production. I was bummed. It's irrational, but I felt like I failed. There was the ego thing. 'Oh look what I can do.' And I couldn't do it anymore [Jennifer].

Though she failed at exclusivity, Jennifer continued to spend an hour-and-a-half of her nine-hour workday as an accountant at the pump until she reached the one-year mark. She explained that pumping became "like running a marathon. You just seem so close, why stop now? Then you can say, 'I did it for a year!' as opposed to wimping out at eight months. I probably would have felt like I failed."

Margaret, another working mother, did feel like a failure. Fighting an uphill battle to produce sufficient amounts of milk at the pump, and faced with a widening gap between supply and demand, Margaret described how she "worked" on her breast milk production by increasing her food intake, adding late-night and early morning pumping sessions to her routine, and purchasing herbal supplements. The next section turns to these and other strategies women employed to manage their lactating bodies.

Increasing production: Managing the (uncooperative) lactating body

In accordance with the breast-feeding goals they had set, the women I interviewed monitored their breast milk production. Melanie, a stay-at-home mother who pumped very little, was nevertheless anxious about her milk production. She traced her anxieties to lactation experts' emphasis on "numbers":

> If anything, the books made me upset. *The Nursing Mother's Companion* made me particularly unhappy. It has this table on calculating how much your baby should be eating. It always freaked me out, because I just never seem to be producing that much. I don't read it anymore. Part of me realized, 'why am I worried about this book and these numbers, everything is OK on this end.' I feel it's best not to ask too many questions, just accept that it's a system that works. It's better that your breasts aren't clear.

Melanie did not accept her body as "a system that works." "Lacking" the one-ounce marks that characterize infant-feeding bottles, her breasts were a source of anxiety (Blum's, 1999 book cover provides a jarring illustration of the image Melanie alludes to: a woman with one-ounce marks on her bare breasts[4]). For other women, concerns about "the numbers" bred ceaseless attempts to increase breast milk production and manage the uncooperative lactating body. Although this was especially characteristic of women who encountered difficulties, or women who pumped their breasts at work, I found that almost everyone engaged in some form of body assessment, management, and control.

Breast-feeding plans devised by lactation consultants to deal with poor infant weight gain or maternal pain represent an extreme form of body management. In some cases, lactation consultants merely provide clients with objective tools to assess milk production, easing anxieties about milk that mothers cannot see. Bridgett described the breast-feeding chart she filled out "religiously" after meeting with a lactation consultant, who taught her "to write down how many times I fed, what time of day, how many diapers, how long did I feed, left, right. If I had to pump, how much came out of the pump." These charts bear a resemblance to infant feeding charts favored by mid-twentieth century doctors.

Lactation consultants also help their clients work through physiological impediments. Realizing that her baby's weight gain was insufficient, Janine turned to a lactation consultant, who determined that her daughter was an "inefficient nurser," and devised a breast-feeding plan, which Janine compared with a workout program one gets at the gym. For several weeks, Janine was overwhelmed by the plan that had her "nurse her for 10 minutes, and then pump, and then give her whatever was left. Then we would supplement with formula." Heather's workout plan was more elaborate, and included a supplemental nursing system consisting of milk bottles that deliver formula through tubes attached to the nipples. This system teaches babies to nurse and "jumpstarts milk production," without jeopardizing the baby's health. This regimen demanded a tremendous amount of work:

> I would make formula, clean the apparatus, tape tube, have him latch on with the tube in the mouth. And it's hard, you keep having to adjust the apparatus. Then I would nurse for 15–20 min on each side, then pump again for 15 min, and clean. And by the time it was done, it was time to begin all over again.

These plans enabled Heather and Janine to supply their infants with some breast milk, though they were unable to achieve exclusivity. However, their partial success came at a hefty price, as they were left drained, tired, and upset about their failed bodies.

Though these are extreme cases, many interviewees had some qualms about their breast milk production which they attempted to increase, with varying degrees of success, by employing a variety of solutions, including drinking, eating, and sleeping sufficiently, and taking herbal supplements. Working mothers also added more pumping sessions and invested in a "workhorse" of a pump.

These multiple attempts to manage their uncooperative lactating bodies by "getting it right," (Angela) devising "workout plans" (Janine) and "working" on production, indicate that breast-feeding cannot be left up to "nature," indeed unmasking the fallacy of campaigns that depict breast-feeding as natural. Like pregnancy and childbirth, breast-feeding can—and sometimes must—be actively assessed, controlled, and managed. In addition, many women found that they must invest in "production facilities."

[4] I thank Linda Blum for pointing this out.

Investing in production facilities

> I got the Madella [breast pump], a Boppy [nursing pillow], and the glider [nursing rocking chair] (Eva, a thirty-year-old part-time corporate lawyer)

Though most of the women in this study suggested that breast milk is produced by their bodies "free of charge," and contrasted breast-feeding's "simplicity" with the "bagfuls of paraphernalia" associated with bottle feeding, many of them were immersed in breast-feeding-related consumption, reflecting broader consumption trends that characterize privileged parenthood (Hays, 1996; Lareau, 2003; Pugh, 2005; Taylor et al., 2004). Since the physiology of lactation assumes proper levels of nourishment and rest as well as maternal health—all stratified in the United States—the very construction of breast milk as "free" by mothers and lactation experts masks social inequalities (Blum, 1999; Law, 2000). In addition, unlike the white, middle-class women in Blum's (1999) and Bobel's (2002) studies, whose understanding of breast-feeding as "natural" entailed rejection of breast-feeding related objects and technologies, for the women I interviewed breast-feeding did not come cheap. Making use of an expanding market of nursing gear, gadgets, and accessories, they invested in nursing bras ($\sim$ \$40), nursing pads, breast pumps and related kits ($200-400), nursing pillows ($\sim$ \$40), and nursing chairs ($\sim$ \$200). Some purchased herbal supplements to enhance their milk supply or acquired breast-feeding outfits. Bridgett, who said she "didn't go into a lot of expenses," offered a list amounting to several hundred dollars:

> People think breast-feeding is natural. But you do have to expect [to spend money]. It's $150 to have the lactation consultant come to the hospital, and it's $50 for half-hour consultation. And the breast pump is like $200, and the nursing bras, and the lactation outfits are $30 each. I only have one . . . Oh, also, when we got home, I couldn't find the right chair in the house. We had an antique rocking chair, but the arms didn't work. So we bought the glider. And then the pillow . . . .

Margaret's story about "the chair" demonstrates the fetishized value that many of the women I interviewed placed on specialty objects. Although she attributed her initial nursing difficulties to a variety of factors, including the physical conditions in a cold bedroom and her husband's family's breast-feeding purism, she nevertheless associated the alleviation of her pain to a specialty glider she bought against her husbands wishes to replace a standard rocking chair:

> The chair I borrowed from a friend. And I'm tall, she's short. I didn't realize this until he was about four weeks old and I nursed him in another woman's rocking chair. I was like, 'it doesn't hurt! Is this what a chair could feel like?' Because here I am in a room that's too cold, with shrunken nipples, and a husband saying 'go breast-feeding, go breast-feeding, you know my mom is La Leche.' And my chair was too low! I thought: 'I've got to get one of those chairs. I don't care how much they cost'. . . . I got in the car, I was in tears. I drove out to [a baby store]. I walked in the door and I said: 'I want that chair, I want it now'. And the clerk said, 'well, we'll order it for you, it'll take . . .' 'No, I want the floor model'. And she said 'well, all right, what kind of car do you have?' 'Honda.' And she said 'it won't fit in your car, we'll have it delivered.' 'You take it apart, and put it in my car. Now!' She gets a screwdriver and takes the chair apart and puts it in the car. And I said 'how much is it'? And she checks the tag 'oh, this one is on sale.' 'Thank god! You could have charged me $5,000 for it, I would have paid it . . . .' Because I was distraught. I was getting two hours of sleep at a time at night. I got in the car and drove home, and started putting it together. Baby wakes up. 'I'm hungry, I'm

> hungry.' 'Can't you wait? The chair is almost finished.' 'Noooo, noooo' he says. So I'm sitting in the uncomfortable chair, thinking 'last time, last time, last time.' I finish the chair. 'Come on, let's eat.' Gary comes home and there are now two chairs in the room. 'Hi, guess what I did today.' And that really changed things. After that it stopped hurting.

Negotiating pleasure and project

Thus far, I have emphasized the project frame. However, it is important to emphasize that this frame does not capture the breadth of experiences conveyed by the women I interviewed. While this frame dominated their breast-feeding stories, I found that they negotiated this frame with, as Melanie put it, a "romantic image of breast-feeding that you would probably have if you didn't read anything." As haphazard newborn sleeping and feeding patterns gave way to more predictable schedules, and as painful breast-feeding gave way to a more pleasant experience, these women gained an appreciation for the nurturing and relational aspects of breast-feeding articulated by feminists (Bartlett, 2005; Giles, 2003; Young, 1990); they spoke about the pleasures of breast-feeding, indicated that they took pride and joy in their lactating bodies, and expressed sorrow at the impending end of the breast-feeding relationship

In a similar study conducted among Australian middle-class mothers, Schmied and Lupton (2001) contrast two breast-feeding frames: a pleasurable and intimate experience, and a difficult, unpleasant, and disruptive experience. They argue that women experience breast-feeding in one of these two distinct ways. In contrast, I found that the women I interviewed negotiated pleasure and intimacy with the project frame and the threats represented by the chaotic and potentially failing lactating body. In most of the narratives, as women spoke lovingly and longingly about their breast-feeding relationships with their infants and about their maternal bodies, admiration for the body was often infused with images of production, pointing to these women's deep ambivalences toward their lactating bodies as well as the prominence of workplace schemas in making sense of motherhood (Blair-Loy, 2003). Melanie was both amazed that her body was making her baby grow, and thought of herself as a "food machine;" Janine thought of her breasts as "containers." (see Dykes, 2005 for similar imagery among British women). Leslie reacted to her "humongous breasts" with awe as well as distress.

This duality was a painful realization for women like Melanie, who had a "romantic" image of breast-feeding and resented the regime of lactation experts. Kelly similarly reflected on the cultural prescriptions that shape breast-feeding and the accompanying market of goods, services, and experts with anger and confusion. A 35-year-old nurse who breast-fed with ease and embraced some "natural mothering" practices such as co-sleeping and home birth, yet attended a breast-feeding preparation class and expressed anxieties about her breast-feeding "technique," Kelly resented the message that scientific expertise is requisite to realize what she thought of as a "natural" process. Grasping that these messages shaped her own anxieties about breast-feeding, she remarked with sadness:

> I remember thinking breast-feeding is really hard. These classes make it sound so complicated. And in a way, it is in the beginning. I thought you put your baby to your breast and you go—which you probably could do and it would be fine. But going to these classes and reading all these books, it seemed like it was going to be very complicated. And I thought, 'people have been doing this for years and years, it can't be that difficult.' Why do we all of a sudden have these lactation consultants and all this stuff?

Conclusion

Why do we have lactation consultants, books, and classes? Why did Melanie experience breast-feeding as a production? Why is it inconceivable for Kelly and Lara to put a baby to their breasts and just go?

I suggest that the answer lays in the contexts that shape the breast-feeding realities of these class privileged women. This reality is characterized by the confluence of a scientific literacy that renders "living by the numbers" a cultural accomplishment that these women experience and practice in all aspects of life (Rapp, 1999), and an ideology of intensive motherhood that renders motherhood as an elaborate and costly cultural production heavily invested in consumption of specialty objects and expert advice (Hays, 1996; Lareau, 2003; Warner, 2005). Contemporary cohorts of American women are relearning an embodied, reproductive, and mothering practice within a specific cultural context, one that is heavily stratified, highly consumerist, and deeply invested in bodily discipline, medicalized and bio-medicalized discourses, and a regime of experts.

Adding to Blum's (1999) findings that poor and working-class women are faced with structural barriers to breast-feeding such as inadequate healthcare, nutrition, and maternity leaves, and that women of color are additionally straddled by racialized images, this paper shows that privileged women are faced with a different set of complexities. On the one hand, these women are the target of discourses of health promotion, good outcome childrearing, science, rationality, and the market—all prominent in contemporary breast-feeding campaigns; breast-feeding is but one of informed decisions they make daily about their health, lifestyle, and parenting (Hays, 1996; Lareau, 2003; Rapp, 1999). These women also have access to a wide array of resources and gadgets which may assist them in materializing these choices, including high-quality prenatal and pediatric care, and relatively long maternity leaves, all positively associated with "successful" breast-feeding. On the other hand, breast-feeding may seem alien and threatening to women who master the rules of the game in the disembodied and success-oriented world of paid work. Indeed, the emphasis on embodiment advocated by much of the breast-feeding literature may jeopardize hard-earned professional identities (Avishai, 2004), and demands a bodily knowledge that many of these women do not possess, and/or may not be interested in accessing (Bordo, 1993). To some women, the embodied frame simply does not make sense, as in the case of Angela who was amused by the "crunchy-granola" advice of *Mothering Magazine*.

This paper argues that class privileged women respond to these tensions by constructing breast-feeding as a body-management project. Striving to reign in the uncertainties of their lactating bodies, they frame breast-feeding as a task to be tackled and accomplished. As Denise, the working mother who slogged through a year of pumping at the workplace remarked, breast-feeding was simply an extension of her "go-getter" attitude as a woman who sets goals and does not rest until she accomplishes them. In the process, women like Denise draw on—and create a market for—commercial resources, including nursing and childrearing books, lactation consultants, prenatal and breast-feeding classes, and mothers' support groups. The project frame, along with the books, experts, and the breast-feeding market, provide a familiar conceptual framework that helps these women make sense of an unknown terrain—motherhood and the maternal body. Thus, it is not surprising that I found that the dominant imagery, metaphors, vocabulary, and framing of breast-feeding among these women were primarily consumerist, rational, and scientific. As they talked about their preparations, their goals, successes and failures, the advice they sought, the gadgets they bought, and how they managed their lactating bodies, the women involved in this study indicated that they experienced breast-feeding primarily as a production—both in the sense

that it is a laborious process, involving the making of goods, and in the sense that it involves constant monitoring of the total output. In this way, this paper adds to a growing scholarship on the ways in which socially constructed and internalized pressures placed on mothers manifest themselves in late capitalist America.

This analysis of the management of the lactating body and the breast-feeding project also adds to the few critical voices that caution against the call for a frame shift in the discussion of breast-feeding from morality and choice to a transformative act that abounds in recent feminist writing on breast-feeding (Bartlett, 2005; Hausman, 2003). I agree with Schmied and Lupton that advocating breast-feeding "for the immense pleasure and intimacy that can be gained and for its contribution to 'authentic' femininity, can be hazardous in its link to biology, essentialism and conservative arguments about women's reproduction and nurturing roles" (2001, p. 246) and with Blum's (1999) assertion that privileging the sensual and relational aspects of breast-feeding may give rise to a coercive moralism (which is precisely the tone Kukla, 2006 identifies in breast-feeding advocacy campaigns). Echoing these concerns, rather than criticizing the construction of the breast-feeding as a mothering project, this paper has focused on how women approach breast-feeding within a specific social, cultural, political and historical context, with the understanding that breast-feeding is always a cultural event shaped by specific institutional, historical, cultural, raced, gendered, and sexualized arrangements (Apple, 1987; Bartlett, 2005; Blum, 1999; Carter, 1995; Fildes, 1986; Law, 2000; Maher, 1992). While this paper focuses on the experiences of a narrow group of women, my findings may give pause to public health professionals and breast-feeding advocates who aim to raise breast-feeding rates for all groups of women. As case studies of "successful" breast-feeding interventions indicate (Ryan et al., 2002) this success is achieved by drawing young, minority, or poor women into the terrain of breast-feeding as a site of bio-medicalized discourse, risk analysis, and expert surveillance.

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References

Ahluwalia, I. B., Morrow, B., Hsia, J., & Grummer-Strawn, L. M. (2003). Who is breast-feeding? Recent trends from the pregnancy risk assessment and monitoring system. *Journal of Pediatrics*, *142,* 486–493.

American Academy of Pediatrics, Work Group on Breastfeeding (1997). Policy statement: Breastfeeding and the use of human milk. *Pediatrics*, *100,* 1035–1039.

American Academy of Pediatrics, Section on Breastfeeding (2005). Policy statement: Breastfeeding and the uses of human milk. *Pediatrics*, *115,* 496–506.

Apple, R. (1987). *Mothers and medicine: A social history of infant feeding, 1890–1950*. Madison: University of Wisconsin Press.

Avishai, O. (2004). At the pump. *Journal of the Association for Research on Mothering*, *6,* 138–149.

Bailey, D. (2005). ILCA: 20 years of building a profession. *Journal of Human Lactation*, *21,* 239–242.

Balsamo, F., Mari, G. D., Maher, V., & Serini, R. (1992). Production and pleasure: Research on breastfeeding in Turin. In V. Maher (Ed.), *The anthropology of breastfeeding: Natural law or social construct* (pp. 59–90). Oxford: Berg.

Bartky, S. L. (1988). Foucault, femininity, and the modernization of patriarchal power. In I. Diamond & L. Quinby (Eds.), *Feminism and Foucault: Reflections on resistance* (pp. 61–86). Chicago: Northern University Press.

Bartlett, A. (2005). *Breastwork: Rethinking breastfeeding*. Sydney: UNSW Press.

Baumslag, N., & Michels, D. L. (1995). *Milk, money, and madness: The culture and politics of breastfeeding*. Westport, Conn.: Bergin & Garvey.

Blair-Loy, M. (2003). *Competing devotions: Career and family among women executives*. Cambridge: Harvard University Press.
Blum, L. M. (1999). *At the breast: Ideologies of breastfeeding and motherhood in the contemporary United States*. Boston: Beacon Press.
Bobel, C. (2002). *The paradox of natural mothering*. Philadelphia: Temple University Press.
Bordo, S. (1993). *Unbearable weight: Feminism, western culture, and the body*. Berkeley: University of California Press.
Boston Women's Health Book Collective (1973). *Our bodies, ourselves*. New York: Simon and Schuster.
Carter, P. (1995). *Feminism, breasts and breast feeding*. New York: St. Martin's Press.
Clarke, A. E., Mamo, L., Fishman, J. R., Shim, J. K., & Fosket, J. R. (2003). Biomedicalization: Technoscientific transformations of health, illness, and U.S. biomedicine. *American Sociological Review*, *68,* 168–194.
Davis-Floyd, R. E. (1992). *Birth as an American rite of passage*. Berkeley: University of California Press.
Davis-Floyd, R. E. (2004). Consuming childbirth: The qualified commodification of midwifery care. In J. S. Taylor, L. L. Layne, & D. F. Wozniak (Eds.), *Consuming motherhood* (pp. 211–248). New Jersey: Rutgers University Press.
Department of Health and Human Services (2000). *HHS Blueprint for action on breastfeeding*.
DeVault, M. L. (1991). *Feeding the Family: The social organization of caring as gendered work*. Chicago: University of Chicago Press.
Dworkin, S. L., & Wachs, F. L. (2004). "Getting your body back": Postindustrial fit motherhood in shape fit pregnancy magazine. *Gender and Society*, *18,* 610–624.
Dykes, F. (2005). 'Supply' and 'demand': Breastfeeding as labor. *Social Science and Medicine*, *60,* 2283–2293.
Eisenberg, A., Murkoff, H. E., & Hathaway, S. E. (1996). *What to expect when you're expecting*. New York: Workman Pub.
Fildes, V. (1986). *Breasts, bottles, and babies: A history of infant feeding*. Edinburgh: Edinburgh University Press.
Giles, F. (2003). *Fresh milk: The secret life of breasts*. New York: Simon & Schuster.
Gimlin, D. (2002). *Body work: Beauty and self-image in American culture*. Berkeley: University of California Press.
Gorham, D., & Andrews, F. K. (1990). The La Leche League: A feminist perspective. In K. Arnup, A. Levesque, & R. R. Pierson (Eds.), *Delivering motherhood: Maternal ideologies and practices in the nineteenth and twentieth centuries* (pp. 238–269). New York: Routledge.
Hausman, B. (2003). *Mother's milk: Breastfeeding controversies in American culture*. New York: Routledge.
Hays, S. (1996). *The cultural contradictions of motherhood*. New Haven, CT: Yale University Press.
Hochschild, A. R. (1994). The commercial spirit of intimate life and the abduction of feminism: Signs from women's advice books. *Theory, Culture and Society*, *11,* 1–24.
Hochschild, A. R. (2003). *The commercialization of intimate life: Notes from home and work*. Berkeley: University of California Press.
Huggings, K. (1995). *The nursing mothers' companion*. Boston: Harvard Commons Press.
Hulbert, A. (2003). *Raising America: Experts, parents, and a century of advice about children*. New York: Knopf.
Kukla, R. (2006). Ethics and ideology in breastfeeding campaigns. *Hypatia*, *21,* 157–180.
Ladd-Taylor, M., & Umansky, L. (1998). "*Bad*" *mothers: The politics of blame in Twentieth-century America*. New York: New York University Press.
Lareau, A. (2003). *Unequal childhoods: Class, race, and family life*. Berkeley: University of California Press.
Law, J. (2000). The politics of breastfeeding: Assessing risk, dividing labor. *Signs: Journal of Women in Culture and Society*, *25,* 407–450.
Litt, J. S. (2000). *Medicalized motherhood: Perspectives from the lives of African-American and Jewish women*. New Brunswick, NJ: Rutgers University Press.
Maher, V. (1992). *The anthropology of breast-feeding: Natural law or social construct*. New York: Berg.
Martin, E. (1992). *The woman in the body: A cultural analysis of reproduction*. Boston: Beacon Press.
Martin, K. A. (2005). William wants a doll. Can he have one? Feminists, child care advisors, and gender-neutral child rearing. *Gender and Society*, *19,* 456–479.
Murphy, E. (2000). Risk, responsibility, and rhetoric in infant feeding. *Journal of Contemporary Ethnography*, *29,* 291–325.
Palmer, G. A. (1988). *The politics of breastfeeding*. London: Pondora Press.
Pugh, A. J. (2005). Selling compromise: Toys, motherhood, and the cultural deal. *Gender Society*, *19,* 729–749.

Rapp, R. (1999). *Testing women, testing the fetus: The social impact of amniocentesis in America*. New York: Routledge.
Ross Products Division of Abbott (2003). *Breastfeeding trends–2003*. Columbus, Ohio: Ross Products Division. http://www.ross.com.
Ryan, A. S. (1997). The resurgence of breastfeeding in the United States. *Pediatrics*, *99,* e12.
Ryan, A. S., Wenjun, Z., & Acosta, A. (2002). Breastfeeding continues to increase into the new millennium. *Pediatrics*, *110,* 1103–1109.
Schmied, V., & Lupton, D. (2001). Blurring the boundaries: Breastfeeding and maternal subjectivity. *Sociology of health and illness*, *23,* 234–250.
Sears, W., & Sears, M. (1993). *The baby book*. Boston: Little, Brown.
Spangler, A. (2000). Lactation education in the 21st century: A retrospective. *Journal of Human Lactation*, *16,* 129–131.
Taylor, J. S., Layne, L., & Wozniak, D. F. (2004). Consuming motherhood. New Jersey: Rutgers University Press.
Van Esterik, P. (1989). *Beyond the breast-bottle controversy*. New Jersey: Rutgers University Press.
Ward, J. (2000). *La Leche League: At the Crossroads of medicine, feminism, and religion*. Chapel Hill: University of North Carolina Press.
Warner, J. (2005). *Perfect madness: Motherhood in the age of anxiety*. New York: Riverhead Books.
WHO (2002). Infant and young child nutrition: Global strategy *Fifty-fifth world health assembly*. Geneva: WHO.
Young, I. M. (1990). Breasted experience. In *Throwing like a girl and other essays in feminist philosophy and social theory* (pp. 189–209). Bloomington: Indiana University Press.

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