Maternal myths. Discursive constructions of gendered parenthood and ‘good motherhood’ in health promotional literature in Ireland and France.

Dr. Ornaith Rodgers
University of Galway, Irlande
Research on motherhood examines cultural representations of motherhood and the way that mothers are depicted in popular culture, film, literature and the media.

The lived experience of motherhood has changed dramatically over the past generation, in part due to societal trends and geopolitical factors. How do discourses and ideologies of motherhood reflect these changes?

In recent years there is a particular focus on accounts that depart from the traditional, idealised images of motherhood that we are used to seeing and that can cause us to question our expectations of mothers and the maternal role.

My research aims to shed light on discourses that incarnate pressures on women to conform to normative ideas of motherhood.
Gender and language, and motherhood research.

Powerful role played by language in constructing, sustaining, and challenging maternal identities and normative ideas of motherhood.


Taught Masters module in language, gender and power.

Publications.
Maternal myths


Discourse of motherhood

- In contemporary society, women receive information and advice about pregnancy, childbirth and motherhood from a wide variety of sources including interaction with health professionals, books, magazines, online sources, health promotional materials.

- Increasing publication and consumption of lifestyle, self-help books, advice literature, health promotional materials.

- Powerful form of discourse – very particular forms of language used.
Discourse of motherhood

● The need for people to construct their own identities has been heightened in contemporary society.

● Changes in social structures mean that people no longer have a traditional order to rely on.

Social consciousness has been externalised, increasing reliance on experts to help people negotiate rites of passage (Chouliaraki & Fairclough, 1999; Giddens, 1991).

● These materials, essentially construct women’s identities and represent motherhood and gender identity in a very particular way.
Advice literature

Health promotional materials
The framework

Critical discourse analysis (CDA)

Fairclough, 1989; 1992; 2003; Wodak & Meyer, 2009; Benwell & Stokoe, 2006 etc.

Multimodal critical discourse analysis (MCDA)

Machin et al., 2016; Machin & Mayr, 2012; Ledin & Machin, 2018.

CDA used in initial work on pregnancy/childbirth advice texts.

MCDA more appropriate for studies of health promotional literature.
Why CDA and MCDA?

- Both CDA and MCDA emphasise the social and constitutive nature of discourse and allow us to see these texts as shaping women’s experience of motherhood.

- Approaches involve a process of denaturalisation/demystification to expose the realities hidden behind elements that have become naturalised.

- M/CDA traditionally concerned with exposing the role of discourse in constructing and maintaining social inequality and domination.

- Allows us to uncover societal power asymmetries.
● In my work (in line with CDA theory) I consider language as a system of lexico-grammatical options from which text producers make their choices about what to include or exclude and how to arrange them.

● While these choices may not be consciously motivated or intentional, they are still meaningful.

● I connect detailed textual analysis with ideologies that reveal power interests that may be buried in texts.

● M/CDA essentially follows the same principles but incorporates not just language, but all of the semiotic modes available (colour, font, images, layout – all visual elements).
Maternal myths

- Examples of how advice literature and health promotional materials can shape women’s perceptions and experiences of pregnancy/childbirth/motherhood.

- These materials normalise a particular view of motherhood and have a powerful impact on their readers.

- Prescriptive nature of these materials, place pressure on mothers in contemporary society to conform to a normalised view of motherhood.

- Gender and power relations at play.
The myths

1) Motherhood is a learned art. Women must be trained by professionals to learn how to be ‘good’ mothers

2) Women must ‘relinquish the reins’ during childbirth

3) Mothers are primary parents and homemakers

4) Women must should be happy about becoming and being mothers

5) ‘Good mothers’ breastfeed
Ideological backdrop

- Intensive mothering
- Total motherhood
- Risk culture
- Ubiquity of science
Intensive mothering, attachment parenting, total motherhood

‘(...) mothers are exhorted to optimize every aspect of children’s lives, beginning with the womb’ (Wolf, 2011: xv).

Mothers are responsible for predicting and preventing all ‘less-than-optimal social, emotional, cognitive, and physical outcomes (...) for anticipating and eradicating every imaginable risk to their children’ (Wolf, 2011: 71-72).
Risk consciousness as a central feature of life in modern, post-industrial societies.

Mothers increasingly designated as ‘risk managers’ (Knaak, 2010: 345).

Breastfeeding, for example, can be perceived as the ultimate means of controlling health risks for infants (Wolf, 2011: xvii).
Movement towards a neo-liberal model of public health in Western societies based on the idea that rates of illness will be reduced if individuals practice self-care and modify their lifestyles in accordance with healthy living advice (Brookes and Harvey, 2015).

Emphasis on assuming personal responsibility for health means every mother becomes accountable for the health of her baby (Wolf, 2011).
Prevalence of intensive parenting culture, together with its positioning within neo-liberal risk culture means child-rearing has become a highly complex task necessitating guidance from experts and science (Símonardóttir, 2016; Kanieski, 2010; Knaak, 2010).

Health professionals as opposed to parents are the primary experts in terms of parenting, and motherhood has become an experience to be informed and guided by experts.
The myths

1) Motherhood is a learned art. Women must be trained by professionals to learn how to be ‘good’ mothers.

2) Women must ‘relinquish the reins’ during childbirth.

3) Mothers are primary parents and homemakers.

4) Women must be happy about becoming and being mothers.

5) ‘Good mothers’ breastfeed.
Most women aren’t born mothers (...) instinctively knowing how to soothe a crying baby, change a diaper, or give a bath. Motherhood (...) is a learned art, one that requires plenty of practice to make perfect. (...) These days many women – just like you – have never held a newborn until they hold their own. Their training for motherhood comes on the job, with a little help from parenting books, magazines, and websites, and, if they’re lucky enough to find one locally, from a baby-care class.

(What to Expect When You’re Expecting, p. 355 cited in Rodgers, 2015)
Myth 1 – Motherhood as a learned art

Dans la rédaction de cet ouvrage nous avons privilégié un langage simple et évité les mots savants qui peuvent parfois inquiéter (p. 7)

Vous allez pouvoir vous consacrer à la préparation de votre accouchement (...). Ne faites pas l’autruche et n’attendez pas le dernier moment pous vous inscrire aux cours de préparation à l’accouchement (p. 203)

Certes vous êtes bien préparée et entraînée depuis que vous suivez des cours (p. 222)

(La Bible de votre grossesse, pp. 7, 203, 222)
Myth 1 – Motherhood as a learned art

If you have any breastfeeding challenges, you are not alone. Ask for help. There is almost always a solution.

Go to your public health nurse, lactation consultant or local breastfeeding group for help.

(My Child: 0-2 years, pp. 38, 41 cited in Rodgers, 2022)

(...) n’hésitez pas à solliciter les sages-femmes, puéricultrices et autres conseillères en lactation (...).

(...) ayez toujours sous la main les coordonnées d’une sage-femme ou d’une conseillère en lactation en cas de petit problème.

(Happy Baby. Ma première année, pp. 28, 31 cited in Rodgers, 2022)
Myth 2 - Women must ‘relinquish the reins’ during childbirth

If you’re a take-charge kind of person, the thought of handing control of your labor and delivery over to the medical team can be a little unnerving. Of course you want the doctors, nurses and midwives to take the best possible care of you and your baby. But you’d still like to call as many shots as possible (...). It’s important to understand that you won’t necessarily be able to call all the shots in labor, no matter how well prepared you are and no matter what type of practitioner you are labouring with. The best-laid plans of obstetrical patients and their practitioners can give way to a variety of unforeseeable circumstances. Learning when it’s necessary to relinquish the reins – and be flexible – is also in the best interest of you and your baby, and it is an important part of your childbirth education.

(What to Expect when You’re Expecting, p. 275 cited in Rodgers, 2015)
Myth 2 - Women must ‘relinquish the reins’ during childbirth

Au cours d’un accouchement, même tout à fait normal, il est fréquent de voir sages-femmes ou médecins pratiquer un certain nombre de gestes techniques. Ces gestes vont faciliter l’accouchement, le rendre plus rapide, moins traumatique et surtout moins douloureux. Rappelons que si l’accouchement est bien un acte naturel, la nature ne préserve pas toujours au mieux les intérêts de la mère et de l’enfant. Tout l’art obstetrical sera donc de respecter la nature mais aussi de la corriger chaque fois que cela sera nécessaire.

(La Bible de votre grossesse, p. 237 cited in Rodgers, 2015)
Myth 3 – Women are primary parents and homemakers

So pick up the slack. And your slacks. And the trail of socks and sneakers in the hallway. Beat her to the vacuuming and the dusting and the laundry and the toilet cleaning.

Go the extra yard. That is, go to the laundry room, to the supermarket on Saturday, to the dishwasher to unload...you get the picture.

(What to Expect When You’re Expecting, pp. 474, 482 cited in Rodgers, 2013)
Myth 3 – Women are primary parents and homemakers

Un père peut être tout aussi concerné par votre grossesse en ayant un comportement apparentement indifférent. Certains sont simplement présents. On peut compter sur eux pour aider aux tâches ménagères, peindre, bricoler, préparer la chambre de l’enfant ou s’occuper activement des autres enfants.

(La Bible de votre grossesse, p. 132 cited in Rodgers, 2013)
Myth 3 – Women are primary parents and homemakers

- Infant feeding is constructed as a concern weighing primarily on women. Readers are visually and linguistically indexed as mothers.

Allaiter votre bébé, plus que le nourrir, c’est instaurer une relation privilégiée avec lui….. Et avec vous-même. (Happy Baby, Ma première année, p. 27)

Your breastmilk is all your baby needs for the first 6 months (...). Breastfeeding (...) gives you a chance to rest with your baby and to get to know them. (My Child: 0-2 years, p. 32)

- All of images in each set of materials, with the exception of one, are of mothers. Gendered representation of the practice of infant feeding.

(Rodgers, 2022)
Visual indexing

How partners can help
All newborn babies need to feed frequently during the day and during the night. Your support can help your partner, especially when she is tired or experiencing challenges. Tips include:

- Ask her what she needs.
- Help her to position the baby near the breast to get ready for feeding — your midwife will support and guide you both.
- Ask family and friends to keep their visits short in the early days when you are both tired.
- Make healthy meals for your partner — feeding the mother is feeding the baby!
- Help out with housework.
- Plan something fun to do with any older children.
Myth 3 – Women are primary parents and homemakers

Your support can help your partner, especially when she is tired. (…) Help her to position the baby near the breast. (…) Help out with housework. (My Child 0-2 years, p. 42)

Le rôle du père est primordial dans la réussite de l’allaitement. En vous déchargeant des soucis du quotidien, comme les tâches ménagères par exemple, en s’occupant de l’aîné ou de vos aînés ou encore en gérant les courses, votre conjoint vous permet (…) d’être pleinement disponible pour votre bébé. (Happy Baby. Ma première année, p. 31)

● Recurrent use of lexical item ‘help’

● Use of verbs such as ‘décharger’

(Rodgers, 2022)
Myth 4 – Women must be happy about becoming & being mothers

- The lexical field of happiness pervades advice literature and health promotional literature.
- Pregnancy and motherhood are constructed as events about which women are supposed to be happy.
- This discourse pattern is achieved predominately through the use of metaphor and lexical items denoting happiness.
- Pregnancy and motherhood are represented metaphorically as an ‘adventure’ and constructed as periods of supreme fulfillment for women.
- The use of the present tense, declarative sentences and quantitative adjectives such as ‘tous’ normalise happiness as an appropriate reaction.
Myth 4 – Women must be happy about becoming & being mothers

Pregnancy is one of life’s most magical experiences, a big adventure, one of the most exciting and rewarding adventures of your life, the adventure of a lifetime and a wild ride (What to Expect When You’re Expecting, pp. xxiii, 5, 120, xxi, 150)

Babies are a growing bundle of joy, their heartbeat is miraculous, the transformation of cell to baby is also miraculous (What to Expect When You’re Expecting, pp. 142, 183, 121)
Myth 4 – Women must be happy about becoming & being mothers

In *La Bible de votre grossesse*, the adventure metaphor again features prominently as do lexical items from the semantic fields of happiness, joy, wonder and awe.

*Tout est en place pour la suite de l’*aventure* des mois à venir.*

*Pour la majorité d’entre vous, la fusion est telle avec le bébé qu’elles en font une *aventure enrichissante.*

*Tous les parents sont émerveillés par la vivacité et les yeux ouverts de l’enfant qui vient de naître.*

(pp. 162, 32, 268)
Myth 4 – Women must be happy about becoming & being mothers

Overwhelming discourse that pregnancy is a happy event. Unhappiness is pathologised and requires medical attention. Any negative discourses with regard to motherhood are suppressed by pathologising any negative reactions to becoming a mother.

*Cet état émotionnel de grande vulnérabilité et de découragement, les professionnels qui vous rassurent le connaissent bien en suites de couches, c’est le baby-blues que l’on peut définir comme un état dépressif précoce, bénin et passager. (...) Quand les premiers signes de depression se manifestent, la prise en charge psychologique, voire médicamenteuse, s’impose.* (La Bible de votre grossesse, p. 319)
Myth 4 – Women must be happy about becoming & being mothers

Metaphors have hidden ideological loadings and can mask power relations (Fairclough, 1995: 94). They are essential to who we think about and describe the world.

(...) les tétées sont des instants magiques durant lesquels votre tout petit vous dévisage comme la huitème merveille du monde!

N’oubliez pas que la prolactine exerce un effet calmant sur bébé mais aussi sur vous (...) Magique!

(Happy Baby. Ma première année, pp. 31, 34 cited in Rodgers, 2022)
Myth 5 – ‘Good mothers’ breastfeed

Study of infant feeding materials:

● To determine if and to what extent infant feeding health promotional discourse in Ireland and France attempts to influence women’s decisions about how to feed their babies.

● To explore the discursive strategies and semiotic choices used in this material to present the practices of breast and bottle feeding to mothers.

● To question whether the discourse of this material allows women to make meaningful choices with regard to feeding their babies.
Societal practices with regard to infant feeding

Breastfeeding as the norm through the ages, wet nursing.  
Creation of infant formula as a safe alternative in the late 19th century.  
By the mid 1970s, 75% of babies were bottle fed (Schuman, 2003).  
In the last 20 years, major shift in practice back towards breastfeeding.  
‘Breast is best’ mantra (Williams et al., 2012: 340).  
Assertion that breastmilk has nutritional properties protecting infants against various health risks, and also promotes developmental and psychological wellbeing (Schmied and Lupton, 2001).  
WHO recommendations.  
Optimal goal of health care systems.
Infant feeding in Ireland and France

At the time of research, initiation rates stood at 60% in Ireland and 69% in France.

National governmental agenda to promote breastfeeding in Ireland established in key policy documents, important feature of public health policy in Ireland.
Can women really make meaningful choices?

Attachment parenting, intensive mothering, total motherhood, neo-liberal risk culture and the ubiquity of science all interplay in the ideology of contemporary motherhood and shape the social practice of breastfeeding.

Together they construct breastfeeding as an essential aspect of ‘good mothering’.

By positioning breastfeeding as the optimal choice, the ‘right’ choice, it legitimises breastfeeding as an aspect of being a ‘good mother’ (Murphy, 1999; Callaghan and Lazard, 2012; Fenwick et al., 2013)
Can women really make meaningful choices?

If breastfeeding is presented as a moral directive, it becomes a ‘constrained choice’, particularly because the information about the main alternative to breastfeeding (formula feeding) is presented in a very negative way (Lee, 2011).
Data – 2020 study

Breastfeeding
A good start in life.

How to prepare your baby’s bottle
Data – 2022 study
Health promotional discourse

The role of these pamphlets in the reconfiguration of attitudes towards infant feeding cannot be disputed.

Health promoters use a variety of persuasive strategies through different semiotic means to encourage the public to adopt certain behaviours.

Common strategies include appeals to fear and unvarnished presentation of facts (Monahan, 1995).

Persuasive commercial advertising techniques are increasingly used, (Chouliaraki and Fairclough, 1999; Lupton, 2003) including arresting visual imagery.

Power through access to discourse (Van Dijk, 2001).
Despite similarities in the persuasive strategies used, the correlation between ‘good motherhood’ and breastfeeding does not manifest itself in exactly the same way in the materials designed for mothers in Ireland and France.
Common discursive strategies and semiotic choices

- Apparent statements of fact
- Representation of all difficulties as surmountable
- Images
Apparent statements of fact

- Key persuasive device used in both materials.
- They appear mostly in the form of unconditional declarative statements, presenting breastfeeding as the superior form of infant feeding.
- No evidence or references are produced to support them.
- Mothers are persuaded that breastfeeding will be beneficial, not just to their babies but also to themselves.
- Implication is that not to breastfeed would be to jeopardise their infant’s health and their own.
Apparent statements of fact

Le lait maternel, par les anticorps qu’il contient, contribue à renforcer le système immunitaire (...) en d’autres termes, un bébé allaité au sein sera moins malade et se remettra bien plus vite d’une petite infection. (HB, 30)

L’allaitement maternel diminue le risque de certains cancers féminins comme celui du sein et de l’ovaire. (HB, 30)

Breastfeeding protects your health and your baby’s health, (...) and provides antibodies to protect your baby from illness and build their immune system. (MC 0-2, 32)

Breastfeeding helps you to be a healthy weight and reduces your risk of breast cancer ovarian cancer and diabetes. (MC 0-2, 32)
Images

- All images are significant.
- There is never any neutral denotation when images are concerned. (Barthes, 1973; 1977; Machin and Mayr, 2012)
- In both Irish and French materials, there are very favourable depictions of breastfed babies to accentuate their health and happiness.
- No crying babies or tired mothers, lots of natural light and warm colours, close-up shots to draw in the view to connote close alignment and sharedness of position.
- Same semiotic pattern consistently followed.
Happy Baby. Ma première année
My Child: 0-2 years
How to prepare your baby’s bottle (2020 study)

Remember

Dishwashers do not sterilise bottles or feeding equipment.
Differences in discursive and semiotic choices in materials

- Use of fear-inducing strategies in Irish pamphlet to persuade mothers in Ireland not to bottlefeed
- Bottlefeeding barely mentioned in French materials
- Exaltation of the benefits of breastfeeding in French materials (metaphor and comparative/superlative forms)
Fear-inducing strategies

- Lexis
- Visual arrangements – bullet points and numbering

*How to make up a formula feed*

1. **Empty** your kettle and **fill** it with one litre of freshly drawn water (...)

2. **Leave** the boiled water to cool in the kettle (...)

3. **Clean** the work surface well. **Wash** your hands (....)

4. **Read** the instructions on the formula’s label (...) (MC 0-2, 53)
Visual arrangements (2020 study)

10 steps to prepare a bottle feed

Step 1: Empty your bottle and fill it with one litre (L) of freshly drawn cold tap water and boil. Alternatively, boil one litre (L) of water in a clean pan.

Step 2: Leave the boiled water to cool in the bottle or pan. Cool it for 30 minutes, but no longer. This will make sure that the water is not too hot, but also that it is no less than 70°C.

Step 3: Clean the work surface well. Wash your hands with soap and warm water and dry them on a clean towel.

Step 4: Read the instructions on the formula’s label carefully to find out how much water and powder you need.

Step 5: Pour the correct amount of water into a sterilised bottle. Water that is 70°C is still hot enough to scald, so be careful.

Step 6: Add the exact amount of formula to the boiled water using the clean scoop provided. Nest the packaging to protect it from germs and moisture. Adding too much or too little formula could make your baby sick.

Step 7: Screw the bottle lid tightly and shake well to mix the contents.

Step 8: To cool the feed quickly, hold the bottle under cold running water or place it in a large bowl of cold water. Make sure that the cold water does not reach above the neck of the bottle.

Step 9: To check the feed is not too hot, shake the bottle and place a drop of liquid on the inside of the wrist – it should feel lukewarm, not hot. Feed your baby.

Step 10: Throw away any feed that your baby has not taken within two hours. If your baby is a slow feeder use a fresh feed after two hours.
Fear-inducing strategies

Colour is a key resource in visual communication and can be a key factor in adding salience to texts (Kress and Van Leeuwen, 2002: 347; Machin and Mayr, 2012: 55)

Incorrect preparation or bad hygiene could make your baby seriously ill.
Fear-inducing strategies

Recurrent lexical items such as the noun ‘bacteria’, the adjectives ‘safe’, ‘sterile’, the adverbs ‘carefully’, ‘safely’ and the verbs ‘check’, ‘make sure’ and ‘protect’ all suggest that bottlefeeding is full of risks and dangers.

Like any food, powdered infant formula is not sterile and may contain bacteria (MC 0-2,49)

It is important to measure the formula and water carefully (MC 0-2, 53)

Throw away any feed not used within 24 hours – this helps to protect your baby from illness (MC 0-2, 54)
Fear-inducing strategies (2020 study)

Good health begins with breastfeeding

Breastfeeding protects your baby’s health and your health too.

Breastmilk is important for your baby’s healthy growth and development and it protects his digestive system. It contains antibodies to protect your baby from illness and build his immune system. Breastfeeding is also important for your baby’s brain development.

Your body will produce all the milk your baby needs for the first 6 months. No water or other fluids are needed. From 6 months you can start your baby on solid foods. You can continue to breastfeed until your baby is 2 years or older, or until your baby chooses to wean.

Breastfeeding is important for mothers’ health too as it protects against ovarian and breast cancer as well as helping you to achieve and maintain a healthy post pregnancy weight. Breastfeeding is cost-free, convenient for you and your baby and always at the right temperature.

Research shows that children who are not breastfed have a greater risk of:

- developing ear, nose and throat infections
- gastroenteritis (vomiting & diarrhoea)
- kidney and chest infections
- asthma and eczema
- obesity and diabetes, and
- sudden infant death syndrome
**The first few weeks at home**

The first few weeks after having a baby can be tiring. Your body is recovering from birth and you are busy looking after your new baby. Family and friends can help with everyday tasks.

“I had my sister around for the first week after Mia was born. It was great, she helped with the cooking and cleaning so I could rest and spend time with Mia, it was the best breastfeeding support I could’ve asked for!”

Getting as much rest as possible will help. This may mean going to bed earlier and taking naps during the day when your baby sleeps. Feeding your baby can be a time to rest also.

Some mums find going back when feeding helps their baby to attach in the early days. Arrange pillows and cushions in bed or on the couch so you find a comfortable position.

You don’t need a special diet when breastfeeding. Healthy eating, including some healthy snacks will ensure you have the energy you need. So, eat well and drink plenty of water too.

Your public health nurse will visit to check how you and your baby are doing. They can help with any questions or concerns you have about breastfeeding. You should also visit your GP at two and six weeks for your postnatal check-ups.

“When I had my second baby, I had to notice that I am not Supernanny! A little planning helped. She had a lot in the evening so we cooked a dinner earlier in the day that could be heated up later. My partner played with our toddler after dinner and put him to bed.”
Feeding your baby

Feed size and feeding patterns

If you have any concerns about how much milk your baby is having or how often they are feeding, speak to your public health nurse or doctor.

Your baby will develop their own pattern of feeding, which can vary a little from day to day. Babies generally feed according to their appetite. It is good to allow your baby to recognise their own hunger cues and feeling of fullness. Do not force your baby to take more than they want or to finish the amount prepared.

Babies may not always want to feed at regular intervals (for example, every three or four hours). Young babies tend to need feeds more regularly, including during the night. However, this varies from baby to baby.

Babies tend to gradually increase the amount they drink at each feed. Once you start introducing food, the amount of milk they drink will reduce gradually. The following chart shows how much a baby usually drinks.

<table>
<thead>
<tr>
<th>Age</th>
<th>Average number of feeds in 24 hours</th>
<th>Average daily fluid intake according to baby’s weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth to 3 months</td>
<td>6 to 8 (feeding every 3 to 4 hours)</td>
<td>150 ml per kg (5.5 fluid oz per lb)</td>
</tr>
<tr>
<td>4 to 6 months</td>
<td>4 to 6 (feeding every 4 to 6 hours)</td>
<td>150 ml per kg (5.5 fluid oz per lb)</td>
</tr>
<tr>
<td>7 to 9 months</td>
<td>4 (baby also having food)</td>
<td>120 ml per kg (4.3 fluid oz per lb)</td>
</tr>
<tr>
<td>10 to 12 months</td>
<td>3 (baby also having food)</td>
<td>110 ml per kg (3.7 fluid oz per lb)</td>
</tr>
</tbody>
</table>
Complete lack of reference to bottlefeeding as an alternative to breastfeeding for newborns.

*Une fois qu’on passe au biberon, l’alimentation n’est plus exclusivement réservée à la maman* (HB, 60)

What is missing from a text is just as important as what is present (Fairclough, 2003: 146). Suppression of references to bottlefeeding backgrounds it as a practice.
Conclusions – infant feeding materials

- These materials clearly aim to persuade women in both countries to breastfeed in line with the aims of health promotion in most Western countries.

- Women are persuaded to breastfeed regardless of their social, economic or personal circumstances.

- Specific lexical and grammatical choices, images, colour and layout are used to promote breastfeeding as the ‘right’ and ‘only’ choice.

- While there are some differences in types of persuasive devices used in both sets of materials, the message remains the same.
Conclusions – infant feeding materials

- Infant feeding decisions are complex with a wide range of circumstances at play (Head, 2017).

- These texts do not reflect the complexity of mothers’ experiences, they place undue pressure on new mothers in Ireland and France to breastfeed by aligning breastfeeding with ideologies of ‘good motherhood’, by normalising it as an aspect of ‘good motherhood’.

- Why is the language of choice which is so central to women’s issues, so blatantly absent from this particular form of discourse?
Toute mère doit allaiter son enfant, c’est son devoir. Tout enfant a droit au lait de sa mère. Le médecin seul peut juger si la mère ne peut pas allaiter son enfant. (...) L’enfant qui prend régulièrement le sein de sa mère est rarement malade et s’élève sans difficultés.

(Livret de famille, Ville de Mandelieu, Département des Alpes-Maritimes, 1947)
If you are wise you will engage your doctor as soon as you realize that you are going to become a mother, especially if this is your first ‘expectancy’ and you are entirely ignorant on all matters connected with childbirth.

(Candid Counsels to Expectant Mothers, 1925, p. 7)
Une femme enceinte ne doit jamais déplorer sa condition: ce serait très fâcheux pour la grossesse actuelle: ce le serait encore bien plus pour les grossesses possibles de l’avenir.

(Hygiène de la grossesse, 1920, p. 118)
Don’t be afraid of doing your housework. If your health is good and your doctor has not, for any special reason, forbidden exertion, housework will do you good, not harm, provided you do not work too hard at it.

(Candid Counsels to Expectant Mothers, 1925, p. 34)

Il est certain, qu’une jeune femme, dans une position intéressante qui ne fait que son ménage, peut et doit continuer. (...) Si elle abandonne tous les soins de son foyer, tout ira de mal en pis.

(Hygiène de la grossesse, 1920, p. 117)
Merci beaucoup!