“The One Best Way”? Breastfeeding History, Politics, and Policy in Canada from the 19th - 21st Century

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<1>Authors’ Note

Historically, practical knowledge and lore about breastfeeding generally has been carried across generations by women. During the writing of this book, we were fortunate to hear many, many stories of individuals’ experiences with various aspects of breastfeeding. Family, friends, colleagues, and near strangers who innocently asked about our work privileged us with their own experiences and those of their private networks. In this book, we describe how the intimate and everyday practice of breastfeeding has been shaped by political and economic interests and social pressures. While we have attempted to include stories of women’s actual experiences, this book is crafted primarily from written history. We hope that this book serves as a foundation for reconsidering and exploring personal experiences and family stories, and for contextualizing the oral history of breastfeeding practices in Canada.

Throughout this project, we received support from an enormous number of individuals and organizations. We have been fortunate to build on the strength of previous scholarly, professional, and lay work that documented and preserved the history and politics of infant feeding in various forms. We are grateful to all the research assistants, colleagues, mothers, lactivists, friends and family members who have strengthened this book with their insights and creativity as well as maintained a continual wellspring of enthusiasm for this work – it has been a privilege and a pleasure.
You will be able to nurse the baby. Never think of anything else. Nursing the baby yourself is the one best way.
-- The Canadian Mother’s Book, published by the Department of Health, 1923

Dr. Helen MacMurchy wrote the above words in Canada’s first piece of federal government-sponsored childcare advice literature for mothers. As the newly appointed head of the Division of Child Welfare, one of MacMurchy’s central goals during her tenure was to establish breastfeeding as “the Canadian way” – in spite of the already dramatic decline in breastfeeding rates observed across the country.

While most of us are familiar with the refrain “breast is best,” few of us have much appreciation for how breastfeeding came to be considered a public policy concern. MacMurchy, as a social reformer and government official, viewed breastfeeding as a solution to the shockingly high rates of infant mortality during the first quarter of the twentieth century. Breastfeeding became a cornerstone of the federal campaign against infant mortality in the 1920s, and it emerged as part of the debates and policies surrounding issues of mothering. MacMurchy suggested that mothers were responsible for the future well-being of the country, and she described breastfeeding as a national duty. While the motivations behind her desire to increase breastfeeding rates are not as relevant in the twenty-first century as they were in the early twentieth century, breastfeeding has remained part of health and social policy debates. And, while the patriotic and moralistic tone of MacMurchy’s early messages might make modern-day readers cringe, nuances of her policies continue to linger in current discussions and debates regarding breastfeeding.

Since MacMurchy created and wrote the first editions of The Canadian Mother’s Book in the 1920s, the federal government, in all its publications directed at mothers, has officially promoted breastfeeding as “the one best way” to feed infants. However, although breastfeeding has consistently been considered the ideal form of infant feeding, this message has varied
somewhat over time. For example, a glance at Canadian federal government publications over the past century demonstrates that the ideal length of exclusive breastfeeding has changed dramatically. In the 1920s, exclusive breastfeeding was recommended for nine months; in the 1950s, it was recommended for three months; and, at present, it is recommended for six months.

As a physician, MacMurchy promoted scientific and medical solutions to child and maternal welfare, and she encouraged women to turn to scientific experts for advice on childrearing. Over the past century, breastfeeding guidelines have consistently been backed by both the state and science. Yet, MacMurchy also cautioned women to be wary of physicians who might prematurely or incorrectly advise them to shift from breastfeeding to bottle-feeding. While, on the one hand, educational materials for mothers have consistently promoted breastfeeding, on the other, scientific knowledge, medical and hospital practices, and a lack of attention to the material conditions of women’s lives have often undermined women’s ability to successfully breastfeed. As well, throughout the twentieth century, the constancy of “the one best way” message has contrasted sharply with changes in actual breastfeeding patterns.

Choices about infant feeding have implications at both the individual level and the societal level. Consequently, over the twentieth century, physicians, nurses, midwives, government officials, social activists, international organizations, commercial formula manufacturers, psychologists, nutritionists, and, especially, mothers have all become involved in shaping breastfeeding policies and influencing trends in breastfeeding practices. Currently, policy on topics as diverse as early childhood development, nutrition and obesity, environmental sustainability, and childbirth practices emphasize the importance of promoting breastfeeding. Breastfeeding continues to be inextricably linked with mothering and nutrition policy as well as with public health and health care system policy. Furthermore, it intersects with policy making not only at provincial and federal levels but also at the international level through initiatives put forward by the World Health Organization and the United Nations.
What is often missing from current discussions about breastfeeding is any knowledge of the historical circumstances that have shaped the major debates and policies. In this book, we describe the history of breastfeeding in Canada from the late nineteenth century to the present, outlining trends in breastfeeding initiation and duration. We contextualize these patterns in relation to breastfeeding policies undertaken between the 1850s and 2000s. In our analysis, we synthesize data from a range of primary and secondary sources, including government reports, medical journals, health and social statistics, food and nutrition policy documents, archival sources, and interviews with policy makers and advocates in the field of infant feeding. Our inquiry draws upon the disciplines of history, women’s studies, anthropology and sociology, and health and social policy analysis.

As we will see, federal breastfeeding policy over the past 150 years has included very different strategies, statements, initiatives, and programs, ranging from the publication of advice literature for mothers, to the ratifications of international conventions, to national campaigns to modifying hospital birthing practices. However, central to all policy endeavors has been an emphasis on the promotion of breastfeeding through the education of mothers. Yet, as we argue in this book, breastfeeding practices are clearly more than a matter of individual choice. Policies have repeatedly failed to understand, acknowledge and invest in changing the determinants of women’s infant feeding decisions. We argue for greater attention to the structural determinants of women’s infant feeding decisions. These include more accessible maternity entitlements and flexible labour market policies, improving the material conditions of women at “high risk” for decreased breastfeeding, more resources to support the development of breast milk banks, constraining infant formula marketing, and modifying hospital practices that inhibit breastfeeding.

Throughout the 19th and 20th centuries, the Canadian government has been an imitator, not an innovator, of breastfeeding promotion. Canada has tended to adopt policies, programs, and practices developed in other industrialized nations. Breastfeeding policies in the 21st century
would benefit from considering our country’s distinct social, economic and political history. While the distribution of responsibilities and resources between the federal and provincial/territorial governments has historically been a barrier to the strong and consistent implementation of various international codes, health care practices, and other recommendations, this relationship could potentially provide opportunities for developing innovative policies to meet the diverse breastfeeding goals and material needs of mothers in different regions of the country. That said, the absence of federal leadership in recent years has led to the fragmentation of otherwise encouraging initiatives at the provincial and territorial level. Renewed federal leadership could potentially provide an opportunity for the development of innovative policies that increase women’s success in meeting their breastfeeding goals.

"The One Best Way" traces patterns of breastfeeding in Canada from the late nineteenth century to the present day. It discusses specific topics and incidences in a roughly chronological order and is divided into four sections, each of which mirrors actual breastfeeding trends. Part 1 shows how the enormous transformations in the economic, political, and social organization of life at the end of the nineteenth century began to alter breastfeeding practices. Breastfeeding remained the dominant form of infant feeding in Canada for the first two decades of the twentieth century; however, as in other industrialized countries, breastfeeding rates in Canada began to decline dramatically after 1920. Part 2 describes the context of this decline. Part 3 shows how breastfeeding rates resurged in the late 1970s and 1980s and climbed steadily throughout the last part of the twentieth century. At the beginning of the twenty-first century, breastfeeding rates have shown some growth but have remained relatively stable in comparison to previous decades. Part 4 offers a summary of breastfeeding practices and policies at the turn of the century.

Part 1: Transitions, 1850-1920

In Chapter 1, we explore early breastfeeding practices in English and French Canada. Using late nineteenth-century Montreal as a case study, we show how breastfeeding practices were tied to
childbirth and childrearing practices in the city’s three dominant cultural groups. By the early 1900s, breastfeeding practices began to change in response to urbanization, mass immigration, and industrialization. Concerns about public health and welfare on the part of both government and social reformers shifted breastfeeding from the private to the public domain. In Chapter 2, we examine new scientific ideas about infant feeding and the beginnings of paediatrics in Canada. Gradually, paediatricians became known as scientific experts on infant feeding and became influential in introducing new ideas about infant feeding to the general public. This fuelled the development of modern-day breast milk alternatives. Prior to and during the First World War, motherhood became the ideological root of breastfeeding promotion. Concerns about citizenship and nation building within a context of rapid social change drew differential attention to the breastfeeding practices of certain groups of women. In Chapter 3, we examine how breastfeeding became part of debate and public policy on mothering.

Part 2: Decline, 1920-60

In the 1920s, national initiatives to promote maternal and child welfare led to the development of the first federal government advice literature for mothers. Chapter 4 describes how this early advice literature was informed by scientific and medical understandings of infant feeding and how early federal policies linked breastfeeding to patriotism. By the 1930s, mothers in all classes were adopting scientific methods of childrearing, and medical services were growing rapidly across the country. Using examples from the women’s magazine Chatelaine, Carnation Milk’s marketing campaign, and the development of Pablum, Chapter 5 examines changes in the context of childrearing as well as the increasingly intense infant-feeding messages that both health care and commercial sources were directing at mothers. By the 1940s, breastfeeding was no longer considered the norm for infant feeding. Breast milk alternatives were thought to be safer, were readily available, and were considered by many authorities to be a perfectly adequate alternative to breastfeeding. Many women were giving birth in hospital settings, where disruptive hospital practices and a lack of support from health care providers made it difficult for those who wanted
to breastfeed. Chapter 6 describes how, by the mid-twentieth century, many of the skills and knowledge essential to successful breastfeeding had been “forgotten.” Poor women (who could not afford to bottle-feed) and Aboriginal women were the only groups in Canada that primarily continued to breastfeed.

<1>Part 3: Resurgence, 1960-2000

By the early 1970s, breastfeeding rates were increasing in all areas of Canada, particularly among educated women. The return to breastfeeding occurred in the midst of a range of social, cultural, and political movements, including the natural childbirth movement, the women’s movement, international efforts to counter the marketing practices of infant formula companies in the developing world, and the rediscovery of the value of breastfeeding by public health and the scientific medical community. In Chapter 7, we examine the context for this resurgence in breastfeeding. Throughout the 1980s, the federal government led efforts to promote breastfeeding across the country. In Chapter 8, we look at how the 1981 WHO/UNICEF Code of Marketing of Breastmilk Substitutes and the strong movement towards family-centred maternity care brought attention to the practices of health professionals and hospitals. By the end of the 1980s, more than three-quarters of Canadian mothers were initiating breastfeeding. In the 1990s, a variety of initiatives to “protect, promote, and support” breastfeeding were developed. Yet, as we describe in Chapter 9, in many ways, Canada remained a “bottle-feeding” culture.

<1>Part 4: At Equilibrium - Into the Twenty-First Century

Changes in breastfeeding practices have been accompanied by profound changes in the daily context within which women make infant-feeding decisions. The availability and promotion of breast milk alternatives, the transmission of breastfeeding knowledge and skills, and the individual and societal value placed on breastfeeding and breast milk are all issues that need to be considered. Thus, in Chapter 10, we provide a brief history of breastfeeding trends and policies. In Chapter 11, we suggest that a historical understanding of the relationship between socio-cultural trends and breastfeeding patterns is essential to informing current policy development.
and advocacy in the area of infant feeding. We examine the context of policy development in the twenty-first century, including the possible challenges presented by international free trade agreements, questions about federal/provincial responsibility for breastfeeding promotion, the relationship between women’s productive and reproductive work, and the need to redefine breastfeeding success at a policy level. As we move into the twenty-first century, breastfeeding has continued to be considered an important practice, with health and social implications at both individual and national levels. In many ways, since the development of the earliest policies on breastfeeding, the “choice” to breastfeed has become a moral one. In the Conclusion, we caution against policies that continue to place responsibility for social problems such as the “obesity epidemic” and soaring health care costs on the infant-feeding choices of individual women.

Women giving birth at the beginning of the twenty-first century introduce their infants to a world that is vastly different from the one that existed at the beginning of the twentieth century. However, the question of what to feed those infants is not a new one. Our individual and collective ideas and beliefs about breastfeeding have been shaped by over a century of shifting policies and practices as well as by major social and cultural transformations, particularly in the areas of science and medicine, childrearing and family structure, and the relationships between government and citizens. Yet, inexplicably, current discussions about breastfeeding display only a superficial awareness of the socio-historical forces that have shaped debates about breastfeeding. It is our hope that “The One Best Way” will aid in rectifying this situation and contribute to dialogue on what still may be.