



Anthrolactology Podcast

Season 1 Episode 3: Cosleeping and breastfeeding

May 4, 2020

Episode summary

In our third episode of Anthrolactology, host Dr. EA Quinn interviews co-host Dr. Cecilia Tomori about her research on co-sleeping/bedsharing and infant feeding practices in the United States. She also details her work on the history of infant feeding and medical advice about infant care. EA (and special guest star Brad Schneider) drinks (for science) and tests her breast milk, as well as some other assorted milks from her fridge.

Transcript

EA: Welcome to the March edition of anthro Lac tology with your hosts, EA Quinn and Cecilia Tomori. Welcome Cecilia.

I know it's been Aunchalee and I mainly and we are very happy to have a Cecilia here as our third host of the podcast. As you'll see, we'll kind of be in and out of the podcast. You'll get some combination of ~~the two~~ of us. Probably not always the three of us, but we'll try. So today we are going to be talking about a Cecilia's research, looking at breastfeeding and co-sleeping as well as for our kind of lactation technologies. We will be talking about alcohol test trips, including some try this at home type work with the where we actually did some empirical testing of the alcohol test strips. So shall we get started Cecelia?

CT
Sounds great.

EA
All right, excellent. So Cecilia, tell us a little bit about your background and how you, why and how you chose to become an anthropologist.

CT

So I'm Hungarian and I immigrated to the U S So it was a pretty steep learning curve, learning English and you know, learning all about new disciplines and possibilities. But I don't think I really fully understood, you know, what anthropology was really about. I knew that it had all these different parts to it that appealed to me. It had this sort of scientific, more biological part and then it also had the social part and I was interested in both of those things. And so ultimately sort of ended up in anthropology because I was choosing something that combined some of those interests and then really tried to figure out what I was really interested in over time. So I think some of those interests just grew as I got to know more about what I could do within anthropology.

EA

Awesome. So your research has looked at breastfeeding and experiences with co-sleeping. How did you decide to focus on these topics?

CT

And so that is an easy, much easier answer in many ways. I was very interested in reproduction, I think from fairly early on and various aspects about reproduction and within socio-cultural anthropology used to work would be sort of under the anthropology of reproduction. And so I was thinking about focusing more on the postpartum period because there's, there was not as much literature and that area, there was a need for additional work. So I did some preliminary fieldwork and I thought, you know, I was just going to write some sort of an ethnography to focused on in competing breastfeeding early postpartum period, post childbirth experiences.

CT

And when I talk to people about breastfeeding. There was really, you know, a lack of ethnography is in this area. So when I was talking to people people really wanted to talk about sleep in relation to breastfeeding. I really followed the data. I was really following what people were telling me were particularly difficult and challenging and interesting and important experiences for them. And that really often focused around sleep.

EA

And what were some of the primary research findings ~~that you~~, that came out of this research?

CT

I set out to do a two year ethnographic project where I basically spent a lot of time with families. And specifically I was looking at particularly middle class families who had the ability to be able to breastfeed over a period of time because as we talked about this a little bit before, but all of the ways in which the social configuration of breastfeeding works in the United States is really all about privilege. And so to be able to breastfeed often requires more resources because we have lost, community knowledge. There's not a lot of structural supports or surrounding anything to do with breastfeeding. Middle-class people tend to be often trendsetters in terms of the historical development of particular practices like breastfeeding. And so I was curious, you know, how they negotiated these issues. So in terms of what people did, people generally knew that the recommendation was to breastfeed. They also knew that the recommendation was never to bring a baby into bed with them. And in practice, once they started breastfeeding and they were figuring out how to sleep and breastfeed the, they found that bringing those babies into bed worked better.

They were able to sleep more and they were able to breastfeed. This was usually done completely unintentionally.

So people would fall asleep while nursing because they were tired or they simply didn't want to get out of bed again and start this whole cycle where they would basically have a baby that they carefully, carefully put down and then the baby would be up.- I think that that was probably the biggest finding is that people had no idea what infant behavior was actually like. But then they had a big dilemma about what to do about that because it was against the recommendations. And different parents negotiated that differently.

They fell into patterns over time, but pretty much almost everybody at some point brought their babies into bed with them. Those who did it more regularly, were establishing a more consistent pattern where they were no longer fully waking up when they were nursing their babies. And that, those are some of the pieces where BIOlogical anthropological literature has documented some of that synchrony between babies and moms. So I already knew about that, that there was this coordination between moms and babies on a physiological level. And my study found something very similar on the cultural level.

EA

What would you say probably then is the most kind of salient issue coming out of this work? I think several big lessons.

CT

One is that people do not intend to do these kinds of things necessarily. That the physiology of breastfeeding and sleep is profoundly interconnected. It is so closely tied in our evolutionary history as well as cross-culturally. This is a very, very common practice. And the reason for why it's so common is because that proximity, the closeness between mom and baby makes breastfeeding and sleep easier. These are very, they're not really separate kinds of sleep and breastfeeding. They're really interconnected. And some of our colleagues in biological anthropology Jim McKenna and Lee Gettler have come up with a term for this, which kind of captured some of that coordination. It's just called breath sleeping. This tight coordination between these two processes. The big challenge from ANTHROPOLOGICAL cultural perspective is that there's a clash between this physiological and evolutionary and cross cultural relationship and current biomedical recommendations.

So the result of that clash is that people believe that they should never bring their babies into bed with them. And it's not that they will not bring the babies into bed with them. They're going to hide that practice when they do because it's stigmatized because people really are worried that they will be labeled a bad parent? And so we don't really have very good guidance in the U S or how to deal with this situation. We really have sort of still a very strong reluctance to recognize that people do actually fall asleep with their babies in bed with them. And so the implications of that are that we really need a more contextual, more nuanced, more careful set of recommendations and take this physiology and history, deep evolutionary history and contemporary history and, and all the cross cultural practices into account into those recommendations so that we can help people make informed decisions

EA

Excellent. Yeah. I think -one of the points you brought up there about how the practices, how these practices have bringing babies into bed and even kind of how the term co-sleeping is modified. I think probably we need to be very specific here that you're talking about is what's more commonly described as bed sharing cause co-sleeping now is supposed to include just even having the baby in the room with you.

CT

Right. we could do a whole episode just on terminology. I think for the, you know, the person who is trying to negotiate those who's also just literally had a baby it would be wonderful to make this as simple and easy as possible. There are some very recent recommendations. They have been on the books, but there's a new campaign in the UK. It actually provides evidence-based guidance about safe co-sleeping in the context of bed sharing and also talks about what are the actual concerns that may occur in that context of what are the circumstances under which sharing a surface does not work. And one of the key pieces, I think in the U S that really gets lost is that it's not necessarily the closeness that puts babies at risk inherently is the context of that. And so surfaces really, really matter, for example. So sleeping on the sofa or the couch with an infant actually is tremendously risky, much, much, much more so then sleeping on a firm bed with an infant. So the context of the risk really matters. Some of those risks, for example, have to do with, for example, not being able to have enough breastfeeding support, not having support for smoking cessation, not having access to the kind of supportive postnatal services that would provide people with contextual guidance are not really being addressed on a larger level, on a larger societal level. And those kinds of contexts really, really matter. mM participants were primarily middle class mostly white folks with a fair amount of privilege, they were able to hide some of these practices and they were not being targeted for sharing a bed.

You know, oftentimes black families have been sort of targeted with particular intervention and kind of assume to be potential threats. Which I think really has to do with the very long history of structural racism in the U S so we really need to think not just getting practical, appropriate evidence-based guidance to individual families and parents, but also think about the larger social construction and the context in which that guidance is provided and who are the people who are sort of assumed to be problematic

EA

So one thing that really kind of stands out to me from our conversation so far is really this emphasis that you're making about how much resources matter in terms of both being able to successfully breastfeed and to co-sleep without concern of being labeled a bad parent. How do you see parents negotiating some of these ideologies in terms of what are some of the resource barriers? What are some of the social barriers towards this being a more widespread practice?

CT

Those are, you know, sort of the big issues. Absolutely. I think, you know, one thing, you know, my, that the longer study that I did, you know, is, is now older. So at that time, you know, even these folks who had considerable resources had to mobilize a lot of resources, educational resources to get the information, the right providers who were more breastfeeding supportive. There was a lot of work; in terms of the relational resources that they mobilize and obviously, financial resources so that they could take leave because as-in the U S we don't really have any sort of structural leave for people that's paid.

So all of that had to be mobilized to make breastfeeding work to begin with. And then to be able to negotiate the nighttime was sort of like extra on top of that. And I think for those folks who do not have the same kind of resources, you can see how each of those steps, you could ultimately undermine breastfeeding. If you are not supported feeding your baby at night, that is a huge barrier to breastfeeding. And so a lot of my later works has been investigating why this blanket prohibition came about. That has been really on my mind for now many years--Separation is the norm or that we should not be feeding our babies at night. Even though now the current recommendations do say that you should breastfeed your baby, a lot of providers still tell people that you should be limiting nighttime feedings. And the older recommendations really did not emphasize this closeness that I mentioned at all. The room sharing recommendation is much more recent. White middle class us parents tended to really focus on how to put their babies into a separate space. And a lot of my ethnography was actually all about these parents preparing the separate space for their babies. And that is where a lot of attention when during pregnancy is to create the nursery, to set up the crib, to purchase the crib, to decorate the nursing. And that is in pretty stark contrast to the majority of the world. Although, you know, there's a lot of copying of Western middle class American ideologies, you know, shared sleep is still quite common and, and is much more common than separate sleep all over the world. I've been spending some quality time with 19th century and early 20th century physician recommendations as a result.

EA

Oh, can you tell us some about those?

CT

Sure. They're kind of my favorite. The scary thing as I got more into the historical literature is how much of contemporary parenting recommendations in these Western settings actually just echo 19th century advice without realizing it. And sometimes literally like word for entire words or phrases, which I was kind of shocked by, I'm still in shock really. What you really see is these early pediatricians, pretty prominent people giving advice to very elite families. So these elite families inviting physicians into their homes and that ultimately leads to childbirth, ultimately moving into the hospital. But that piece really also allows a new market to emerge, which is really the beginning of pediatrics.

The infant care shifts away from community knowledge among women to the purview of these elite male white positions. And what they were doing was on the one hand saying breastfeeding is great, but the actual advice they gave was systematically undercutting breastfeeding. Basically what they were doing is saying we love this breastfeeding thing, but really at night you shouldn't feed them like almost at all. Or maybe like a couple of times. And then you should really eliminate even those feedings and be kind of argued that the baby can't possibly be hungry.

This idea that babies need to cry and not be fed or comforted at night really comes from like late 19th century, early 20th century advice that's really based not on any evidence about moms, infants or how breastfeeding works. So you can see if you don't feed your baby at night at all, very early on, it's not going to lead to very successful breastfeeding.

All that advice had a pretty profound effect. Usually elite start things and the middle class has copied them. The rest of people, usually ethnic minorities for people oftentimes get this kind of advice and forced upon them. And that's exactly happened has what happened. They played a huge role in sort of undermining indigenous practices all around the world. So it's a pretty devastating story about--colonial European powers. They were sort of working hand in hand in colonial

government, setting up, you know, groups for mothers and kind of giving them similar advice to what was becoming more common in Western settings that really was not helpful.

EA

Breastfeeding. Yes, yes. I think, you know, kind of thing reflecting on this emphasis on the amount of, of resources that it takes and how these processes that you're outlining really not only undermine breastfeeding, but also greatly enhance the resources that you need in order to successfully breastfeed. I'm the first person in three generations to breastfeed and how much effort it took and the resources that had to be thrown at it. I think very often this idea gets tossed around that breastfeeding is free. Yeah. But it's only free if you are not valuing women's time. We honestly, we probably spent well over a thousand dollars the first month in lactation consultants and just a staggering amount of, of resources.

CT

You nailed it. I think that the, the important context to this is that's unfortunately a result of all the sort of systematic destruction of that cultural knowledge, right? So it doesn't have to be this way. Right. There's other ways. If we have a community where breastfeeding is supported and people are knowledgeable about breastfeeding then we don't have to do this kind of heroic approach, right. There's always going to be cases where we're going to need more assistance. But those issues can be addressed a lot of times with the knowledge around you. A community that's breastfeeding supportive would have some of those resources available.

EA

These kinds of undermining of local knowledge play a huge role in how much you need to be able to overcome the structural barriers. And then of course the cultural barriers. Breastfeeding is often stigmatized and hidden. Whereas, you know, in a, in a setting where it's supported.

[CT TRACK] 32:41

It's like a no big deal, not non event, just you're just doing it. And it doesn't mean that they may not face challenges, but the way that they overcome those challenges is very different. I don't want to romanticize some of those settings. You know, clearly there's many challenges and, and unfortunately, there are many other pressures that undermine breastfeeding even in areas where breastfeeding is really well supported., the formula companies have done a, an excellent job systematically undermining breastfeeding in those areas as well. I don't want to make it seem like everything is great, in some other unknown place, but it doesn't mean that the way in which we address challenges really does differ.

EA

So how would you say, for example, the U S and the UK sleeping recommendations and co-sleeping and room slash slash co-sleeping bed sharing recommendations differ?

CT

So that's a really important and great question. And one of the reasons why those recommendations differ have to do with another wonderful anthropologist whose name is Helen Ball who has been doing amazing pioneering research on infant sleep and who has directly participated and played a key role and helping to bring together a coalition of people to think about those recommendations

more carefully and more contextually. And so the difference really is that the way in which we think about risk is a little bit different. So rather than thinking about that's sharing as inherently risky, it's more about the context. And so that is one of the big differences and B we'll link to this, is that there's actually guidance, specific guidance and how to do co-sleeping in the context of bed sharing safely. And people are provided alternatives with how to come up with a safe sleeping recommendation for themselves. So like I said, certainly both set of guidelines consider the fact that couches and sofas unsafe, but in the U S that part of the guidance often gets lost under this sort of blanket advice of, you know, never ever bring a baby into bed.

There's still not sort of safe co-sleeping recommendations from the U S side, but there is a greater acknowledgement that breastfeeding parents often fall asleep with their babies. And the U S the recommendation right now is to move that baby out of the bed as soon as possible after you, ~~you~~ know, if you fall asleep with the baby. And so there's no real specific guidance on how to make a shared sleeping surface, potentially safer. And there's a difference in that emphasis on you know, the context of safe sleep, which really, really matters for people. The new Academy of breastfeeding medicine recommendations from the U S represent another step that is also taking into account some of the expertise from the UK, including Professor Ball's research as well as some of the work of other colleagues and epidemiologists from the UK. And so represents this sort of process an attempt at the cross Atlantic cross fertilization of ideas. So we will link to the new ABM guidance as well that I think represents a step in the right direction.

I think there's a big tie in with kind of the economy and with, with this kind of capitalist mentality that you just have to keep searching for the right product that will fix everything. There's assumption that you need, you need all this stuff, right? The babies need separate spaces and they need all this equipment but actually -babies really just need a caregiver. That holds them and takes care of them and meets their needs. And that being close to people is really, really, really, really important. And I think that, that the whole commercialization of it the entire commercialization of childhood it plays a huge role in, in why people turn to those kinds of solutions.

People started realizing the baby actually just wanted to be held that the baby needed to nurse and stay close and we're able to go back to sleep that way. And they did not actually need or use some of the things that they bought. So they ended up kind of abandoning some of those things that they'd purchased-

EA

The number of just lactation promoting products that are now available and out. And, you know, one of the things that we're kind of exploring in the different segments on the show really is basically me just writing down stuff that shows up on my Facebook feed at two o'clock in the morning.

CT

Right, right. You're getting like a, a much more even tailored menu, then when I was doing my biography, the targeted advertisement was not quite as sophisticated yet. Obviously advertisement was happening and people were getting, samples of formula to their house, even if they didn't request any and all this other stuff. And there were some lactation products too. But I think that that has exploded, basically companies have access to all the data from social media and they provide tailored advertising. So, you know, all that provides even more opportunities for those products.

EA

So where do you see your research heading now? You've talked about kind of getting into the historical literature and then your earlier work, which is a direct ethnography is with families. What's kind of on deck for the next type of research and projects? You hope to engage in?

CT

I still would like to write some more about, how these ideas came about and how they spread and really tackling kind of the idea, that the way the U S for example, middle-class or the UK middle class or the Australian middle class, you know, mostly white folks do things or think that parenting should be cross cultural norm that has always been like this. And it's just not the case. You know, the idea that babies need separation, that this is going to make them quote unquote independent and then somehow like a superior person. These are all cultural, cultural ideas that are actually quite recent and certainly not typical.

At the same time, I am also really trying to facilitate interdisciplinary conversations and thinking about how some of the insights that I have about these inequities really shape what people are able to do and whether they're able to breastfeed their babies at all and how they negotiate that. I would like to put that more into practice. So I'm looking at working in multidisciplinary teams. I've always worked across those borders and I'm now at a school of nursing where there's a lot of interest in interdisciplinary work or in the postpartum period. So I'm very interested in figuring out ways to support families better and to provide better support, both, you know, on the family level, but also to hopefully make some structural changes to support breastfeeding better in the U S as well as in other places.

EA

Today's technology segment is a little bit different than they typically have. We're going to discuss the results, but that will actually be interspersed with a live recording I did while collecting the data. So this week we're exploring alcohol test strips that you use to test your breast milk to see if it has detectable levels of alcohol or even if what the concentration of alcohol in the milk is. I ordered two sets of these. One is just a positive negative and the other is supposed to give you a a measure of the concentration of alcohol in your breast milk. And we, because I'm a scientist and I like positive and negative controls.

Our positive control was tequila.

We then had four samples of breast milk; one of unknown alcohol exposure. One where we knew there had been no alcohol consumed by the mom for 48 hours. I then drank a four ounce glass of wine and then pumped 30 minutes later for us to test. The final one was what we called a high alcohol wine where I had two mixed drinks and a beer and then an hour and a half later. And then in terms of additional theoretically negative controls, we tested chicken broth. And oat milk. Okay. And at the time I did not test formula we didn't have any cows milk in the house

EA

So I think it just really points out that the strips are not super reliable. Even the, the strips that reacted, it was after two very strong mixed drinks and a beer. The alcohol content was still 0.02% of the milk sample, so still pretty low. And if you compare that to the reaction to the oat milk of 0.04% the strips probably aren't measuring necessarily what they purport to measure.→ I don't think the test strips at anything that maternal judgment doesn't, and I think they're just part of this kind of

ongoing dialogue about both. What you said, this idea that to safely breastfeed, you need all these products and that women's behaviors and bodies are threats to their milk.

CT

Yes. I think that, I think that is one of the biggest overarching themes. I think the idea that breastfeeding is really not what unquote the norm, right? Even though we claim that that is the case, you know, and in many ways, you know, we make it seem, you know, very idealized, but, you know, we don't actually support it. We make it extremely difficult for people and it's this extra thing that requires all the stuff so that ~~we~~, we make it seem as if that is what is needed to make it work, when in fact that's just, you know, not the case. And you know, the idea that mothers are a major threat to their babies, that it is, ~~you~~ straight out of the whole patriarchy playbook. And that really goes across the entire spectrum of reproduction. So that's, ~~;~~ another big piece. And I'm co-editing a booklet of fabulous Sally Han on reproduction right now. And this is a cross cutting thing for us across all the points of reproduction, the idea that mothers are considered to be sort of problematic not helpful for their babies is a pretty big thing.

EA

Awesome. So are there any kind of final summary points or things you want to discuss?

CT

I, you know, I can't think of any, you know, I guess, you know, my, my favorites, you know, I have my hits that I tried to address really across all of my talks and I think, you know, we've covered most of them, but I think, you know, sometimes we're kind of summarizing them again I suppose. But I think, you know, when people think about breastfeeding, we really need to think in a larger context, you know, and that context has to, you know, go across time and space. And you know, to understand why we have such a difficult time with breastfeeding in some parts of the world and not in others. I think, you know, the big answers, you know, kind of coalesce around, you know, the history of colonialism and the systematic racism or particular life ways that disruption of communities. And then very much related to that is the rise of capitalism.

And of course capitalism is intimately linked to that colonial history. That's what capitalism is built upon. And then really the sort of third part of that triad is ~~the~~, the role of ~~IO~~ medicalization you know, obviously of the entire spectrum of reproduction and infant care. And usually when you have questions about why things are the way they are the answers often come back to that. Obviously not just for this topic but for many others. But you know, this kind of one of those things that anthropology can help us deconstruct a little bit.

EA

Oh, absolutely. thank you everyone for tuning into the March episode of Anthrolactology Next month we will be talking about studying infant feeding in an archeological context. And I don't think we decided what the technology discussion is going to be.

Email us at Anthrolactology@ProtonMail.com

CreditsArtwork by Aunchalee Palmquist
Editorial Advisor: Owen Palmquist

Audio Editing by Vitaliy at makesomenoise
Title music, “Big Plans”, by Grace Mesa

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Our fabulous joint book, [Breastfeeding: New Anthropological Approaches](#), which includes Dr. Tomori’s work on breastsleeping

[A recent review](#) with Profs. Ball and McKenna that summarizes anthropological work on infant sleep and its integral relationship to breastfeeding

The [Durham Infancy & Sleep Centre \(DISC\)](#), which manages [Baby Sleep Info Source \(BASIS\)](#), full of excellent resources, led by Prof. Helen Ball

Academy of Breastfeeding Medicine [protocol on Bedsharing and Breastfeeding](#)