

GOT MILK?

Breast-feeding is natural, healthy, sexy even—except when it's not, explains one who knows. Here's what your mother never told you.

By Alexandra Shelley

To me my 5-day-old daughter looked pleasantly swarthy. And why not? She was the product of two darkish Jews, although at 4 pounds 8 ounces and with that nut-brown skin, she looked more like a product of Jimmy Carter.

But something didn't look right to the hired expert who coached us through that first week of parenthood. Our doula held the baby up to the picture window, then pried open her eyelids to look at the whites. "I think she might have Billy Reuben," she said. Who?

By that night my baby had been admitted to St. Vincent's Hospital on the verge of dangerously high levels of bilirubin and jaundice. The cause? Me. My goddamn breasts, which for 43 years had been nothing but decorative and now were failing to perform the very function for which they were created. My baby was malnourished because the most natural process in the mammalian world, the thing that distinguishes us as a class, had somehow gone awry.

Lily—for that is her name, though at the time I thought of her more as a compendium of needs for which I had been mistakenly made responsible—was put into an isolette under blinding lights. There she stayed for 24 hours, alone, naked but for her tiny diaper and neoprene goggles. From time to time she startled, her arms and legs reaching instinctively for her mother's chest.

Where was I during Lily's first tropical vacation? Useless on the other side of the Plexiglas carapace. I went home for a couple of hours to pump, a grey watery liquid trickling from my stingy breasts just as dawn broke and snow began to fall on the sidewalks of Manhattan.

What if we hadn't had the money to hire a doula? What if we'd waited another day to bring Lily to the emergency room and she'd gotten to the point of brain damage? Can natural selection be at work in the richest city in the richest country in the world?

A century ago my daughter probably would not have survived her first week. Her near-miss in 2004, though, seemed to me unfathomable. Partly it was a failure of the medical bureaucracy, but it was also attributable to the breast-feeding

mythos, an idealization of motherhood so powerful that it discourages rational, pragmatic discussion. Despite my having prepared for this birth by taking a class, reading numerous books and politely allowing all my friends to bear children before me, despite my baby-daddy's being a doctor (an endocrinologist, no less), it had never occurred to either of us that mother's milk would not suffice.

There are serious consequences to this lack of objective information about Mother Nature's most basic cuisine. Thirty percent of mothers in this country don't even try to breast-feed. By the end of the first month, another 20% have given up in whole or in part. And the latest Centers for Disease Control and Prevention study includes this astonishing note: *The American Academy of Pediatrics recommends that an infant be breast-fed without supplemental foods or liquids for [its] first six months. . . . However, no U.S. state achieved an exclusive breast-feeding rate of 25% or greater through six months of age.*

Our problems began with timing. My daughter had the bad judgment to be born on a weekend at NYU Medical Center. The lactation consultants don't work on weekends. When I asked for help with breast-feeding shortly after delivery, a nurse's aide rushing by said, "It's easy. You put the baby on and it eats." And that first night, although I asked to have the baby brought in to nurse, they didn't bother. I wasn't even in the maternity ward, which was overflowing. The pediatrician making hurried rounds the next morning mentioned nothing about breast-feeding or the possibility of bilirubin, though low-birthweight babies like mine are prone to it. When we were leaving the hospital, I was offered a breast cinch in case I needed it to help my milk dry up, and given a free bag of powdered formula supplied by Similac.

Thus began the road to my failure as a mammal.

Five months and more than \$1,000 later, I'd hired a lactation consultant; gone to two breast surgeons; attended breast-feeding support groups; bought hundreds of dollars worth of paraphernalia; changed my diet to eliminate all simple pleasures, even dairy. The only thing I had not done was to hire a wet nurse—and believe

me, I would have in a minute (didn't Juliet Capulet get along well with hers?).

I did all of this to

accomplish what is allegedly the most natural thing in the world.

Like mother's milk . . . I thought I knew what that meant: elemental, pure, the paradise to which we hearken back. The closely guarded secret is that its dispensing is not instinctual, is at loggerheads with most 21st-century women's lives and can hurt like hell. Why did no one tell me this?

Not that I'd have listened. Breast milk is political food. To me breast-feeding has always been tantamount to voting Democratic. Even as a kid I boycotted Nestlé's products when the company was allegedly pushing formula on third-world mothers. I haven't had a Crunch Bar since 1978.

Breast-feeding's got its own lobbying group, La Leche League. It's the subject of international policy declarations, with UNICEF estimating that each year 6 million infants are saved by government policies that encourage breast-feeding.

Politics aside, to nurse or not to nurse is arguably the first major parental decision. With the weight of instinct and scientific evidence on the side of breast-feeding, how could a mother choose not to? It's the perfect supply-and-demand system: It gives the baby all the nutrition she needs, and as she needs more, you make more. It's the primary attachment, both literal and figurative; you couldn't get any closer to your infant short of inserting her back into your womb. It's even your first chance to introduce your child to alimentary adventures, since breast milk takes on the flavors of the maternal dinner.

The health advantages for both baby and mother are documented, including for kids a long-term lower risk of such serious diseases as diabetes, asthma, leukemia and even obesity. And there's increasing evidence that breast-fed kids are smarter. This belief has infiltrated the American zeitgeist to the point where *USA Today* ran the headline "Mother's Milk: Food for Smarter Kids" over an article about a long-term study suggesting that breast-fed babies have an eight-point IQ advantage over their bottle-fed brethren. (Formula manufacturers have recently attempted to mimic the brain-boosting properties of breast milk by adding the fatty acids DHA and ARA. And here again you find economic Darwinism at work: Formula containing these substances will cost you about 20% more than the basic variety.)

Breast-feeding is championed in today's most



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popular baby books, including those by William Sears, the “attachment parenting” guru who is a cross between Dr. Spock and Mother Nature. According to Dr. Sears, children not weaned prematurely are more independent yet more sociable, and they “radiate trust”. It was this last one that really got to me—maybe because it actually made sense: If you have your most basic needs satisfied in the way that nature intended, why wouldn’t you believe all’s right with the world? In psychoanalytic terms “good breast” is the foundation of healthy emotional development.

In our childbirth education class, we watched videos in which infants blissfully latched onto their mother’s nipples while said mothers rocked placidly and fathers beamed. Needless to say—this was in progressive Greenwich Village, after all—everyone in the class was planning to breast-feed, even the non-childbearing half of a lesbian couple, who was pumping like crazy to induce lactation.

My plan was to nurse for one, perhaps two years. I come from a social set who breast-feed their kids on the subway, in line at the Park Slope Food Coop, at the table at formal dinner parties. “Hello, I’ll be your right breast tonight,” one friend of mine says to her daughter, hoisting it out wherever they happen to be. Their kids are all luminous and in the 95th percentile for height, weight and humor: “Bye-bye, boobs,” chirps two-year-old Cass when his mother buttons up her shirt.

Of course, I also have friends who had less idyllic experiences—pumping for long stretches while on the computer at work (if they had the luxury of an office door), or in the anteroom to the bathroom that J.P. Morgan has designated its pumping station. But they soldiered on for at least a year, as per the American Academy of Pediatrics recommendation. I didn’t see any reason that as a freelance editor and adjunct professor, I couldn’t work around a little lactation.

But here was my reality: As soon as the baby latched on, it felt as though a mouse trap had shut on my nipple. After a few minutes this subsided into the sensation of fire radiating down my breasts, which continued for the 45 minutes it took me to try to fill up my underweight infant. Then, after feeding, my nipples would turn white and burn for about a half hour. Two hours later it was time to start again.

Probably because my baby wasn’t suckling efficiently, my ducts got clogged, and every month or so this would cause an infection called mastitis in my right breast, the more wonky of the two. This breast would swell to twice the size of my left and become hard as a grapefruit. It was so painful that I couldn’t bear the thought of those powerful little lips latching on. But, paradoxically, milking is the only way to cure engorgement.

Although the pressure to continue was partly internal, atavistic even, it was also cultural. After a couple of months, I told my obstetrician—a member of an all-female practice in Soho—that I was thinking of stopping. She called in reinforcements. That night I got a call from a mutual friend in Park Slope encouraging me not to give up.

I found myself sucked into the mammary-industrial complex. Nowadays there’s some recognition that breast-feeding is not purely instinctual, the theory being that when we lived in tribes, new mothers learned from those around them. I soon discovered the cottage industry of lactation experts, classes and publications aimed at helping us become the best breast-feeders possible.

One of the most popular spots for new mothers in hip Chelsea is the breast-feeding support group at Realbirth. Here we were, about 15 topless, pendulous women sitting in a circle on the floor of an office off Sixth Avenue feeding our young. Before we began we weighed our babies on a sort of deli scale. Then we took turns telling our lacto-sagas. Most of these struck me as prototypes of mother-child power struggles. There was the one mother, for instance, whose daughter would feed only when lying in her mother’s bed. The mother couldn’t take her more than a few blocks from home before they had to rush back to nurse.

As it turned out, most of the mothers were breast-feeding just fine, but they were also *supplementing* and wanted to stop. Supplementing is a slippery slope—the more formula you give, the less milk your breasts produce and the more formula you have to give. . . . Once people started admitting to this practice, the group took on the air of an AA meeting. At two bottles a day, I was the most profligate supplementer. Although the group’s lactation expert had prescribed regimens for other mothers to get their kids Off The Bottle, when it came to me, she didn’t even try.

When my daughter was done suckling, I weighed her again. She was several ounces heavier. She’d eaten heartily and I’d felt little pain. Maybe we do need a tribe.

This tribe, however, disbanded after two hours. I called in a lactation consultant—at \$200 a pop. She handled my nipples like so much change in the checkout line. She showed me how to take the baby’s head and basically whomp it into my chest. There is nothing tender about this operation. In fact, she was the one who taught me the “football hold” (in which you tuck the baby under your arm). If the “latch” isn’t right, you insert a finger between the baby’s lips and your nipple and pry her off. Try again.

These lactation consultants are the salvation of most painfully nursing mothers. Many of my friends around New York have used the same few popular ones—all older orthodox Jewish women (again, the tribe?). The first time ours came, she alternated between whomping the baby onto my

breast and fielding calls from her own daughter, who was apparently in the midst of shopping for the Passover supper. *Her daughter gets the feast of Passover*, I thought bitterly. *Mine gets the fast of Yom Kippur*.

With the help of this lactation consultant and various doctors, I developed an arcane breast-feeding routine. During daytime feedings I’d turn on *M*A*S*H* reruns to put my own pain into perspective. Then I’d heat my breasts to try to unclog the ducts, climb into the glider—an ungainly piece of furniture marketed specifically to nursing mothers—and strap the My Brest Friend pillow around my middle. From my neck I’d hang an expensive device called the Supplemental Nursing System (basically an upside-down bottle of formula), taping its two tubes to my nipples so that, in theory, if I could thread the tube end along with my nipple into my baby’s mouth, she would simultaneously imbibe formula and breast milk, thus avoiding “nipple confusion”—as well as starvation. Afterward I’d ice my breasts to reduce the inflammation, apply lanolin to my nipples and then stuff chilled cabbage leaves into my nursing bra (this last is such a commonly recommended salve for engorgement that it’s even cited in the best-selling books).

At night, at about 2 a.m. and 5 a.m., I’d breast-feed for 20 minutes and then the baby’s dad would attempt to ply her with formula while I pumped to boost my milk supply. This procedure took about an hour each time.

At no point during the five months I breast-fed did it get easier. For me the fabled oxytocin-lubricated *nursing euphoria* was an oxymoron. My daughter’s first experience of attempting to meet her own most basic needs caused her mother to writhe in pain. My pleasure = Mom’s pain: How’s that as a set-up for adolescence? In the books and videos the feeding infant gazes adoringly up into his mother’s eyes. My daughter would arch her back, reject the nipple, look anywhere but at me. Sometimes she’d cry so bitterly I couldn’t get her to latch on at all. And she seemed about as bonded to me as she was to the Supplemental Nursing System. She was not, during her first year, a jolly baby, nor did she ever rise above the 5th percentile for weight.

Yet once I started supplementing, I felt like I was introducing my daughter to crack. In fact, there’s a push on in the U.S. Senate to require black-box warning labels on formula similar to those on cigarettes. And a recent national breast-feeding promotional campaign included TV ads equating formula-feeding with a pregnant woman’s riding a mechanical bull in a bar: “You wouldn’t take risks before your baby’s born. Why start after?” Your tax dollars at work for metaphor.

My anguish over deciding to supplement and then to give up breast-feeding altogether is not atypical. It can be deduced from the vitriol flow-

ing like . . . well, like mother's milk in the chat rooms of urbanbaby.com. Here the most innocuous inquiry from a new mother uncertain about breast-feeding brings a hail of imprecations—mostly pro, though some anti the pros, whom they call the “überboobers”.

The members of this cybertribe share information about cracked and bleeding nipples, whether breast-feeding will destroy your boobs, when to wean . . . But the advice is often dogmatic, the exclamation mark the most popular form of punctuation. The pride of the “EBFs” is palpable (it took me quite some time to figure out that this abbreviation stands for Exclusively Breast-Feeders). And between these lines can be read the guilt of those who can't or choose not to breast-feed:

“Why is there so much talk about breast-feeding?” asked one mother.

“Because it is a huge and sacred undertaking. . . .” replied another, who was then jumped on by a third: “Running for president of your local sanctimommy association, dear?”

“I'm not trying to stir things up,” wrote another cautious poster. “I am so curious as to why the formula vs. breast-feeding thing is always so intense.”

“People get into heated debates because some find it offensive that you would choose not to do what is unequivocally best for your baby simply b/c it's easier,” came the helpful reply.

When it is “best for your baby”, when the advantages are so clear, why do only a minority of mothers in the U.S. breast-feed? Most obviously, it's because our society isn't set up for it. We're the only industrialized nation without an infant care leave policy. Sixty percent of mothers with young children work, and most don't have the kind of jobs that allow for extended pumping breaks.

But I think there are also more subtle reasons.

There's a female *homo* so-called *sapiens* design flaw: Even under the best of circumstances, breast-feeding hurts for the first few weeks (about three, if you take the average of urbanbaby.com posters). When nursing turns out not to be the heavenly experience that's advertised, we have no alternative vision to draw on. Like many processes involving bodily fluids, breast-feeding is taboo—*taboo* in the original Polynesian meaning: branching off in two directions, on the one hand sacred, and on the other, unclean. It's no wonder that what discourse there is about the act is drawn more from religion than from science.

It's not milk we're providing, it is nectar. Literary and religious doctrine equates mother's milk with moral probity, even with sacredness: “Even mother's milk nourishes murderers as well as heroes,” wrote George Bernard Shaw in *Major Barbara*. And *Deuteronomy* stipulates, “You shall not boil a kid in its mother's milk.” (Kill a young goat? No problem, as long as you don't implicate *mother's milk*.)

At the same time, there is something vaguely salacious about the act. It is expected to be conducted in private. Why else would mothers today feel compelled to hold public “nurse-ins”? (When was the last time we staged a “barbecue-in”?) Why do we need state laws explicitly exempting nursing mothers from criminal indecency statutes? And why would anyone pay \$35 for the “Hooter Hider” nursing cover-up, no matter how chic the fabric?

If the act is concealed, the topic is merely ignored. Why isn't this stuff taught? Is the Pythagorean theorem more relevant than the theory of nipple confusion? Why don't we parse the expression “mother's milk” (colostrum, foremilk, hindmilk) in English class? This crucial gap in my education became clear to me when the only nonmedical source I thought to consult in my breast-feeding confusion was that noted lactation expert William Shakespeare. Yet all I learned from Juliet's wet nurse was to wean by putting wormwood on my dugs. Juliet, by the

way, was breast-fed until she was three, but all the IQ in the world couldn't save her from the folly of love.

So it's not part of the curriculum. Then why don't our own mothers give us the lowdown? For the most part they didn't breast-feed. As the stereotype goes, they would've had to put down their cigarettes and martinis. Only a quarter of baby boomers were breast-fed, creating a breach in a millennia-long chain of wisdom.

All I know is that five months into motherhood, I was so sleep-deprived and worn down that I went into therapy. I stumbled back to work with wilting cabbage leaves in my bra. And, partly owing to this ordeal, the relationship between me and my baby's father fell apart. He gave me a lot of credit for attempting to breast-feed, but he also couldn't bear to be in the room when the torture began, forming a painful contrast to the beaming fathers of breast-feeding iconography. And as is not uncommon among nursing mothers, I had zero libido. As one friend put it, her response to her husband's amorous advances during this period was: “What?! You want a piece of me too?”

I felt like a failure not only as a mother, but as a woman.

Ultimately, it was the pediatrician who gave me permission to stop. “You have needs too,” she said simply. And still, long after my milk had dried up, I continued to feel bereft. It isn't until now, two years later, that I can reflect and partake of “adversity's sweet milk, philosophy” (something I *did* learn from *Romeo and Juliet*).

Now Lily's favorite foods are olives and hummus. She drinks from a cup—preferably mine. Her beverage of choice is “fizzy wawa” (seltzer). And last night for the first time my two-year-old daughter said, “I love you.” *Finally*, I thought, *she's forgiven me*. Soon I hope even to forgive myself. ✕

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NOTES TO ISSUE 3

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