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A Narrative of Breastfeeding after a High-Risk Twin Pregnancy

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Cover Page Footnote

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A Narrative of Breastfeeding after a High-Risk Twin

Pregnancy

I was set up to fail.

I have been taught my body is not my own. Legislation surrounding issues of abortion and how courts have ruled in cases of domestic violence where women have been harmed have taught me this. Once I became a mother, I learned how others also tried to control my body. The bodies of mothers are often monitored, and negotiated by medical professionals, family members, and friends. Discussions of how to feed a baby, in particular how to best feed a baby, somehow always seem to arise. The first time I was asked about breastfeeding my twins, I had just learned I was pregnant not with one baby, but pregnant with two babies. I remember lying face up, staring at an image of one tiny, human yet alien-looking body squirm while another similar looking body lie almost too still, with what looked like two round holes for eyes staring at me as if trying to recognize me. I couldn't look back at them and tell them how I was just trying to recognize myself at that time. The question about how I planned to feed my unborn babies just sounded absurd. I just learned I was having two babies, though I knew I had been pregnant for around a month. I am not sure if I said anything.

What could I say?

After the initial ultrasound, I made an appointment two and a half hours one way from my home to see a fetal-medicine doctor because my obstetrician did not feel comfortable being the sole medical professional to monitor a mono/di twin pregnancy. My small, rural hospital did not have the equipment needed to monitor such a high-risk pregnancy. My obstetrician felt it was in my best interest to have that babies closely monitored for complications, though I was never told many details about those complications. Google searches and online support groups for multiple pregnancies helped me to learn what I could. I read about twin pregnancy in books, but I found most of the information online. I had never been pregnant before. This was all new territory, so the whole idea of having any kind of "birth plan" seemed like a faraway and foreign concept.

I was set up to fail.

Almost immediately my pregnancy was determined to be “high-risk.” I was having a twin pregnancy and my twins were sharing a placenta while still placed in their own, oval-shaped amniotic sacs, with only a thin membrane to separate them. My age also determined my high-risk pregnancy status, since I would be 35 years when the babies were born. People around me, once learning of the high-risk status, immediately grew concerned, considering my high-risk status a potential roadblock to a healthy pregnancy. What would actually result was different. The pregnancy, despite the high-risk designation, was uneventful, though most certainly uncomfortable and at times painful. What would result in roadblocks for me was the whole concept of motherhood. Motherhood, though I did not fully realize it then, would be fraught with challenges and roadblocks. When I found myself pregnant, I was a newly-minted PhD and academic professional. I was a newlywed, and a person living many miles away from immediate family for the first time because of job obligations. Despite this, I was also become a person who was learning to self-advocate, discover I have a voice and a place at the table in professional and personal settings.

But first, I have to have something to say.

A couple weeks after my twins were born, I found myself going back to work. My university has a family leave policy, but that policy is inexorably linked to sick leave. Because I was a new faculty member, I had not accrued enough sick leave. A further concern was the possibility of one of my twins having a medical issue, and wanted to keep whatever sick leave I had stored up. But I also took no leave because I was (and still am) the only source of income for my family. I knew I was taking a risk in not giving my body time to heal, and losing that bonding time, but I also knew I had to continue to provide for my family without the protection of a strong maternity leave policy and short-term disability. I found myself faced with a full-time job without leave and the responsibility of caring for, and feeding, two infant children, a responsibility that unequally often falls to mothers.

Maybe I was not responsible enough.

Even before my twins were born, I certainly felt pressures to breastfeed. Along with these pressures, I became conscious of breastfeeding promotional tactics. A number of ad campaigns have championed breastfeeding mothers, and encouraged women to breastfeed. Some of the advertising campaigns that push women to breastfeed do so through forceful rhetoric. For example, a sticker advertising campaign existed to promote breastmilk as helping to “reduce obesity by 21%” in children (Nudd, 2016). How did the sticker advertising campaign work? By placing produce-inspired stickers models placed on their bared breast to promote breastfeeding. These stickers

were shared with postpartum women at hospitals to further promote breastfeeding practices. In examining the stickers, they can be analyzed as a way that further conceptualizes women as objects—in this case, as the source of food for a young life. For instance, the stickers mimic the stickers often found on produce you find at the grocery store. Does this make mothers produce? I certainly would not be comfortable placing such a sticker upon my own body, nor do I feel such an ad campaign to be helpful to new mothers.

I always tell them that I do what I can.

Occasional in-your face (or on your body) pro-breastfeeding campaigns seem to be always present in our current culture. However, there have been some ads promoting breastfeeding that have won praise, and perhaps rightly so, but I'll argue even these advertisements become problematic to mothers who may not be able-bodied, may not have the time or ability to breastfeed, or have other concerns about if breastfeeding is right for them, or even works for them. One advertising campaign promoting breastfeeding was recently done by The Gap. The Gap created a string of what many described as realistic and intimate images of breastfeeding women. While these advertisements are certainly intimate, and probably do have images of realism (and even include women of color), they also continue to work to promote breastfeeding as a natural, even casual, practice. In ads from the Gap, the breastfeeding woman sits on a bed, almost lounging, while a baby suckles from her breast. Certainly, the image portrays breastfeeding as something easy, something a tired mother can do as she sits with her baby on her sofa, relaxed for a moment while the baby nurses. Of course, this relaxed image of a woman of color breastfeeding in an advertisement from the Gap is not exactly what breastfeeding looks like as a true cultural practice. Many mothers breastfeed, in part thanks to the support of lactation consultants and other groups that work to help mothers who choose breastfeeding, but the advertisements do not show the difficulties breastfeeding mothers face. What these ads fail to recognize is that many mothers cannot or choose not to breastfeed. These women may have disabilities that prevent them from breastfeeding. They may be fighting cultural stigmas surrounding breastfeeding practices. Women may be working-class and unable to find time or space to breastfeed. Of all the breastfeeding ad campaigns I've seen, none have fully taken into account the impossibilities mothers face regarding breastfeeding practices. Even the viral video advertising campaign, done by Wisconsin candidate for Governor Kelda Roys, does not account for the difficulties faced by breastfeeding mothers, which is another video that won Roys much praise in pro-breastfeeding promotion. Yes, she appears to be a working professional who is able to breastfeed her child on demand, as we see done in her viral video [here](#). The problem with this video lies in its privilege. A viewer can see that she appears to have a partner who is able and willing to take on many

of the tasks of parenthood (minus the breastfeeding, it appears) as she campaigns for governor. When Roys breastfeeds her child in the viral video, she continues talking, making the act of breastfeeding look natural and something she easily transitions to, with the help of her partner of course to hand her the baby. In some ways, this image is powerful and affirming. As a viewer, I'm certainly proud of Roys for her commitment to parenthood, breastfeeding, and campaigning. As a professional working mother I know how hard all of this is, even with the support you see Roys receiving from her family. Yet, at the same time, I'm angry. I'm angry because I was not able to find the same support from my field, from my employers, and from my own body. I was never able to make breastfeeding appear easy because I was never able to physically breastfeed. I did not produce enough milk. I did not have the economic security to breastfeed.

Maybe I didn't try hard enough.

For some time, I had trouble articulating my emotions about breastfeeding and access I had until I read Adam Banks in *Race, Rhetoric, and Technology: Searching for Higher Ground*. Banks states, "meaningful access to technology isn't just about its availability or proximity to us," but rather should focus on the "real material, social, cultural, and political needs in their lives and their communities." (Banks 2006, p 138). Banks goes on to describe functional access as "the knowledge and skills necessary to use the tools." (Banks 2006, p. 138). Banks also argues for experiential access, or the opportunities to use the tools frequently and to integrate them into one's own life. Finally, Banks advocates for a critical access to "understand the benefits and problems of these technologies well enough to be able to critique them when necessary and use them when necessary" as well as not use them when necessary (Banks 2006, p 138). In *The Rhetoric of Pregnancy*, Marika Seigel presents an auto theoretical narrative that, with painful accuracy, details the traumatic childbirth she endured with her daughter, all because she was continually denied a critical access to her own care. Similar to Seigel, I experienced a high-risk pregnancy where I found myself traveling nearly three hours one way every two weeks to have specialized ultrasounds at the University of Kansas Medical Center. I was told that the ultrasounds were done as preventative measures, ways of allowing ultrasound technicians and maternal-fetal medicine specialists to monitor my developing twins, but not monitor me or any symptoms I may be experiencing. Oftentimes the ultrasound technician would barely speak to me, and spent most of our time together simply moving the wand along my belly as I would lie still, or be told to lie in another uncomfortable position, so she could try to get a better image of one of my babies. I had functional access to why the ultrasounds were being performed, but I had no way to critique this experience or further engage with the actions that were being performed or the knowledge that was being gained. I didn't always know what the specialists were seeing, or were not seeing. But even then, I was

being taught I had to be monitored by others, and monitor the health of my own children closely.

Maybe I do not try hard enough.

The American Academy of Pediatrics shares a powerful rhetoric surrounding breastfeeding benefits in a policy statement titled, "Breastfeeding and the Use of Human Milk." This document presents medical data on the benefits of breastfeeding and breastmilk, but the document takes a concerning rhetorical position, and it's a rhetorical position that I saw in many documents that relate the importance and benefits of exclusive breastfeeding practices. This document is bookended by a powerful piece of rhetoric that is harmful to mothers. First of all, the policy statement opens up with the sentence proclaiming "[b]reastfeeding and human milk are the *normative* standards for infant feeding and nutrition." (AAP, Policy Statement 2012, p e827, italics mine). I put stress on the term normative since that designates that breastfeeding and breastmilk are feeding practices that are the evaluative standard, or the "optimal" way to choose to feed a baby. It paints breastfeeding as a cultural norm to follow for infant feeding. It portrays to the reader that if she truly cares for her baby, she should breastfeed or at the very least provide the baby with pumped, human milk. Following this opening, the document further asserts "Given the documented short and long term medical and neurodevelopmental advantages of breastfeeding, *infant nutrition should be considered a public health issue and not a lifestyle choice*" (American Academy of Pediatrics, Policy Statement: Breastfeeding and Use of Human Milk, 2012, e827, italics mine). As a mother who tried breastfeeding, I admire the document for demonstrating that breastfeeding is not a "choice." Mothers often encounter many barriers to breastfeeding. Some mothers do not produce enough milk, or are in other ways physically unable to breastfeed. Issues of class and economics come into play in regards to breastfeeding practices, as many mothers may have to continue working, and find it impossible to exclusively breastfeed. In examples like these, breastfeeding is not a choice. Breastfeeding becomes an ability for those with a little more privilege than others. What I do not appreciate from the AAP's policy statement on breastfeeding is portraying the ability to breastfeed as "a public health issue." This type of statement encourages further guilt as women who cannot breastfeed, or choose not to breastfeed, are seen as not making the best choice in terms of nutrition for their children. They become, in a way, a violation of the AAP's public health code.

Maybe we did not try hard enough.

When I first envisioned this narrative, I wanted to share a set of "best practices" for new academic mothers to follow because, as the eternal optimist, I wanted to give

my reader some answers, some encouragement. I wanted to share with others how I made it through those first few months, working in my tenure-track job while caring for newborn twins. The truth of the matter is that I no longer remember much from those months, much less can I share any advice. What I learned to do was navigate my days so that I could accomplish the tasks I needed to accomplish. I published two articles during my twins first year of life, but if you were to ask me how I did that I would tell you it was one part luck and one part determination. I taught my classes, but received some of the worst student evaluations the semester after giving birth. Luckily, my spring semester yielded better student evaluations, and I remember teaching those courses much more vividly. I would love to give advice for surviving that first year of motherhood, but I cannot. What I can tell you is that the rhetoric surrounding motherhood is certainly problematic with its demands of what good motherhood should be against the knowledge of what I knew I could provide.

I already feel like I failed.

Breastfeeding provides wonderful opportunities, both for mother and child, and may indeed have many benefits like those shared in the policy statement from the American Academy of Pediatrics. Right before my twin daughters Elise and Alma turned six months, Alma became seriously ill with the flu. Elise became ill a few days after Alma. As still new parents, my husband and I would lie on the couch with her at night, each taking turns, while each baby battled the illness during a two-week period. Proponents of breastfeeding may argue that my six-month-old children could have remained healthy if I had breastfed. Think for a moment what kind of message that sends to a mother. It tells a mother that if she had been a good mother, a better mother, and exclusively breastfed her child, her child would therefore be healthier. However, exclusive breastfeeding was not possible for me. I was not able to produce enough breastmilk. I did not have time to exclusively breastfeed considering I was, and still am, the sole source of income for my family. Benefits of breastfeeding should not exclude how difficult breastfeeding can be on a woman's body or how time consuming the act of feeding may be for a new mom of more than just one infant, or even a new mom of one infant. Breastfeeding takes up a mother's time and mental and emotional energies. A woman who is breastfeeding will find herself constantly hungry, working through what is only best described as "mental fog" leaving her to sometimes leave her car keys in the refrigerator (true story), and also demands a great deal of time and other energy devoted to feeding the newborn. As an ethical cultural practice, we need to give maternal bodies back their control, assuming they ever had any in a culture that has not placed much critical value on the autonomous maternal body.

But I was set up to fail.

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