Another Breastfeeding Controversy

Wendy C. Budin, PhD, RN-BC, LCCE, FACCE, FAAN

ABSTRACT

In this column, the editor of *The Journal of Perinatal Education* discusses the latest breastfeeding controversy—a new doll that is intended to help little girls learn to breastfeed. The goal of the doll’s manufacturers is to spread the word that breastfeeding is a normal, natural way to feed a baby. Its purpose is to raise awareness about the positive health benefits associated with breastfeeding. But not everyone seems to agree. Pros and cons are presented. The editor also describes the contents of this issue, which offer a broad range of resources, research, and inspiration for childbirth educators in their efforts to promote natural, safe, and healthy birth.

Wendy C. Budin
Editor

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Walking through the aisle of the toy department, a mother picks up a box containing a cute baby doll. Unlike most baby dolls, there is no bottle included. The instructions on the box read:

Put on the magic top that comes with The Breast Milk Baby.

Place your baby’s mouth next to the flowers and she’ll start to suckle and swallow. Just like a real baby!

Once you’ve breastfed your baby, don’t forget to put him on your shoulder and burp him! Otherwise, he’ll get a tummy ache!

If your baby is still hungry, you can give him the other breast, too. (The Breast Milk Baby, 2011a)

That’s right. You heard it. Berjuan Toys, a Spanish toy company, recently launched the world’s first breastfeeding doll, “The Breast Milk Baby,” into the U.S. market. The Breast Milk Baby comes with a bib for the child to wear, with two flowers positioned

where nipples would be. When the doll’s mouth is brought close to the bib, it sets off sensors in the doll, causing it to move and make suckling sounds.

According to a news release from Berjuan Toys, “The Breast Milk Baby lets young girls express their love and affection in the most natural way possible, just like mommy!” (The Breast Milk Baby, 2011c, para. 1). Dennis Lewis, the U.S. spokesman for Berjuan Toys said, “The whole purpose of The Breast Milk Baby is to teach children the nurturing skills they’ll need to raise their own healthy babies in the future. Breastfeeding is good for babies, it’s good for mommies and it’s good for society” (The Breast Milk Baby, 2011b, para. 1). The goal of the doll’s manufacturers is to spread the word that breastfeeding is a

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We invite readers to respond to the contents of this issue or share comments on other topics related to promoting natural, safe, and healthy birth. Responses will be published as a letter to the editor. Please send comments to Wendy Budin, Editor-in-Chief (wendy.budin@nyu.edu).

To read more opinions, both positive and negative, about *The Breast Milk Baby*, visit the Good Morning America Facebook page (<http://www.facebook.com/GoodMorningAmerica/posts/200430909987132>)

normal, natural way to feed a baby. They claim that its purpose is to raise awareness about the positive health outcomes associated with breastfeeding (The Breast Milk Baby, 2011c).

But not everyone seems to agree that this is a good thing. There seems to be a growing controversy about this new doll. A headline on *Good Morning America's* Web site asks, "Does a Breast-Feeding Doll Go Too Far? Weigh In!" while the subheading proclaims, "Toy That Mimics Breast-Feeding on Girls' Chests Causes Up-roar Among Some Parents" (*Good Morning America*, 2011). An ABC news affiliate, KAIT8, asks, "Is 'Breast Milk Baby' too much, too soon?" (Snell, 2011). Some critics say the doll is "over-sexualizing young girls or forcing girls to grow up too quickly" (ABC News Staff, 2011, para. 4). Some have said it is disgusting and gross. Might these be the same folks who frown on women breastfeeding their babies in public?

Others do not understand why The Breast Milk Baby has created such controversy. How many little girls (or even little boys) who watch their mother breastfeed have lifted their own shirts and put a doll or even a teddy bear to their chest, pretending to feed their baby just like mommy? Isn't it completely natural to want to emulate mom? Some have simply questioned the need for such an expensive toy when children have been imitating mothers' feeding behaviors since the beginning of time with inexpensive dolls. Others believe that perhaps a better way to promote positive attitudes about breastfeeding is to remove barriers that discourage mothers from breastfeeding in public. If nothing else, the controversy has gotten people talking about breastfeeding. Hopefully, that is a good thing. Perhaps changing attitudes among little girls is the way to go. By the time this issue of *The Journal of Perinatal Education* (JPE) is released, The Breast Milk Baby may be the hottest new toy that every little girl must have with lots of imitations on the market or just another neglected toy in the toy box. However, I am hopeful that someday in the future, breastfeeding will again be the norm, and the effort to change attitudes will not be needed.

IN THIS ISSUE

As has become the tradition, we are thrilled to feature a special birth story in each issue of JPE to advance the Lamaze International mission to promote, support, and protect natural, safe, and healthy

birth. In this issue's "Celebrate Birth!" column, Allison Walsh, past president of Lamaze, and her husband Paul share their story of the homebirth of their third baby, Nora. Nora's birth was truly a family affair; along with Allison's and Paul's recollections of the labor and birth, big sister Jane and brother Gavin share their own memories of their baby sister's birth. In addition to the wonderful pictures that accompany this story, readers may be interested in knowing that an amazing picture of Allison and Nora, taken moments after Nora's birth, is featured on the cover of the JPE 19(1) issue, and big sister Jane and Nora are featured on the cover of the JPE 20(1) issue.

In this issue's "Guest Editorial" column, Robin W. Stanton, chair of the United States Breastfeeding Committee, a nonprofit coalition of more than 40 nationally influential professional, educational, and governmental organizations, provides a road map for change to ensure that women have breastfeeding support. Stanton discusses how, despite new policy changes and national dialogue about breastfeeding, significant barriers in all sectors of society continue to exist for most women who decide to breastfeed. Breastfeeding rates continue to fall short of current medical recommendations and our nation's own public health goals, resulting in significant health and economic impacts. The 2011 *Surgeon General's Call to Action to Support Breastfeeding* provides a unique opportunity for a society-wide approach in removing barriers that make it difficult for many women to succeed. Stanton urges childbirth educators to use these action steps as a springboard to influence lasting change, so that all women have the opportunity to breastfeed their children.

We have three featured research articles in this issue. The first article by Grassley and Eschiti continues the theme of supporting breastfeeding through listening to grandmothers' infant-feeding stories. The purpose of their study was to examine the usefulness of storytelling as a foundation for communicating with grandmothers about breastfeeding. The benefits of storytelling are applied to an analysis of infant-feeding stories that grandmothers told during a focus group study conducted by the authors. The authors discuss how grandmothers' infant-feeding stories provided insights into the people and circumstances that affected their early experiences of infant feeding. By asking grandmothers to tell their stories, health-care professionals may understand the personal and cultural context that grandmothers bring to their support of new mothers and facilitate a place for grandmothers' voices to be heard.

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Feeley, Zerkowicz, Westreich, and Dunkley provide the empirical evidence that guided the development of the Cues program, an innovative, multicomponent intervention program for mothers of very low birth weight infants, to reduce anxiety and support sensitive interaction. The authors discuss how very low birth weight infants, born weighing less than 1,500 g, are at risk for a number of developmental problems and the need for intervention programs to prevent such problems. Based on the evidence, the program was designed to include six sessions and commence shortly after birth to reduce maternal psychological distress during the infant's hospitalization in the neonatal intensive care unit and to promote sensitive mother–infant interaction. The program incorporates various learning activities, including written materials, observational exercises, discussion, and video feedback useful to childbirth educators and other health professionals.

In the article “Fathers Online: Learning About Fatherhood Through the Internet,” StGeorge and Fletcher describe how, in the transition to fatherhood, men often face numerous challenges, yet opportunities to learn new practices and gain support are limited. Their research explores how men use the social space of a father-specific Internet chat room to learn about fathering. Messages to an Australian-hosted, father-specific chat room (for fathers of infants or young children) were examined, and three overlapping themes illustrated men's perceptions of their transition to fatherhood. The themes concerned recognition of and response to a lack of social space, services, and support for new fathers. The implications for fathers' perinatal education are discussed.

In this issue's “Tools for Teaching” column, Barbara A. Hotelling, perinatal nurse coordinator for the Maternal and Child Health Program and a nurse practitioner in the Department of Family Medicine at the University of North Carolina School of Medicine in Chapel Hill, shares her experience of how teaching Lamaze classes in a patient-centered medical home allows the educator the best environment for giving evidence-based information and empowering parents to give birth their way. Hotelling gives detailed examples of how patient-centered medical home facilities and providers practice evidence-based care and adhere to the principles of family-centered maternity care. In patient-centered medical homes, women can expect to give birth using the Lamaze Healthy Birth Practices and to fully participate in

their care with appropriate interventions and the right to informed consent and informed refusal.

For this issue's continuing education module, “Science and Sensibility—Pain, Suffering, and Trauma in Labor and Prevention of Subsequent Posttraumatic Stress Disorder,” we are excited to reprint an informative blog post series by acclaimed writer, lecturer, doula, and normal birth advocate Penny Simkin along with commentary by Kimmelin Hull, community manager of *Science & Sensibility*, Lamaze's research blog. This article includes the fruitful dialog that ensued, along with testimonies from blog readers, about their own experiences with traumatic birth and subsequent posttraumatic stress disorder. Hull further highlights the impact traumatic birth has not only on the birthing woman, but also on the labor team—including doulas and childbirth educators—and the implied need for debriefing processes for birth workers. Succinct tools for assessing a laboring woman's experience of pain versus suffering are offered by Simkin, along with Hull's added suggestions for application during the labor and birth process.

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WENDY C. BUDIN is the editor-in-chief of *The Journal of Perinatal Education*. She is also the director of nursing research at NYU Langone Medical Center and a clinical professor at New York University, College of Nursing. She is a fellow in the American College of Childbirth Educators and is a member of the Lamaze International Certification Council.

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