

chapter. Or they may read the “abnormal” chapter with less anxiety because they have already recognized their symptoms in the “normal” chapter. Livoti and Topp present the information in the “abnormal” chapters in a way that neither frightens nor condemns. They urge women to think of the rules of pregnancy (i.e., avoiding alcohol and specific foods) as “goals rather than threats” and insist that “it’s more important to be calm than vigilant” (15). So even if mothers locate their concerns in “abnormal” chapters, they can maintain low stress levels.

The authors also use a supportive tone. Livoti and Topp consistently reiterate that most women have healthy pregnancies and healthy babies, which is reassuring for all mothers. While they divide the stages of pregnancy into normal and abnormal, they do not focus on age. Instead, within both the normal and abnormal ranges, Livoti and Topp include issues that women of differing ages may face. Not singling out young mothers or women of advanced maternal age forwards the authors’ efforts of lowering anxiety.

While Livoti and Topp do not criticize mothers based on age or adherence to pregnancy protocols, the text suffers from its medical bias and its retelling of Livoti’s office visits. Livoti and Topp denigrate a large population of women by negating approaches to pregnancy and childbirth that do not centre on medical interventions. At one point the authors glibly state, “All I’m saying is have your baby at the hospital” (268). Livoti and Topp do not give fair treatment to alternate childbirth options. Additionally, the book features sidebars that include Livoti’s recollections from her years in private practice. Largely anecdotal, these sidebars are not relevant to the topics under discussion and interrupt one’s reading of the text.

For women who desire a strictly medical perspective on pregnancy and childbirth, *Stress-Free Pregnancy Guide* offers detailed explanations that do not belittle readers. Disappointingly, however, it denigrates mothers who do not prescribe to the authors’ medical approach. Overall, Carol Livoti and Elizabeth Topp offer accessible insight into pregnancy and childbirth that

Fit to Bust: A Comic Treasure Chest

Alison Blenkinsop.

Brighton: Great Britain: Pen Press Publishers, 2008.

Reviewed by Jessica Nathanson

Fit to Bust is a collection of Allison Blenkinsop’s breastfeeding-themed songs, additional comic writings, and information about breastfeeding. While the book contains some useful information, it lacks critical awareness. This might be expected in a book of humour. However, Blenkinsop has attempted to

incorporate both a political argument and humour, and the result is neither convincing nor funny.

Blenkinsop often introduces an issue or an argument without adequate discussion or exploration of its implications. For example, Blenkinsop, a pastoral assistant and former missionary, as well as lactation consultant, mentions a client whose “amazing commitment to breastfeeding, despite severe pain, is rooted in the Christian faith she shares with her husband” (69). Elsewhere in the book, Blenkinsop implies that the notion that breastfeeding is painful is a myth. Women’s breastfeeding pain thus becomes something that faith can carry them through, something they must rise above, and something that is simultaneously denied. In another instance, this reader was uncomfortable with the way in which the body of a mother with a disability was used solely to argue for the benefits—to all mothers—of a particular breastfeeding position. Blenkinsop speculates that the “leaning-back posture must have been ideal for Alison Lapper, the artist born with no arms ... [who] was shown breastfeeding ... in ... [a] BBC documentary” (34). And that is all Blenkinsop writes about Lapper or about disability. This problematic use of Lapper to bolster her argument without an exploration of disability and breastfeeding or mothering more generally is similar to the way in which Blenkinsop uses global anecdotes to promote breastfeeding. While she does mention the harm formula companies have caused, she does so, again, solely to promote breastfeeding and to criticize formula companies, not to give voice to women in the global communities she mentions so briefly.

Most frustrating for this reader is that Blenkinsop tends to make claims about breastfeeding that she does not support with evidence. For example, she states, “Mothers of multiples may be told that breastfeeding won’t be possible, but here are fully breastfed triplets in Brazil” (a picture of the family follows this claim) (47). Nowhere, however, does Blenkinsop address how this Brazilian mother managed to breastfeed her triplets, nor does she explain for the benefit of other mothers how any mother might do the same. All we know is that, in this particular instance, it was possible, and this information may tend to make mothers of multiples who are struggling with breastfeeding feel less rather than more empowered. More useful to mothers of multiples would be a step-by-step guide with links to support groups.

Blenkinsop’s book is useful primarily for its collection of songs and links to unusual bits of information, such as knitting patterns for breasts (and even for healthy newborn stool), which could be used to create educational tools to help new parents see what a correct latch or a healthy three-day old’s bowel movement should look like. The book is most appropriate for lactation consultants or activists who are in search of humorous or political songs related to breastfeeding.