

## **“Good Mothers” Breastfeed: Discursive Constructions of “Good Motherhood” in Infant Feeding Health Promotional Material in Ireland**

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*This paper focuses on discursive constructions of “good motherhood” in discourses of infant feeding in contemporary health promotional material in Ireland. The study examines the multisemiotic composition of two pamphlets on breast and formula feeding, routinely given to mothers in Ireland after having a baby. These pamphlets are analysed using a model of multimodal critical discourse analysis (MCDA) in order to produce a comprehensive examination of the key discursive strategies and semiotic choices employed by the producers of these texts to influence parents’ decisions about infant feeding. The paper examines how mothers’ choices with regard to infant feeding are constrained by the positioning of breastfeeding as the optimal choice, and the discursive legitimisation of correlations between the practice of breastfeeding and the ideal of good motherhood. It also highlights that these discursive strategies and semiotic choices are underpinned by discourses of attachment parenting, total motherhood and neoliberal risk culture.*

*The paper argues that the health promotional texts which form the basis of this study, are part of a wider discourse of breastfeeding which is an ideologically infused moral discourse about what it means to be a good mother in an advanced capitalist society. It further concludes that the question of choice, which is central to so many women’s issues, is notably absent from the discourse of infant feeding, a factor that can have a strong negative impact on the wellbeing of new mothers.*

## Introduction

Societal practices with regard to infant feeding have changed considerably over time. When infant formula was created in the early twentieth century, it provided a safe alternative to breastfeeding in countries with access to clean drinking water. In the 1970s, approximately 75 per cent of babies in the United States were being fed exclusively or in part by infant formula (Wolf). However, since the late twentieth century, there has been a major shift in practice back towards breastfeeding. The benefits of breastfeeding are well established in publications in the fields of medicine, midwifery and, public health, with the “breast is best” mantra permeating the majority of these studies (Williams et al. 340). Medical and health care practitioners assert that breastmilk has nutritional properties which protect infants from various health risks and promote developmental and psychological wellbeing (Schmied and Lupton; Brookes, Harvey, and Mullany 342). The World Health Organization recommends exclusive breastfeeding up to six months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond. This recommendation has become the optimal goal of healthcare systems around the world, with antenatal classes, healthcare professionals, advice books, government health policies, magazines and websites all promoting breastfeeding as the supremely superior way of feeding infants (Knaak; Símonardóttir and Gíslason).

## Breastfeeding in Ireland

In Ireland, breastfeeding rates are currently among the lowest in the world. Approximately 60 per cent of mothers in Ireland report breastfeeding at discharge from hospital (49 per cent exclusively) and just 35 per cent at three months (UNICEF). The promotion and support of breastfeeding has become an important feature of public health policy in Ireland, with breastfeeding initiatives largely driven by the Irish Government’s Health Service Executive (HSE). The National Health Service Breastfeeding Action Plan 2016–2021 describes its vision as to achieve “a society where breastfeeding is the norm for individuals, families and communities in Ireland resulting in improved child and maternal health outcomes, where all women receive the support that they need to enable them to breastfeed for longer” (*Report 8*). On a practical level, its aim is “to increase breastfeeding initiation and duration rates” (*Report 8*). The national governmental agenda to promote breastfeeding in Ireland is, thus, clear and is in line with the aims of health promotion around infant feeding in other Western countries (Head 1).

## Aims and Objectives

This study seeks to determine if, and to what extent, infant feeding health promotional material in Ireland attempts to influence mothers’ decisions about how to feed their babies. It explores the discursive strategies and semiotic choices used in this material to present the practices of breast and bottle feeding to mothers and further questions whether the discourse of this material allows women to make meaningful choices with regard to feeding their babies. The findings are discussed against the backdrop of wider ideological discourses underpinning the discourse of infant feeding in contemporary Irish society.

## Ideological Background

Significant cultural shifts have taken place in the institutions of motherhood and public health in the course of the late twentieth and early twenty-first centuries, and their resulting ideologies form an important backdrop to the discourse of infant feeding.

### *Breastfeeding, Motherhood, and Public Health in a Neoliberal Risk Society*

The discourse of breastfeeding intersects with broader discourses on motherhood and expected behaviour from mothers (Símonardóttir and Gíslason 666). Gavin Brookes, Kevin Harvey, and Louise Mullany further argue that the widespread promotion of breastfeeding can be closely aligned to societal beliefs about what it means to be a successful or a good mother” (342). The concept of a “good mother” has undergone a strong cultural shift since the first half of the twentieth century, as motherhood has consistently intensified over time (Hays). The notion of being a mother in contemporary times is, thus, characterized by what Sharon Hays refers to as “intensive mothering” or Susan Douglas and Meredith Michaels refer to as “the new momism” or Joan Wolf describes as “total motherhood.” The latter can be defined as “a moral code in which mothers are exhorted to optimize every aspect of children’s lives, beginning with the womb” (Wolf xv). In addition, total motherhood stipulates that mothers’ primary occupation is “to predict and prevent all less-than-optimal social, emotional, cognitive, and physical outcomes; that mothers are responsible for anticipating and eradicating every imaginable risk to their children” (Wolf 71-2). Breastfeeding is central to the discourse of “total motherhood” due to its supposed role in promoting bonding between mother and baby and the protection afforded by breastmilk against health risks.

The ideology of total motherhood is, thus, embedded in neoliberal risk culture, which Wolf defines as “a pervasive anxiety about the future that drives

many people to build their lives around reducing all conceivable risks” (xvi). In terms of risk management, breastfeeding can be perceived as the ultimate means of controlling health risks for infants: “Breastfeeding, in which mothers are personally responsible for reducing health risks for babies by controlling the production of their food, is the epitome of total motherhood in a neoliberal risk culture (xvii). The movement towards a neoliberal model of public health in Western societies is based on the idea that rates of illness will be reduced if individuals modify their lifestyles in accordance with healthy living advice (Brookes and Harvey 59). This emphasis on assuming personal responsibility for health can arguably mean that every mother becomes accountable for the health of her babies (Wolf 66).

### *Science and Breastfeeding Advocacy*

The prevalence of this type of parenting culture in Western societies has redefined successful parenting as an activity where mothers are expected to take full responsibility for their children’s development under the guidance of experts and science (Símonardóttir 106). Motherhood has become an experience regulated by external authorities (Kanieski 335) and informed and guided by experts (Knaak 348). The message for women that “breast is best” is relentlessly present in discourses surrounding pregnancy, childbirth, and infant feeding, and it has become one of the scientific truths that is rarely questioned or contested (Símonardóttir and Gíslason 674). The claim that “science says” for sociocultural reasons arguably constrains infant feeding decisions (Lee, “Breast-Feeding Advocacy” 1061).

Intensive mothering, total motherhood, risk culture, and the ubiquity of science are, therefore, all elements that interact in the ideology of contemporary motherhood and that shape the social practice of breastfeeding in Ireland. Breastfeeding discourse does not only emphasize the health benefits of breastfeeding but also systematically positions breastfeeding as “the proper and moral choice” for mothers (Knaak 346). The question arises, therefore, as to whether women can really be expected to be capable of making meaningful choices around infant feeding within these constraints.

### **Data**

The dataset for this study is comprised of two pamphlets routinely given to mothers in Ireland after having a baby—*Breastfeeding. A Good Start in Life* (BRF) and *How to Prepare Your Baby’s Bottle* (BOF). Both texts form a key element of the pack of informational leaflets distributed by public health nurses to new mothers in Ireland and are also readily available in maternity hospitals, doctor offices, and public health clinics. The pamphlet on breastfeeding is produced by Ireland’s HSE in conjunction with La Leche

League, Cuidiú, the Baby Friendly Hospital Initiative, the Association of Lactation Consultants in Ireland, and Friends of Breastfeeding. The pamphlet on bottle feeding is also produced by the HSE in conjunction with SafeFood.<sup>1</sup> The pamphlet on breastfeeding consists of twenty-four pages, which, in general, promote the health benefits of breastfeeding and provide advice in relation to how to breastfeed and how to determine if baby is feeding well. The pamphlet on bottle feeding is a much shorter document of thirteen pages, which provides information on formula feeding and describes its aim as to “help you to prepare your baby’s bottle feeds safely.” Both pamphlets therefore, position themselves as authoritative sources of help for new mothers.

These pamphlets fall into the genre of health promotion discourse, which can broadly be defined as a form of communication that seeks “to inform and persuade intended audiences to change habits or adopt new routines” (Finan 16). In line with the aforementioned neoliberal model of public health dominating Western societies, “health promotion has changed its emphasis from curing and containing disease to inciting people to take personal responsibility for maintaining their health” (Brookes and Harvey 59). Mothers are, thus, incited to take responsibility for their health and that of their babies; they are reminded frequently that “breastfeeding protects your baby’s health and your health too” (BRF 21) and that following breastfeeding guidance “is the safest and best way of making sure your baby grows and develops as healthily as possible” (BOF 1).

Health promoters draw on a variety of persuasive strategies to encourage the public to adopt certain behaviours, the most common of which are appeals to fear and the “unvarnished” presentation of facts (Monahan 81). Gavin Brookes and Kevin Harvey highlight the use of fear-inducing strategies in public health promotion and question their moral legitimacy. In reality, health promotion increasingly relies on persuasive commercial advertising techniques (Chouliaraki and Fairclough; Lupton). In particular, the use of arresting and visceral visual imagery is increasingly common, “since such semiotic elements have been shown to influence the public’s uptake of a particular promotional message, and help to send people along a more emotive pathway than might be accomplished by health promotion texts which are strictly verbal in communication” (Brookes and Harvey 61). The analysis in this study, thus, combines both visual and textual analysis in an effort to take into account the key role played by images and other semiotic modes in creating meaning and inducing interpretations.

## Methodology

This study examines these pamphlets using a multimodal critical discourse analysis (MCDA) approach. This approach essentially derives from critical discourse analysis (CDA), which emphasizes the social and constitutive nature of discourse (Fairclough, *Discourse and Social Change* 3). In accordance with CDA theory, discourse is governed by rules that extend beyond grammar, of which people are not necessarily conscious; CDA seeks to expose realities hidden behind elements that have become naturalized (Fairclough, *Critical Discourse Analysis*). It is an approach often dedicated to uncovering power asymmetries and hierarchies in societies as well as the oppression of particular groups (Benwell and Stokoe; Litosseliti and Sunderland; Wodak). CDA theory considers the grammar and vocabulary in texts as systems of choice from which text producers select. In this way “language is treated as a system of lexico-grammatical options from which texts/authors make their choices about what to include or exclude and how to arrange them” (Benwell and Stokoe 108). Although these choices may not necessarily be consciously motivated, they are still meaningful (Fairclough *Discourse and Social Change*), or according to David Machin, Carmen Rosa Caldas-Coulthard and Tommaso M. Milani, they are “linguistic materialisations of the ideologically-laden interests of the writer or speaker” (302).

Essentially, MCDA follows the same principles of CDA, but its main innovation is that it includes not just language but all of the semiotic modes that make up a social context (Machin et al. 303). This study, therefore, looks at how images, photographs, diagrams, and graphics also work to create meaning. In accordance with MCDA theory, visual as well as linguistic strategies that appear normal or neutral on the surface may actually be ideological (Machin and Mayr 9). Language, images, layouts, fonts, etc. are all semiotic modes available to text producers, and meaning is the product of the interplay between these various semiotic modes (Brookes and Harvey). Brookes and Harvey emphasize that health promotion texts are essentially multimodal, “harnessing in their designs not only language but also visual elements, thereby making meaning over more than one level of semiosis” (76). MCDA is, hence, an appropriate approach for the analysis of health promotion texts. It is, however, important to remember that MCDA has the same limitations as CDA. Although it can show what semiotic resources have been used in text, and the meaning potential they have, it cannot say how readers will receive these texts or make any conclusions about the intentions of the authors. This study can only, therefore, highlight meaning potential and how these texts may be interpreted by those who read them.

The analysis will focus predominantly on the linguistic and visual categories of lexis, images, photographs, layout, and colour, and how they are used to

represent the practices of breast and bottle feeding to mothers in Ireland. It further examines to what extent these linguistic and visual categories are used to influence mothers’ decisions about how to feed their babies, and it questions whether these discursive strategies ultimately constrain women’s choices regarding infant feeding.

## Results and Discussion

The analysis reveals that these pamphlets represent a key attempt by the text producers to influence mothers’ decision making regarding how to feed their babies. Essentially, these pamphlets aim to persuade mothers to breastfeed regardless of their social, economic, or personal circumstances, and they promote a specific health promotional agenda. The analysis shows that this persuasion is achieved by simultaneously positioning breastfeeding as the supreme method of infant feeding and using fear-inducing strategies and tactics to convince them not to bottle feed. The combination of these strategies effectively establishes correlations between the practice of breastfeeding and the ideal of good motherhood, rendering it impossible for mothers in Ireland to make meaningful choices in this area.

### *Breastfeeding as the Supreme Method of Infant Feeding*

Breastfeeding is clearly established in both pamphlets as the supreme method of infant feeding. This is most apparent in the manner in which mothers are linguistically indexed (or not) in both pamphlets, in the use of confessional narratives and apparent statements of fact, and in the choice of photos, colours, and layout.

### *Linguistic indexing of mothers*

The linguistic indexing of mothers is strikingly different in the two pamphlets. In the BRF pamphlet, breastfeeding mothers are addressed and referred to as “mums.” Brookes, Harvey and Mullany recorded a similar finding in their analysis of breast and bottle feeding materials in the United Kingdom and described the term “mum” as a “loaded lexical choice that arguably serves to strengthen the connection between the act of breastfeeding and the social role of motherhood” (346). The term “mum” is used recurrently throughout the pamphlet, and the choice of this lexical item (in bold for emphasis) personalizes breastfeeding mothers and humanizes them.

- More and more **mums** in Ireland breastfeed their babies. (BRF 3)
- Almost all **mums** can breastfeed and make enough milk if their baby is feeding often enough. (BRF 3)

In the bottle feeding pamphlet, however, bottle feeding mothers are not named in any form. The word “mother,” or any derivatives, is notably absent.

Instead, the pronoun “you” and the possessive adjective “your” are used, and although it can be assumed that these words are linguistically indexing parents, this is not made explicitly clear:

- If **you** have decided to bottle feed your baby, this booklet is for you. (BOF 1)
- It is very important that **you** clean and sterilise all the equipment **you** used to feed **your** baby, such as bottles, teats and lids. (BOF 3)

Norman Fairclough (*Analysing Discourse*, 136) emphasizes that what is missing from a text is just as important as what is present. The suppression of the terms “mother” or “mum,” which are consistently used throughout the pamphlet on breastfeeding, raises the question as to why these terms are being omitted in the discourse of bottle feeding. The suppression of these items arguably creates an emotional distance between readers and bottle feeding mothers.

### *Images*

There are thirteen photographic images in the pamphlet on breastfeeding and eight in the pamphlet on bottle feeding. Based on the work of Roland Barthes (*Image and Methodologies*), David Machin and Andrea Mayr argue that there is probably never any neutral denotation when images are concerned—all images denote something(49-50). Thus, the meaning potential of these visual semiotic choices must be addressed.

A close examination of the thirteen photographs in the pamphlet on breastfeeding shows that these photographs depict mothers and babies in a variety of settings: a hospital room, a park, a domestic setting, a bedroom, a café, a waiting room, and a support group. Other photos do not depict any clear background but are close-up shots of mothers and babies. All of the photographs depict smiling mothers and content babies, and they have been taken in a combination of indoor and outdoor settings with plenty of natural light, which provides a bright visual image of the breastfeeding mother. Breastfeeding is represented as a positive and an enjoyable experience, and the inclusion of a variety of settings also represents breastfeeding as a socially engaging activity. In each instance, the mother is either engaged with the baby (depicting a close bond between the mother and baby) or directly with the camera. In photo three, for example, the viewers see the mother in a close-up shot at eye level, a semiotic choice that creates a feeling of shared space and intimacy between social actor and reader (Kress and van Leeuwen, *Reading Images* 114-16).



Figure 1: Breastfeeding mother relaxing with her baby (BRF 4)

Several photos are also taken from a side angle but from a close-up position, which according to Machin and Mayr “can [also] connote a close alignment and sharedness of position” (99). The viewer is, thus, encouraged to align with these mothers’ thoughts and concerns and to identify with them.

The favourable visual depictions of breastfed babies accentuate their health and happiness. They appear in each photo, closely held by their mothers, and are content and visually healthy. The infant on the final page with the heading “Every breastfeed makes a difference” is presented in warm colours and is laughing while looking into their mother’s eyes.

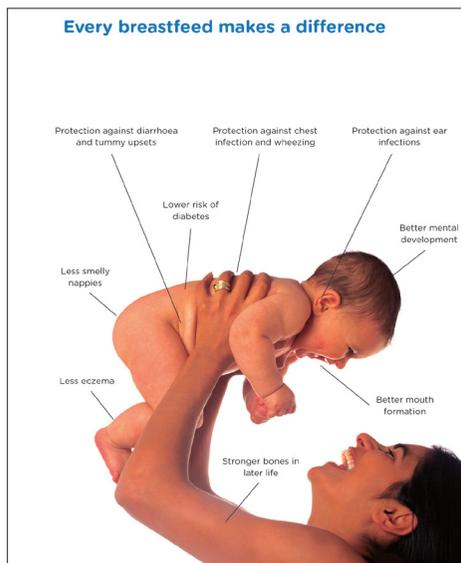


Figure 2: Image of laughing mother and happy baby to illustrate the benefits of breastfeeding (BRF 24)

Brookes, Harvey and Mullany argue that in their study, “the most emotive discursive realisations of conflating the act of breastfeeding with motherhood ... reside in the photographs of babies and breastfeeding mothers which recur throughout the pamphlet” (355). The same can be said here, with the images all following the same semiotic pattern: they represent the breastfeeding mother and baby as participating in moments of bonding, closeness, and happiness.

There are eight photographic images in the pamphlet on bottle feeding, and the striking difference between the images in both pamphlets is the absence of mothers from these images. The only parental figure depicted in the bottle feeding booklet is in a diagram relating to “10 steps to prepare a bottle feed.” And in the visual illustration of step five, (“pour the correct amount of water into as sterilised bottle”), a female face in animated version appears to be checking the correct amount of water. Exclusions from images are extremely important in MCDA, as Machin and Mayr emphasize that “just as it is revealing to ask who is backgrounded or excluded visually from a text, so it is important to ask the same visually” (102). The eight photographs depict babies photographed alone, without any parents. They also appear to be several months older than the newborn babies featured in the breastfeeding pamphlet. Four are lying down but are supporting themselves on their hands and smiling, whereas the remaining four are sitting up unsupported. The nature of these images implies that bottle feeding is a practice more suited to older babies.



Figure 3: Bottle-fed baby sitting alone (BOF 3)

The visual exclusion of mothers from this discourse in comparison to those featured in the pamphlet on breastfeeding suggests that there is lack of a close relationship between mother and baby; the pamphlet, thus, dehumanizes the practice of bottle feeding. It is arguable a visually sterile depiction of bottle feeding infants, as it is presented as an isolating and socially disengaging activity when compared with the presentation of breastfeeding.

### *Colour and Layout*

It is evident in both pamphlets that there has been a series of coordinated visual choices involving colours and layout. Colour is a key resource in visual communication (Kress and van Leeuwen, “Colour” 347) and can be a key factor in adding salience to texts (Machin and Mayr 54-55). In the pamphlet on breastfeeding, each page has a border in a bright colour, in yellow, pink, or green. On each page, headings are printed in a bright blue font, and quotations also appear in the same blue font. Blue shaded boxes incorporating text in a white font are used to highlight key information, and the text is continuously broken up by intermittent photographs of happy babies and mothers. It is evident that this pamphlet uses a broad palette of bright, striking colours and that these visual colour choices add a sense of fun, vigour, and positivity to the breastfeeding experience.

In contrast, however, the pamphlet on bottle feeding uses a much smaller palette of neutral, pastel, and almost sterile colours, such as cream, green, and pale blue. Whereas information on breastfeeding is offset by bright and lively colours and hues, information on bottle feeding is set against a much plainer and duller backdrop. Although the typeface in both is similar, the layout is quite different. The bottle feeding leaflet is presented almost in the style of a scientific manual with five sets of animated diagrams on equipment, cleaning, sterilizing, putting bottles together, and how to prepare a bottle feed. This scientific manual style, together with the choice of neutral colours, is in stark contrast to the bright warmth of the colour and layout choices in the breastfeeding pamphlet.

### *Confessional Narratives*

Confessional narratives are also a key persuasive strategy to promote the supremacy of breastfeeding. This can also be termed “mythopoesis,” which is legitimation through the telling of stories (van Leeuwen and Wodak 104-11). These stories legitimate the authority of the “experts” who have produced these texts by affirming the supremacy of breastfeeding through what appear to be mothers’ voices. Theo van Leeuwen and Ruth Wodak distinguish between two types of stories, moral and cautionary tales: “In *moral tales* the hero or heroes follow socially legitimate practices and are rewarded for this with a happy ending. In *cautionary tales* the hero or heroes engage in socially

deviant behaviour that results in an unhappy ending” (100). There are a total of six moral tales in the pamphlet on breastfeeding. In fact, the pamphlet opens with the following narrative: “When I was pregnant I thought about breastfeeding but I wasn’t sure if it was right for me. I wondered if I’d be able to make enough milk. It turns out that nearly all mothers can make enough milk for their babies and can feed as long as they want to. My son is growing so well now” (BRF 1).

This narrative begins with a story of individual experience, and the use of the verbs “I thought,” “I wondered,” and the negative verbal structure “I wasn’t sure” allows readers to identify with this mother who is unsure about whether to breastfeed. The use of modal verbs in this narrative is important, as Machin and Mayr remind us that modals encode probabilities and certainties but conceal power (191). In this instance, the reader is confronted with an epistemic modality, in which the mother in the narrative wonders if “she would be able” to breastfeed. This story is then generalized through the reference to “nearly all mothers,” who “can” both make enough milk for their babies and feed as long as they want to. Breastfeeding is represented as something that is a possibility for “nearly all mothers.” The declarative sentence at the end of the narrative—“my son is growing so well now”—implies a correlation between breastfeeding and children growing well. Any reader unsure about whether or not to breastfeed is reassured that this is something “almost all” mothers “can” do and almost should do.

The practice of feeding on demand, which represents a core value in attachment parenting and total motherhood ideologies, is also legitimated using a moral tale: “Coming home with my baby was a busy time. From six in the evening he fed really often. I just went with it, got comfortable and used it as a time to relax with him” (BRF 7). The socially legitimate practice here is feeding on demand, and the reward was receiving time to relax with the baby. Likewise, the issue of feeding in front of others was also resolved using this strategy. “Breastfeeding in front of other people was something I worried about. I felt embarrassed and no-one in my family had ever breastfed. I went to the antenatal classes and breastfeeding group when I was expecting. It really helped to see how other mums fed their babies. I’ve got a lot more confident now” (BRF 17). In this instance, the practice of feeding in front of other people was problematic, but success was achieved by attending antenatal classes and breastfeeding groups. The happy ending was that the mother in question felt confident. These short narratives, thus, serve to legitimate breastfeeding as the supreme means of feeding babies and further present success in breastfeeding as achievable for almost all women.

### *Apparent Statements of Facts*

The use of apparent statements of facts is also a key persuasive device used in the pamphlet on breastfeeding. These appear mostly in the form of declarative statements, which present breastfeeding as the incontestably supreme form of infant feeding.

- The longer you breastfeed the greater the **health protection** for you and your baby. (BRF 3)
- Breastfeeding is also **convenient** and **cost-free**, and mums enjoy the feeling of **closeness** breastfeeding creates. (BRF 3)
- Breastmilk is **important** for your baby’s **healthy growth** and **development** and it **protects** his digestive system. It contains antibodies to **protect** your baby from illness and build his immune system. (BRF 21)
- Breastfeeding is **important** for mothers’ health too as it **protects** against ovarian and breast cancer as well as helping you to **achieve** and maintain a healthy post pregnancy weight. Breastfeeding is **cost-free**, **convenient** for you and your baby and always at the right temperature. (BRF 21)

These short declarative statements embody apparent statements of fact, even though no evidence or references are produced to support them. The verb to “protect” is used recurrently with the prepositions “against” and “from,” thus reinforcing the notion of “risk” and the need to protect infants from it. The declarative structure “breastfeeding/milk **is important for...**” is used extensively to persuade mothers of the importance of this practice. The use of the nominalization “breastfeeding” is also significant, as it places the focus on the process of breastfeeding as opposed to the social actors involved. Women are persuaded that the practice of breastfeeding will be beneficial, not just to their babies but also to themselves as mothers, and that it is important in terms of their babies’ healthy growth and development, their protection from illness, building their immune system, and even their brain development.

### **Fear-Inducing Strategies**

The notion of risk, undoubtedly underpinned by neoliberal risk culture, is omnipresent in both pamphlets. Both pamphlets use visual and lexical items to encourage parents to breastfeed their infants by inducing fear of not doing so. These strategies include the use of bullet points, bold typefaces, and diagrams, together with recurrent lexical items from the lexical fields of illness, infection, and safety.

In the pamphlet on breastfeeding, these strategies are particularly evident in a section entitled “Good Health Begins with Breastfeeding”:

Research shows that children who are not breastfed have a greater risk of:

- Developing ear, nose and throat infections
- Gastroenteritis (vomiting & diarrhoea)
- Kidney and chest infections
- Asthma and obesity
- Obesity and diabetes, and
- Sudden infant death syndrome (BRF 21)

These bullet points, in a bold typeface, highlight the negative consequences of bottle feeding infants. The choice to display these consequences in bullet points turns them into a list which has an important semiotic function, as it suggests that “we are being presented with the fundamental, essential technical details of the particular social practice” (Ledin and Machin 470). The lexical choices throughout the booklet also draw on an underlying discourse of risk with the verb “to protect” and the noun “protection” used recurrently:

- Breastfeeding **protects** your baby’s health and your health too. (BRF 21)
- Breastmilk ... **protects** his digestive system. It contains antibodies to **protect** your baby from illness. (BRF 21)
- Breastfeeding ... **protects** against ovarian and breast cancer as well. (BRF 21)
- It helps **protect** your baby from infection and other illnesses. (BRF 3)

The meaning potential of these semiotic choices is that if mothers do not breastfeed their children, they are exposing them to risk, which is against the ideology of total motherhood.

Fear inducing strategies are also present in the lexis of the leaflet on bottle feeding. In fact, the opening sentence of this leaflet situates the practice of bottle feeding immediately in a context of risk: “If you have decided to bottle feed your baby, this booklet is for you. Like any food, powdered infant formula is not sterile. It may contain bacteria like *E. sakazakii* and *Salmonella*—that could make your baby sick, causing vomiting, diarrhoea and, in rare cases, meningitis” (BOF 1). The use of the conditional clause “if you have decided to bottle feed your baby,” combined with the modal auxiliary verbs “[powdered infant formula] **may** contain bacteria ... that **could** make your baby sick,” establishes causality between the decision to bottle feed and your baby getting sick, even to the extent of them contracting meningitis. The declarative sentence “Like any food, powdered infant formula is not sterile” is authoritative and immediately positions formula feeding as risky, almost dangerous. The first page of the booklet also contains a footnote, which reminds readers that breastfeeding is still the “safest” form of feeding, immediately positioning formula feeding as a less satisfactory and riskier option:

The Department of Health and Children recommends that babies should be fed on breast milk for the first six months and then continue to be fed with breast milk in combination with suitable nutritious foods for up to two years of age or beyond.

Following this guidance is the **safest** and **best** way of making sure your baby grows and develops as healthily as possible. (BOF 1)

Relentless emphasis is placed on the risk of infection throughout this pamphlet. The adverb “safely,” the adjective “safe,” and the comparative and superlative forms “safer” and “safest” feature recurrently throughout the booklet, which again implies that there is some form of danger associated with bottle feeding:

- This leaflet will help you to prepare your baby’s bottle **safely**. (BOF 1)
- It is **safest** to prepare a fresh feed each time you need one. (BOF 8)

Other lexical items, such as the noun “bacteria” and the adjectives “harmful” and “sterile,” also occur frequently and further situate bottle feeding within a risk context:

- Cleaning and sterilising removes **harmful bacteria** that could grow in the feed and make your baby sick. (BOF 3)
- Because even washed hands can have **bacteria** on them, do not touch the bottle neck. (BOF 5)
- At this temperature it is hot enough to kill **harmful bacteria** that may be in the formula powder. (BOF 6)

The adjective “sterile” is used a total of ten times in this booklet, and its recurrent use underlines the risky dimension to bottle feeding:

- If you are not making up feeds, you will need to put the sterilised bottles together immediately to keep the teat and inside of the bottle **sterile**. (BOF 5)

The notion of risk is present not just in the lexis of this pamphlet but also in the visual arrangement of diagrams and their accompanying text. The configurations in all diagrams are highly schematic. Each stage of the cleaning, sterilizing, or bottle preparation operations appears as a step in numerical order and is conveyed using clear imperative commands. Certain essential points are also highlighted using a bold typeface and diagrams also complement the directives given. Readers are expected to follow each step carefully to avoid the risk of infection.

**10 steps to prepare a bottle feed**

**Step 1**  
 Empty your kettle and fill it with one litre (1L) of freshly drawn cold tap water and boil. Alternatively, boil one litre (1L) of water in a clean pan.

**Step 2**  
 Leave the boiled water to cool in the kettle or pan. **Cool it for 30 minutes, but no longer.** This will make sure that the water is not too hot, but also that it is no less than 70°C.

**Step 3**  
 Clean the work surface well. Wash your hands with soap and warm water and dry them on a clean towel.

**Step 4**  
 Read the instructions on the formula's label carefully to find out how much water and powder you need.

**Step 5**  
 Pour the **correct** amount of water into a sterilised bottle. **Water that is 70°C is still hot enough to scald, so be careful.**

**Step 6**  
 Add the exact amount of formula to the boiled water using the clean scoop provided. Reseal the packaging to protect it from germs and moisture. **Adding too much or too little formula could make your baby sick.**

Figure 4: Schematic representation of bottle preparation (BOF 6)

These semiotic choices imply that mothers should be aware of the high risk of infection and health problems if they choose to bottle feed as opposed to breastfeed and be fearful of the consequences of not breastfeeding.

### Conclusion

The Irish governmental agenda to promote breastfeeding is clearly set out in key policy documents and is in line with the aims of health promotion in other Western countries. The infant feeding health promotional material examined in this study clearly follows this agenda by propagating assumptions as to the superiority of breastfeeding and the risks associated with bottle feeding. These assumptions are linked to a neoliberal model of public health and risk culture, together with idealized notions of good motherhood based on ideologies of total motherhood. The pamphlets studied represent a key attempt to influence mothers' decisions about feeding their babies by aligning breastfeeding with ideals of good motherhood. To choose not to breastfeed is to risk your baby's health and your own, thus implying a moral obligation to breastfeed and,

consequently, constraining women’s abilities to make meaningful choices in this domain. Infant feeding decisions are deeply complex with a wide range of circumstances at play (Murphy, Parker, and Phipps; Lee, “Infant Feeding”). Social and economic factors, familial and social networks, interactions with health professionals, and cultural contexts can all play a role in shaping how mothers negotiate infant feeding (Head). The simplistic accounts of infant feeding decisions implicit in these materials do not account of the complexity of mothers’ experiences. The power of this material cannot be underestimated, and the deliberate attempt by text producers to position breastfeeding as the optimal or right choice constrains women’s choices and raises the question as to why the language of choice, which is central to so many women’s issues, is so blatantly absent from this particular form of discourse.

### Endnotes

1. SafeFood is an implementation body with a general remit to promote awareness and knowledge of food safety and nutrition issues in Ireland.

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