

At the Pump

Pumping is a pain. It's to schlep all the stuff around, take all this time out of your day, and hook all this stuff up, and wash out all these bottles, and remember everything in the morning. And occasionally you forget the thermos or something, and you have to rig up some system at work. I felt it's significant labor, and it should be appreciated by my husband and my daughter and people around me should acknowledge that I was making a sacrifice (Jennifer, who spent two of her nine-hour workday at the pump).

Breastfeeding has come back into vogue in the United States in the past two decades. Recent breast-feeding campaigns tout breast milk as “liquid gold,” vital for the intelligence, health, and emotional well-being of infants, promote breast-feeding as a responsible parenting choice, and depict breast-feeding as a public health concern (Avishai, 2000). Growing numbers of American women—especially educated, privileged women—are responding to these public campaigns.

Feminists and feminist organizations have been largely supportive of these campaigns. While some feminists emphasize the embodied and empowering aspects of breast-feeding (Bartlett -, 2000; Young, 1990), others focus on facilitating women's ability to combine paid employment with breast-feeding, through the practice of pumping in the workplace (Van Esterik, 1992). These feminists have joined forces with international health organizations, such as the WHO, and breast-feeding advocacy organizations, such as IFBAN and WABA, who have campaigned for legislation supportive of breast-feeding working mothers for decades. In the U.S., these efforts achieved momentum with the 1997 AAP statement on breast-feeding that advocates exclusive breast milk for infants during the first year of life (AAP, 1997). Since the late 1990s,

several states have adopted laws that require employers to accommodate lactating mothers.

For breast-feeding advocates, these gains are significant. Without facilitating measures, pumping at the workplace is a viable option only for the most privileged workers (Galtry, 2001). Pumping at work is predicated upon access to facilities and conditions that include access to a clean, convenient, safe, private, and comfortable site with electric outlets; the opportunity to pump frequently enough to maintain milk supply and avoid painful and possibly infectious engorgements; an efficient breast pump; and an adequate place to store expressed milk. Flexibility, autonomy, and control over one's work environment, including stress factors—usually attainable by professional women—are key to successful pumping (Hills-Bonczyk et al., 1993; Kurinij et al., 1989). Others, who do not enjoy such control, are effectively barred from combining breast-feeding and paid work, and usually stop breast-feeding when they return to work (Roe et al., 1999).

Though in recent years there has been a growing interest in women's experiences "at the breast" (Blum, 1999; Carter, 1995; Stearns, 1999), women's experiences "at the pump" have remained unexamined. Based on interviews with middle-class women who pump in the workplace, this paper attends to this neglected realm of maternal experience. It documents how middle class women's negotiations between "real work" and pumping produce a simultaneous double shift, how women negotiate with their failing maternal bodies, and the threat that pumping poses to hard-earned professional identities. The paper tells a pessimistic story of working mothers who often push their bodies to the limit as they attempt to meet a goal, measured in the number of ounces of milk extracted per day, and who are deeply ambivalent and conflicted about their lactating bodies. Based on these findings, this paper questions the wisdom of "lactation friendly policies." Echoing Galtry's (2001) critique of current legislation as upholding a privatized perspective on the costs of childrearing, this paper argues that given the social context in which pumping is undertaken—a context which privatizes childcare responsibilities while continuously raising the bar for "good mothering" (Glass, 2000)—successful pumping not only remains elusive for many women, but also comes at a price for those who do succeed.

This paper draws from a project that examines the breastfeeding practices and ideologies of middle-class American women. It is based on 15 in-depth, semi structured interviews with first-time working mothers, conducted in the San-Francisco area in 2000 (ten additional interviews with women who had not returned to paid employment following childbirth are excluded from this analysis). Most interviewees were in their mid- to late-30s. Twelve are white, one is Indian, and two are Latina. The women are all college graduates, and many hold professional or graduate degrees. The babies' ages ranged from six months to two years.

Before giving birth, all the women who participated in this study pursued

careers in middle-class, white-collar professions, such as medicine, accounting, engineering, law, research, and teaching. Though the employment settings and positions varied, they all shared a sense of indispensability to their employers. Twelve women negotiated part-time arrangements (ranging from ten hours-a-week for a management consultant to 50-hours-a-week for a physician). In addition, though most organizations lacked official lactation policies, they had all negotiated accommodations to fit their needs: access to a private pumping site and several pumping breaks during the workday.

Negotiating time: the doubly labouring woman

Most of the women I interviewed experienced pumping as a time-consuming task that they carefully planned and scheduled. Their narratives indicate that efficient and successful pumping (measured in ounces of milk produced per pumping session in the shortest amount of time) hinges on a plan that secures access to a private space, hot water, and a refrigerator, and optimally schedules pumping sessions to reflect the body's rhythm of milk production. All of the women who participated in this study experienced pumping as a scheduling problem and as a time-consuming activity that interferes with the "real work" that goes on in the office.

First, pumping interferes the flow of the workday. To ensure maximum results, and to avoid painful engorgements and "leaking" breasts, the women I interviewed strove to pump on a routine schedule. Most arranged the workday around their pumping routine. Angela, a high-powered 38-year-old lawyer who worked three days a week was particularly religious about her pumping routine, and she scheduled pumping into her day, along with her work-related tasks. Yet, she resented the routine interruptions; when pumping appeared on her schedule she would think "*agggghhh, got to go pump again*":

The setup is a hassle. Getting the tubes set up, getting everything together, doing it, putting it back, washing it. From start to finish, it takes about 20 minutes. It's just the whole thing. I'm right in the middle of something. Or I can't schedule meetings because I need that break. Or I can't go from one meeting to the other. Or I have to duck out of a meeting.

Most of the women interviewed also experienced pumping as time-consuming. From start to finish, including set up, pumping, and clean up, their pumping sessions lasted between 15 and 45 minutes. Most women pumped two or three times a day, and spent between half an hour and two hours at the pump during the workday (the amount of time spent largely depends on how "efficient" the woman is at extracting her milk).

Time is a central concern in work and family scholarship. Caught between the demands of family life and the demands of the workplace, working parents—especially working mothers—find themselves in a "time bind" (Hochschild, 1997). For the women I interviewed, the time bind is a product

of a “simultaneous double shift”: pumping is experienced both as work, and as a maternal practice that competes with real work. First, the pumps’ distinct noise and appearance (described by one woman as a “weird apparatus that looks faintly obscene”) limit the range of interactions considered acceptable during this time. Second, handheld suction cups monopolize hand usage. Finally, some women found that work-related activities interfered with the physiological process that controls milk flow, known as the “letdown.”

Ceaseless negotiations between pumping and real work were central to women’s narratives. Working mothers strive to identify work-related activities compatible with pumping—driving, returning phone calls, reading email, or thinking. The goal was to transform “dead time” into productive time. Jennifer raved about a pumping accessory that “changed her life,” because “you didn’t have to just sit there. You could have your hands-free to work while you have this stuff hanging off your breasts. It is a lot more effective. It wasn’t dead time. I could talk on the phone or make full use of the computer.” Nevertheless, pumping impeded her work: she felt “chained to the desk” and inaccessible to her colleagues—pumping in the presence of co-workers was universally unacceptable. Leslie, who pumped in the car using hands-free apparatus, similarly transformed her morning commute from dead time into productive time. She says of her experience, “in my mind, the distance from Fremont to Mountain View is three ounces.”

Women who did not purchase the hands-free apparatus seemingly undermined their ability to be doubly productive while pumping. Denise, a 35-year-old engineer, initially resented the time wasted at the pump. She came to appreciate the breaks from productive work when she realized that these breaks enhanced her productivity:

I would spend that time thinking about what I was working on. Now I can see that you’re more productive if you take a break every once in a while, just stop what you’re doing. Think about something else, and then go back to what you’re working on. And say that was kind of silly.

Christine, an engineer who spent two hours of her nine-hour workday at the pump, found that her body did not cooperate unless she ceased work-related activities:

There is that psychological thing about the letdown. I couldn’t be doing the analytical work and pumping. And there was stress about having to stop work. Because I’d have a lot to do at work. I really like my job, and I like my work, and I’d want to do it. But I’d have to take these 45-minute chunks out of my day. And there were times where I really resent that.

Christine illuminates the paradox that haunts the doubly productive woman, who strives to be productive at her desk while her maternal body is

productive at the pump. Pumps depend on cooperative bodies that allow breast milk to flow. Yet, the emotional serenity which successful pumping is predicated upon often remains elusive in the context of the workplace, precisely because pumping introduces an additional stress factor. Pumping and “real work” are thus experienced as mutually disruptive.

To conclude, pumping at the workplace emerges as a labor-intensive, time-consuming, challenging, and stressful enterprise, that hinges on strategic planning, time, space, and access to clean, hot water and a refrigerator. The narratives I collected reveal that the additional time demand entailed by pumping results in an increased time squeeze and a simultaneous double shift. To make up for time spent at the pump, many women’s workday stretched longer or seeped into “family time” at home. Though most women acknowledged that pumping was physically demanding, few thought that their workload should be reduced on account; as Margaret, a 36-year-old statistical analyst put it, it was each woman’s responsibility to “work it out.” In line with American public policy, even though they perceived of pumping breaks as an entitlement, they privatized the responsibility for their newborns.

Managing the body: exclusivity and the failed (privatized) producer

The women who participated in this study all strove to exclusively meet all of their babies’ milk requirements during the first year of life, in accordance with the 1997 recommendation of the American Association of Pediatrics. Predictably, the current cultural emphasis on breast milk as the measure of the good mother (Blum, 1999) is particularly salient for working mothers. To Christine, pumping was a sign of successful juggling, “a deal I’d made with myself, that as long as I was breastfeeding it didn’t feel like I was hurting her by coming back to work.” However, as I argue in a related paper, the emphasis on exclusivity is shared by both working mothers and mothers who choose not to return to paid employment (Avishai, 2000).

Yet, exclusivity is elusive. Most of the women who participated in this study noticed a widening gap between their babies’ milk demands and the amounts they were able to supply. (“Supply” and “demand” were the terms women employed). In some cases, the gap became unbridgeable after several weeks or months of pumping. To Jennifer, this gap made sense, since “pumps just aren’t as efficient at the breast. The thing that gets production up is how often you get the baby at the breast. And I didn’t have a baby to get at the breast. I’m at work. I have a pump on me all the time.”

Yet, the ideal—exclusivity during the first 12 months of life—remained fixed. Many women described their efforts to increase milk supply. These included attempting to drink, eat, and sleep sufficiently, adding extra pumping sessions at home, or taking herbal supplements. Many narratives conveyed a strong commitment to pumping, sometimes against all odds, and often at a

great price:

I needed three pumpings to keep up. She was drinking 20 ounces every day. And pumping 20 ounces in a day is really draining. There were stressful periods of feeling like "I'm running out of milk, what am I going to do." I felt like "I can't pump any more. I'm doing everything I can." It was very stressful because I was worried about not having enough [milk for her]. And it was important for me, to supply all her milk (Christine).

Christine was one of the few who met the exclusivity goal (though she painfully noted that she fell *two weeks* short of her 12-month-target); yet, her success came at a price. Pumping left her physically and emotionally drained. Six-months pregnant with her second child at the time of her interview, she vowed not to repeat the experience.

While the focus on exclusivity is undoubtedly a product of concern for babies' health and maternal guilt, at stake were also these mothers' competence as individuals. Many of the women who participated in this study were challenged by maternal bodies that failed to perform. By constructing pumping as a goal, stated in terms of ounces produced per day over a period of time, they transformed the uncharted territory of uncooperative lactating bodies into the familiar grounds of tasks, goals, and projects. For Denise, pumping was "an extension of the way I attack things. I won't take on anything I don't do 100 percent." Similarly, Jennifer explains that pumping "had to do with the whole power thing. You get really into 'look how much I pump!' And if you don't get as much one day, you're bummed. And the days you have 22 ounces you're like, 'oh my god.'" When she began to supplement with formula, Jennifer was "bummed" and "sad": "It was an ego thing. 'Oh look what I can do'. And I couldn't do it anymore."

Faced with this reality, many women "succumbed," "gave in," or "allowed themselves" to supplement with formula, arriving at a comfortable compromise. Eventually, as they realize that formula intake surpasses breast milk intake, some decide to give up pumping altogether, short of their one-year goal. Some, like Denise, felt that even supplementing with formula signifies failure:

There were a couple of points where I thought, "well, I could stop," but I never really seriously entertained it. And at some point, it became like running a marathon. "You just seem so close, why stop now?" Then you can say "I did it for a year!" As opposed to wimping out at eight months.

Others decided to stop pumping altogether. Pam, a 32-year-old partnered lawyer, struggled to fit pumping into her 10- to 12-hour day. Following several months of futile efforts that left her exhausted, she decided that pumping was

not worth it, absolutely not worth it. I was like, "I don't care how much we have allergies in the family, how guilty everybody is making me feel, but

this is making me miserable.” I was at a breaking point. I was literally “I can’t do this anymore.” At four and a half months, I made the decision to stop pumping. Things got much better after that.

Although the women I interviewed knew that the physiology of lactation renders *long-term* exclusivity almost unfeasible, the ideal—exclusive breast milk for the first 12 months of life—remained unaffected. Failing to acknowledge the structural challenges that inhere in the interactions between lactating bodies and the demands of a competitive, “productive” workplace, most women privatized their failures—just as they privatized maternal responsibility. Yet, women’s own juggling acts contribute to their failures. The simultaneous double shift interferes with women’s performance both at work and at the pump. Studies confirm that the well-rested, well-nourished, and calm woman will produce and extract more milk than a stressed woman who, like Pam, has to “wolf down sandwiches between meetings” (Huggings, 1995; Sears and Sears, 1993). Ultimately, it is women’s own definition of success—a definition that fails to account for the physiological and structural limitations of the doubly productive maternal body—that sets them up for failure. Finally, even those who succeed (and it is important to emphasize that many do), often experience pumping as a physically and emotionally draining ordeal. Others are left with feelings of guilt, inadequacy, and sometimes, contempt.

The worker in the suit and the woman in the body

The ongoing negotiation between productive work and pumping also confronts professional women with a paradox. On the one hand, they subscribe to the standard of the disembodied, unencumbered professional worker (Bordo, 1993; Williams, 2000). On the other hand, the experiences of pregnancy, lactation, and motherhood bring to the surface tensions between the private/public mind/body, disembodied worker/embodied mother, often calling women’s professional identities into question. Lara, an administrator who pumped in a rarely-used supply closet, summarized the paradox:

So I’m partially undressed in the closet with this weird apparatus that looks faintly obscene hanging from my breasts. For someone who’s in a professional context, it’s kind of a mind bender. It was a very private thing for me to do in the office.

Many narratives echoed Lara’s “mind bender.” Though in comparison to *breast-feeding*, pumping appears as a disembodied endeavor (Blum, 1999), in the context of the workplace pumping embodies women. Women who pump in the workplace discover that, not only is it difficult to sustain the *appearance* of the ideal, disembodied worker, but several times a day they engage in an embodied process that involves partial undressing. When off the pump, the

physiology of lactation serves as a constant reminder: lactating breasts are sensitive; if they are not relieved on schedule, they may become engorged, painful, and possibly infected. Many women talked about “exploding” breasts. Lactating breasts may also “leak.” Almost everyone told me comical horror stories of milk-stained shirts. As Laura, a 38-year-old architect quipped “you think you have it altogether, everything is under control, and then you discover your silk shirt is drenched right as you walk into a meeting.” The threat to professional appearance is constant, since lactating bodies cannot be turned off:

I couldn't go to some professional meeting and ignore it [pumping] because I would start dripping. So you have to listen to your body. But there were times where I wished I could just turn off, pretend that I'm not breast-feeding for a day. (Christine)

Since lactating bodies transgress the image of the disembodied worker, pumping is rarely discussed at the workplace. The women who participated in this study all sensed that their colleagues did not want to be aware of the pumping process or product, and they all went to great lengths to ensure privacy while pumping and discreetness of the product, usually stored in a refrigerator accessible to others. Though everyone knew exactly what was going on behind closed doors, why a new mother had to excuse herself in the middle of a lengthy meeting, what the inconspicuous brown bag, thermos, or lunch box contained, and what the vague signs on doors conveyed, women rarely talked about “it”—nor did their colleagues inquire. Jennifer summed these sentiments. She stored her breast milk “in a paper bag, so it wasn’t really obvious, in case it made people uncomfortable. I didn’t want that to be an issue. I didn’t go around talking about it. I wasn’t trying to put it in anyone’s face. I didn’t bring it up at lunch.”

The euphemisms women employed in the notes they hung on their doors to ensure privacy are particularly illuminating. Janine’s sign read

I will be available.... It didn't say I will return, or I'm writing, or doing stuff. And I put it right at face level. Most people knew exactly what I was doing.

Lara’s sign read: “Lara is in here. And people knew what it meant.” Jennifer’s sign, strategically located near the door handle, said, “please knock, and wait to be invited before you enter.” These signs serve several purposes: they guarantee privacy and optimize stress-free conditions, protect colleagues from possible embarrassment, and sustain professional identities.

Yet, by shrouding pumping behind euphemisms and secrecy, these working mothers convey that pumping, which signifies embodiment, sexuality, and motherhood, stands in stark opposition to the real business that goes on in the workplace. By constructing the lactating body as a scheduling and management problem, women who pump at the workplace transform the problem from one

of negotiating competing identities to one of body management. Rather than challenging the image of the ideal disembodied worker, women who pump in the workplace reproduce this image. For example, the emphasis on “pumping on schedule” in order to avoid “leaking” leaves unchallenged the norm that establishes leaking breasts as a source of embarrassment. Though individually women recognize the fallacy of the ideal worker, they nonetheless do their best to maintain its image by turning deviant bodies into a project to be managed, thereby distancing themselves “the woman in the body.”

Conclusion

The women who participated in this study experienced pumping as a labor-intensive, time-consuming, challenging, and stressful enterprise—in contrast with the picture painted by parenting and breastfeeding advocacy literature, lactation experts, and internet sites (*www.breastfeeding.com*, *www.la lecheleauge.org*). In addition, women experienced pumping as a threat to their professional identities. This paper documents how women respond to this threat by constructing pumping as a project, thereby transforming the uncharted territory of uncooperative lactating bodies into the familiar grounds of tasks, goals, and projects.

These findings provide an ethnographic backdrop from which the wisdom of a body of advocacy, policy, scientific, and feminist literature that calls for “lactation-friendly” policies in the American workplace can be challenged. The current societal pressure on women to breast-feed is unaccompanied by attempts to spread the costs of breast-feeding. The difficulties faced by those who pump in the workplace illustrate the dual trend faced by modern mothers. On the one hand, the burdens placed on mothers are intensifying (Hays, 1996). On the other hand, the responsibility for children’s well-being is increasingly privatized (Glass, 2000). Thus, though many of the women I interviewed viewed pumping as an entitlement, they did not expect a reduced workload. In this way, accommodations for pumping in the workplace reinforce the privatization of the burdens of motherhood, contributing to the production of drained, tired, and frustrated mothers. Indirectly, they may also reinforce a conservative perception that work and family responsibilities are inherently incompatible.

While the experiences of educated, middle class women reported in this paper do not purport to capture those of other groups of women, I argue that valuable insights may be gleaned from studying this group of women. While all women are victims of the privatization of childrearing, privileged women are best positioned to compensate for these obstacles. The difficulties privileged women reported herein suggest that other groups of women, who enjoy less flexibility, autonomy, and control over their schedule and work environment, will undoubtedly encounter greater impediments to their efforts to pump in the workplace and supply their babies’ adequate breast milk.

Given the existing cultural context, I caution that activists’ efforts may be

better placed elsewhere—for example, advocating for longer maternity leaves or on-site childcare. At present, the emphasis on “lactation friendly” policies simply reifies the tendency to privatize maternal responsibility, and ignores women’s realities. While the current ideology of breast-feeding produces failure and success stories, these stories are intimately bound in both the structural obstacles that impede some women’s access to “success,” and in the current cultural hype about breastfeeding.

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