



## Re-Imagining Breastfeeding: *What NPA Learned about the Power of Images*

*"The Image is more than an idea. It is a vortex or cluster of fused ideas and is endowed with energy."*

– [Ezra Pound](#)

August is [National Breastfeeding Month](#). The United States Breastfeeding Committee (USBC) started this initiative in 2011 to provide a focused period of time when breastfeeding coalitions, member and partner organizations, and individual supporters can unite around the policy and practice changes needed to build a "landscape of breastfeeding support." As with most modern initiatives, Breastfeeding Awareness Month is largely a social media effort and because the most valuable currency of social media (and, really, any good health education campaign) is visual, the National Perinatal Association went to work creating new social media content to be shared and distributed with not only members and partners, but to anyone with an interest in newborn and infant feeding.

This process of creating shareable images and topical infographics is nothing new for NPA. In fact, the style, relatability and timely content of NPA graphics have led to many of them becoming fairly recognizable and widely shared. Applying the same principles to our Breastfeeding Awareness campaign, we expected a similar response to our past campaigns. Needless to say, the response to our latest gallery of images promoting Breastfeeding Awareness Month has exceeded even our wildest expectations. Within a week on Facebook, the [album of images](#) had been shared over 1,700 times, reaching a peak engagement reach of nearly a quarter of a million and garnering over 200 (mostly positive) comments. While it was not surprising to find negativity surrounding some images, particularly those depicting non-traditional representations of infant feeding, it brought about newfound introspection that we felt needed to be explored given the ever-shifting landscape and never-ending controversies surrounding the optimal feeding of newborns and infants. If such passion, both positive and negative, could be elicited by simple online imagery, then what must those who find themselves responsible for providing nutrition to a newborn or infant be facing on a daily basis?

### What's in a Symbol?

The history of the images used to represent infant feeding has always been problematic. In the past, pictures of baby bottles were used to represent feeding and to designate spaces where it was acceptable for parents to attend to their babies' needs. Clearly, there was advocacy work to be done. If we were going to normalize breastfeeding we needed a new symbol. So in 2006 *Mothering Magazine* sponsored a contest. The [winning design](#) for the International Breastfeeding Icon was created by Matt Daigle. It consisted of a silhouetted figure,



presumably female, cradling another smaller silhouetted figure over the left chest area, invoking the image of a woman breastfeeding an infant. A new, re-imagined image of infant feeding was born! It is now recognized universally and is celebrated for its affirming message. However, while the International Breastfeeding Icon's symbolism is powerful and purposeful, it was not right for our campaign.

Members of NPA firmly believe that breastfeeding and breast milk are the standard for newborn and infant feeding. Supporting and normalizing breastfeeding of newborns and infants is a cornerstone of NPA's advocacy work. Because our organization is interdisciplinary and intersectional, we've always known that supporting breastfeeding requires solutions that work across different environments and in varied contexts. It is clear that there is no *one way* of breastfeeding that works for everyone. We need diverse solutions. So when representing breastfeeding, one symbol wouldn't do; we needed a diverse library of images.

## Re-imagining the re-imagined image

By its nature, the International Breastfeeding Icon emphasizes simplicity and clarity. The goal for NPA's images is different. We wanted to represent infant feeding in all its modes and methods.



We also knew we had to take into consideration the issues that face infants and families in the NICU. When a baby is born early or sick, their nutritional needs are different than those of the typical newborn. Their ability to feed at the breast can be seriously delayed or impaired. They might have an immature gut. They may be unable to coordinate their abilities to suck, swallow and breathe. They can potentially burn more calories than they can take in. Yet they need the highest quality nutritional care and nurturing that we can provide if they're going to survive and thrive.

We also understand that when a baby is born sick or early their parent may be sick and healing too. They are certainly almost always in shock or distress over a traumatic birth. This complicates their capacity and ability to initiate breastfeeding. When we are focusing on saving lives, even the best-laid breastfeeding plan can be abandoned. So we need to put measures in place to support families' breastfeeding goals under these challenging circumstances. These include:

- Assuring the family that their baby's nutritional needs will be met.
- Making time to talk about their feeding goals and how you will create a plan to support them.
- Describing what their babies' feeding progression might look like.
- Delivering trauma-informed lactation support.
- Explaining different feeding modes and methods (including TPN, gavage, and tube feedings) as well as their pros and cons.
- Offering all the information parents need about feeding interventions (including formula, donor breast milk, and supplemental nutrition) so that they can make informed decisions.
- Supplying high-quality electric breast pumps and appropriate, supportive spaces to pump.

- Feeding parents and supporting their health and nutrition so that they can - in turn – nourish their baby.
- Most importantly, being responsive and flexible.

*This is why NPA’s Breastfeeding Awareness library includes images of dyads using NG-tubes, G-tubes, supplemental feeding systems, and breast pumps.*

Once a family’s medical needs are being met, we need to appreciate the larger context that feeding decision-making takes place in.

## How Families Make Feeding Decisions

Parents and babies aren’t just part of a family - they’re part of a community. How their community has set norms and expectations around breastfeeding will depend on their shared experience. We need to acknowledge that we have not supported communities equally and equitably – and sometimes that has understandably led to estrangement, resentment and mistrust. If we truly want to address these disparities and inequities the medical profession needs to acknowledge this history, address our biases, and take actions that show cultural humility. We need to demonstrate respect if we are going to begin to remediate the damage and restore trust.



*This is why NPA’s Breastfeeding Awareness library includes images of members of diverse communities - including Muslim, African-American, and indigenous nations - as well as larger people, young parents, and people with disabilities.*

Each of us is a unique individual with unique needs. It’s important that we acknowledge this fact. The way that people choose to use their bodies is a deeply personal decision. We have a responsibility to support parents’ decisions, including when those are decisions that are different than the ones we want them to make.

We also have a responsibility to respect and embrace the way individuals define and describe themselves, their families and their bodies. *This is why NPA’s Breastfeeding Awareness library includes images of dyads that don’t conform to gender norms and embraces terms like chestfeeding.*



## It’s Not All about Formula

The discussion around whether or not to use formula to feed babies instead of breast milk is an emotionally charged one. It is a conversation that touches on personal, political and social issues, and oftentimes results in resentment and hurt feelings on nearly all sides.

It is complicated by the fact that there is broad consensus that the history of the marketing and distribution of formula has included many bad actors, dangerous practices and irresponsible policies that undermined the choice to breastfeed. There is justification for the criticism formula companies have received.

One issue is whether that has given justification to the criticism of formula as a product or of the parents who use it. The vast majority of people who advocate for breastfeeding would want it to be known that they understand the necessity of using formula under specific circumstances. And they don't intend to shame or show contempt for families who choose it. Unfortunately, their intentions may be irrelevant. If I say something and the result is that I hurt or offend you – even if I didn't mean to – that hurt is still real. We need to figure out how to understand, accommodate and address differing values, choices, and opinions in a way that improves outcomes and builds supportive relationships.

Ultimately, we need to honor that some families will not choose to exclusively breastfeed or use breast milk. They may choose to add formula to their babies' diet. We need to respect the fact that they are making the choice that is right for them. We have a responsibility to provide them with reliable information and support. We need to believe that families are sophisticated consumers who can advocate for safer and better products that are well-regulated and marketed responsibly.



*This is why NPA's Breastfeeding Awareness library includes images of dyads using donor milk, donating breast milk, and using formula in combination feeding.*



## **Our Responsibility to Build a Supportive Community**

Whether or not a family is going to reach their feeding goals depends on multiple factors. Some of them may be within our control, while others are not.

We can offer families education and options. We can connect them with the specialists who support lactation and infant feeding. And we can make sure they have the tools and equipment they require. But we have to acknowledge that there are other factors to be considered.

We live at a time and in a place where breastfeeding is not well supported. Very few families can access family and parental leave. Even fewer have the benefit of paid leave. Despite laws and mandates, workers are not being protected from pregnancy discrimination and their right to breastfeed at work is not adequately supported or defended. Insurance coverage is varied and unreliable. Co-pays and deductibles – even on what should be considered preventive health care – can make the costs of breastfeeding prohibitively expensive.

These structural and systemic barriers demonstrate the importance of provider advocacy. As an individual provider, you can write letters of medical necessity for electric breast pumps and donor milk. In your own practice, provide new parents the space and time for newborn and infant feeding. On a personal level, make sure to exercise your *own* rights to FMLA benefits and support your colleagues'

needs as parents and nurturers. At the legislative level, get involved with drafting and debating policies, testifying in support of paid family medical leave and rallying your professional organizations to advocate on behalf of new families. And finally, no matter how many of these actions you choose to take, exercise your right to vote in local, state and federal elections for candidates and propositions that bolster protections for new families and decrease healthcare inequities.

## Representation Matters

The overwhelmingly positive response to the diversity of NPA's breastfeeding image library has meant so much to its creators and has affirmed our admiration for the families and providers we serve. The images have been shared thousands of times, generating the kind of meaningful conversation we hope all providers, consumers, parents and families can participate in so we can provide the optimal nutrition to all newborns and infants.



Please [join us](#) in continuing this conversation. The goal of the National Perinatal Association will always be to find the intersection of evidence-based, optimal feeding for newborns and infants while respecting and addressing the personal, cultural, and economic realities that parents face.

This is the foundation of our **Best Milk Project**, a multidisciplinary coalition of providers and advocates that is setting interdisciplinary guidelines for providing optimal nutrition during the first 2 years of life. As we develop these guidelines and form new partnerships to promote them, we want all providers to continue reassuring new parents:

### No matter how you do it...

- nursing
- pumping
- hand expressing
- breastfeeding
- chestfeeding
- on your own
- with support
- with the help of a donor
- for one day
- or one year
- or maybe longer

...we recognize and honor everyone who does their best to give their babies what they need, *especially* when the choice is what's best for their family.

Ultimately, what babies need are people who love them, care about them, and nurture them.

## Links and Resources:

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National Perinatal Association <http://www.nationalperinatal.org/>

Breastfeeding Awareness Month [http://www.nationalperinatal.org/feeding\\_our\\_babies](http://www.nationalperinatal.org/feeding_our_babies)

United States Breastfeeding Committee (USBC) <http://www.usbreastfeeding.org/nbm19>

Mothering Magazine announces winner of International Breastfeeding Icon Design Contest  
<https://web.archive.org/web/20080506030338/http://www.mothering.com/newsletter/pressrelease-nov06.html>

Poetry Foundation: A brief guide to Imagism <https://poets.org/text/brief-guide-imagism>

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