Infant Feeding Practices as Personal and Cultural Constructions

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ABSTRACT

How do infant feeding practices reflect the cultural values, practices, and aims of mothers? To attempt to explore the various dynamics of this question, this thesis will cover three main topics: societal and maternal concepts of childrearing and childhood, Western ideologies of motherhood, and external and internal forces that affect infant feeding. Based on analysis of current research and original interviews, I propose that infant feeding practices are not only determined based on the biological taste preferences of both mother and child and basic nutritional needs, but are also culturally constructed by personal, social, and historical influences. By recognizing that many of these practices are centered on culture, rather than necessity, mothers may be better prepared to make informed decisions and choices regarding what they want to achieve and sustain through their own feeding practices.
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PREFACE

I chose to write about infant feeding practices because of my recent experiences as a new mother. I became a mother on February 15, 2014, a year and a half into my studies in the MA in Cultural Sustainability program. When I found out I was pregnant, I began research into pregnancy, birth, and childcare. Without much thought as to the reasons why at first, I knew I would breastfeed if I could; in fact, I assumed I would without fail. I successfully reached about eight-months of breastfeeding when my daughter started self-weaning, and as a result I started to produce less. I was concerned she wasn’t getting enough to eat. Simultaneously, I was becoming tired of breastfeeding. As rewarding as it was in some aspects, being her sole source for milk was emotionally and physically exhausting, and I started to research other options. This was a difficult decision for me, and for other mothers too, within the context and influence of a pro-breastfeeding social circle and cultural milieu.

In choosing a formula to supplement breastfeeding, I researched organic\(^1\) options and compared ingredient labels online. I was frustrated that all of the U.S. made organic formulas (and non-organic) seemed to include some type of sugar as one of the first ingredients. I found a brand that was made in Germany, from cow’s milk raised on biodynamic\(^2\) farms that did not incorporate any added sugars into their formula. While the shipping costs were substantial, the formula was less expensive than organic formulas in the States, and I was able to determine that it was about the same cost to ship the formula from Germany as it was for me to buy U.S. made organic formula at the store.

Because both my partner and I work part-time in order to care of our daughter, our budget is limited and price was important, but not the only deciding factor in formula choice. Despite knowing that commercial formulas would be cheaper, especially considering

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\(^1\) According to USDA.gov, “Organic agriculture produces products using methods that preserve the environment and avoid most synthetic materials, such as pesticides and antibiotics. USDA organic standards describe how

\(^2\) According to the brand’s website, “Biodynamic farmers use an organic approach that harnesses the holistic qualities of their growing cycles...Each element supports and strengthens the others and in doing so creates a farm that is a natural and self-contained living organism. The use of chemical and synthetic pesticides and fertilisers and GM technology are strictly prohibited in biodynamic agriculture, as is the addition of questionable ingredients during processing.”
the accessibility of coupons, sales, and formula vouchers we’d often receive in the mail, the highest priority was (and continues to be) ensuring that she receives mostly organic foods and the best ingredients we can possibly provide her considering our limited financial resources. It is not always possible for a mother who wants to choose organic options to do so for her child. America’s current industrialized food system makes it much less expensive to purchase conventionally grown or processed food products and these cost savings can be crucial to a family’s budget.

I had started to feed my daughter solids foods at about six-months old, deciding from the beginning that I would make my own baby food from mostly organic produce. There was some trial and error involved, some research, and some common sense approaches. Overall, it was time consuming, probably saved money, but definitely did not save time or sanity. It did make me feel like I was in control of what went into her body, although slightly uptight when she was fed from a jar on occasion, but overall it was a positive experience. It made me wonder what other mothers were doing; were they considering making their own baby food or did they prefer to buy pre-made options? What about their personal and cultural experiences made them choose their own particular infant feeding practices?

The crucial role of self-reflection in the work of cultural sustainability was highlighted in each course I took during the MACS program. During this research process I was given the opportunity to interview members of my family including my mother, grandmother, and aunt. This has allowed me to reflect on my choices, assumptions and expectations. I took for granted that I would breastfeed my daughter in part because that is what my mother, my grandmother, and her mother all did for their children before me. Through these interviews I was able to open my mind to other possible scenarios, the important role my family played in my decisions, and the infant feeding practices and traditions I was following without even realizing it.

When it comes to feeding beyond breast milk and its alternatives, my experiences and education have allowed me to learn more about our food system and be drawn to organic options, whole foods, and considerations of health and sustainability. It is my hope that in choosing mostly organic and less packaged and processed foods, my daughter will learn to make conscious and deliberate food choices and ultimately have a healthy and fun relationship with food. This paper is for other mothers who are seeking to understand how
their own infant feeding practices reflect their cultural values and how this knowledge can be used toward the aims they have for their little ones.

By cultivating a greater awareness of who we are, we are better able both to understand the beliefs and values we share collectively, and to comprehend the differences in worldview and experience that make us distinct from one another. When we have deeper understanding of the things that are important to us we make decisions about the future that are informed by who we were, who we are, and who we would like to be.\(^3\)

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INTRODUCTION

How do infant feeding practices reflect the cultural values, practices, and aims of mothers? To attempt to explore the various dynamics of this question, this thesis will cover three main topics: societal and maternal concepts of childrearing and childhood, Western ideologies of motherhood, and external and internal forces that affect infant feeding. Based on analysis of current research and original interviews, I propose that infant feeding practices are not only determined based on the taste preferences of both mother and child and basic nutritional needs, but are also influenced by personal, social, and historical factors. By recognizing that many of these practices are influenced by culture, rather than necessity, mothers may be better prepared to make informed decisions and choices regarding what they want to achieve and sustain through their own feeding practices.

Within this thesis paper, I summarize and analyze literature pertaining to concepts of childhood, ideologies of motherhood and infant feeding practices, highlighting how each of these areas affect one another. Using this knowledge, I present pieces of original interviews I have conducted with mothers, emphasizing several themes and issues in infant feeding. Throughout each stage in this process, I consider my own experiences as a mother and use self-reflection as a way to further explore these topics and support my findings.

Infant feeding practices are a personal and expressive form of interaction between mother and child that is shaped by the values, experiences, and beliefs of the mother. Whether through breastfeeding, formula feeding or feeding of solid foods, the preparation and participation in this act creates a bond between mother and child. Cultural sustainability is concerned with sustaining, preserving and protecting those elements of a culture that are important to its members. In exploring infant feeding practices and how they
are connected to larger social and cultural constructs, the question arises as to how a mother can use infant feeding practices to sustain her traditional values? More than just taste preferences and nutritional needs, feeding choices are also influenced by culture. By recognizing this, mothers may be better able to make informed decisions and choices regarding what they want to achieve and sustain through their own feeding practices.

The ways mothers choose to feed their children are influenced by larger historical and cultural factors. Prior to the industrialization of baby food, American mothers prepared food for their babies in their own kitchens. It was not until the invention of commercial baby food that this would change, leading to a major cultural change in concepts of how babies should be fed. Furthermore, with the introduction of commercial foods and the invention of convenience items like microwaves, the food system was forever changed. The desire for convenience in a time of increased demands on women's time must have been very strong for some women. Jarred baby food was likely a welcomed addition to the era of increased convenience, and continued to rise in popularity over the decades. According to the Oxford Companion to American Food and Drink, “Fifteen percent of American families prepared baby food at home, with the majority purchasing baby food - a $1.25 billion a year industry.”

Within this paper I will analyze the concepts of childhood, ideologies of motherhood and concepts of infant feeding that individual mothers are negotiating to tie these strands together and highlight infant feeding as a matter of cultural sustainability. This negotiation occurs between historical and contemporary cultural constructions and the mothers’ own

values in making choices concerning infant feeding, which they then use to sustain their personal identities, sense of self, and values. Mothers may, by extension, be partially responsible for sustaining particular elements of a culture’s foodways by nurturing another generation of eaters toward particular values and behaviors. Through research and analysis of interviews with mothers regarding their feeding choices, this thesis explores the forces that guide their decision-making. The infant feeding practices described in the interviews reflect the cultural values, practices, and aims of these mothers.
METHODOLOGY

The methodology used to explore the questions of this thesis relied largely on research and readings as well as original interviews. Research and readings included scholarly journals, articles, books, magazines, and studies on concepts of childhood, ideologies of motherhood, contemporary American foodways, the history of industrialization and convenience food, and more. The intention of such various sources was to ensure a strong foundation of research to draw from that thoroughly explored the research question and topic.

I conducted original qualitative research to gain understanding of the motivations behind why mothers choose the foods that they feed their infants. Prior to conducting any interviews, I applied for approval from the Institutional Review Board at Goucher College. This included providing my research proposal, identifying the characteristics of interviewees and how they would be chosen, describing potential risks and benefits to participants, and providing a consent form that would be signed by interviewees to protect their rights. It was important to me to respect the integrity of my interviewees and their experiences in both how I interviewed and interpreted their responses. To protect the mothers I interviewed, I provided them the opportunity to remain anonymous in the study, using an alias instead of their real names. I also ensured interviewees that they could withdraw at any time, and I was prepared to refer them to potential consultants if the interview caused them any distress, though this did not happen during the process.

I crafted my interview questions carefully to ensure that I was not leading mothers toward particular answers, or making them feel that they were being judged in any way. At times I provided my own experiences as a mother to participants in an attempt to make
them feel more comfortable. I often used self-reflection and considered my own role as a participant and an observer. I was mindful to be as Ruth Behar says a “vulnerable observer,” one who is “overwhelmingly expressing a strong need to understand deeply their own sense of emotional, ethical, political, and historical connection to the intellectual projects they are taking on.”5 I employed this method in the creation of my question set, in my interview style, and in the analysis of the interviews as a way to not only consider my own place in this project, but also to connect on a deeper level with the mothers I interviewed in effort to provide a meaningful and useful study. Interview questions focused mainly on the early years of child feeding, beginning with breastfeeding or formula, but were also open-ended to encourage mothers to consider how their feeding choices have been reflected in their child’s development as they have grown.

In a series of eleven interviews, I chose a group of mothers of various ages with children that ranged from 4 months through adulthood. My intention was to keep the age of children and mothers broad in effort to compare some of the choices, influences, and factors that mothers have considered within the context of their own time. Additionally, interviewing mothers with adult-aged children allowed for the mothers to consider how the feeding practices they instilled in their children may have affected them through adulthood.

The women I chose to interview for this project are women I have encountered at different times and through different experiences in my life. Some are my family: my grandmother, my mother, her sister, my father’s sister, my cousin’s girlfriend and my partner’s mother. Others I have met at different points in my schooling, from elementary

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school through college. These contexts are varied – I attended a Catholic school in elementary and middle school, a public school in high school, and a private art school in college. These mothers are working mothers, stay-at-home mothers, and mothers who own their own businesses. They are all born and raised American women and come from and are currently living at various income levels ranging from low to upper-middle class. Some are high school educated while others are currently attending college or college graduates.

I determined choosing mothers I already knew to be the best approach because I knew that interviews with busy mothers would likely be short and to the point. Therefore, I wanted to have some type of repartee already established with the interviewees to ensure they were comfortable answering my questions. My intention in interviewing members of my family was to have a foundation for some self-reflection within this thesis to connect my own experiences with infant feeding to my research and knowledge gained in the Master of Arts in Cultural Sustainability program. The interviews were gathered via telephone, Skype and FaceTime, and recorded via audio recorder. To address any concerns of confidentiality, interviewees had the right to remain anonymous in this study and in these cases an alias was used.

Within this small sampling of women, I have uncovered and am helping to preserve individual stories, values, and practices that have played an integral role in the lives of these women, their children, and their families. These women, and others, may choose to share their stories beyond this thesis in the website platform that will be discussed in the Practical Applications section of this paper. Although I attempt to use these interviews to begin to explore larger concepts of cultural sustainability, any analysis that resulted directly from fieldwork is bounded by the scope of the research and applicable only to the specific group
of women interviewed. To support my original research, I have drawn from and cited numerous sources from the aforementioned readings.

Throughout the course of this research, I continually addressed my initial Work Plan to ensure I was progressing through the work at an appropriate pace. While I did make some adjustments to the timeline, I was able to persistently compare my progress in terms of this Work Plan. In addition to measuring progress and success against the timeline, I also returned to the proposal and the capstone application on occasion to confirm that I was meeting the requirements, guidelines, and answering the essential questions. My committee, particularly my one-on-one time with my advisor, was also crucial to my self-evaluation of progress and success. As problems or questions arose in my research, I would use writing to work through them, and my committee was there to assist me in arriving at solutions. My advisor was able to evaluate, critique, and encourage me to continue making small steps toward the end goal.
LITERATURE REVIEW: EXPLORING CONCEPTS OF CHILDHOOD

Considering concepts of childhood within the discipline of cultural sustainability creates an opportunity to explore the ways parents and society may use child-rearing practices to assert and assume control. The particular treatment of children is a reflection of adults and society, and I believe, affects the way people relate to one another on fundamental levels. Furthermore, notions of childhood and relationships with children play a role in infant feeding and child feeding practices. What, how, and when mothers feed their children relates to how we view childhood, and internal and external forces influence these practices. Family advice, traditions, tastes, textures, science, psychology, pediatric medicine, and convenience are just some of the influences over infant feeding practices. These forces are culturally constructed and encompass personal, social, and historical influences.

Societal conceptions of childhood throughout time reflect a view of humans at the earliest and most vulnerable stage. Childhood was not always even considered as a phase of life, partly because mortality rates were high. For example, in England, “a total of 12 or 13% would die within their first year. With the hazards of infancy behind them, the death rate for children slowed but continued to occur. A cumulative total of 36% of children died before the age of six, and another 24% between the ages of seven and sixteen. In all, of 100 live births, 60 would die before the age of 16.” As childhood began to come into play as a concept, it was often thought of in terms of how adults control and influence children and how a parent’s role is to shape a child into an adult fit for society. Whether the theorist was speaking from a nature or a nurture perspective determined just how much influence a parent could have and what was already determined in the child’s biological code. The

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following section provides a chronological review of several concepts of childhood as introduced or popularized by historians, philosophers, psychologists and others.

Philippe Ariés, French historian of family and childhood, presents an in-depth look at how Western concepts of childhood have changed over time in *Centuries of Childhood: A Social History of Family Life* (1960). According to Ariés’ research, in medieval times, “The infant who was too fragile as yet to take part in the life of adults simply ‘did not count,’” as evidenced in cultural artifacts.¹ Once infants no longer needed the constant attention of a caretaker, they were considered adults, leaving out the middle ground of childhood and adolescence that we recognize to today. Ariés notes that this idea started to change in the 16th and 17th centuries. An example of this is shown in artwork wherein children were dressed differently than adults instead of being depicted as small adults. People began to think about the distinction between children and adults. As this process was taking place, Ariés notes the concept of coddling, through which children provided amusement for adults and parents enjoyed spending time with their children and attending to their needs. Although modern mothers might consider “coddling” to have negative connotations, such as spoiling, many Western child rearing and motherhood ideologies are quite child-centered, focusing on the needs of the child above the parent.

A second concept discussed by Ariés is discipline, which became an interest in the early forms of child psychology as adults considered the ways children could be molded to fit the needs and expectations of adult society. According to Ariés, the Church was responsible for the shift toward disciplining and molding children. Children were “fragile creatures of God

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who needed to be both safeguarded and reformed.”

Discipline as we experience and interact with it today is still about molding a person into a desired behavior, often with the intention for the child to behave in a way that society considers to be ideal. Ariés work helps to show that two aspects of childhood that were first to be considered in the 16th and 17th centuries, coddling and discipline, are still reflected on in modern concepts of childhood. Further, Ariés note that childhood was not always a point of discussion highlights the difference in social and cultural context between pre-16th century and today. Because of advancements in science, medicine and technology, infants and children have a greater chance of living into adulthood and this opportunity has allowed for the growth of research and knowledge in childhood from a variety of disciplines.

Well-known for his political philosophies, the enlightenment thinker John Locke extended his theories of reason into childhood and parenting in The Use of Reason in Child Rearing (1690). According to Locke, children “love to be treated as rational creatures.” To say that children love something demonstrates the belief that children are able to think and feel for themselves, that they have the capacity for something as great as love. To use the word love as opposed to enjoy, like, or want, for example, illustrates a complexity in children, akin to the feelings of adults. Locke felt that children should be treated as rational beings as suited to their age and abilities, not disciplined on the whim of adults. He believed that every lesson a child learned should have a reason. This notion of treating children as rational beings as suited to their age demonstrates recognition that people develop over time and are not inherently born with the same abilities. This suggests that Locke and his followers were thinking about child development and the bridge between childhood and adulthood.

8 Ibid., 133.
Locke’s opinions on childhood suggest the father as disciplinarian. This is one concept that seemingly has not changed much over time, although family structures take many different forms today beyond the father as disciplinarian and mother as nurturer roles. Locke discusses teaching children the difference between right and wrong, lending little room or discussion for grey areas. This is something that can be difficult when teaching children, as they constantly question and may have a hard time understanding why something is right in one case, but not in another. Locke’s thoughts on providing examples and modeling good behavior for children, however, do carry over into modern parenting ideologies. Physical punishment is the ultimate last resort in his parenting advice, and should be done by someone other than the parent to avoid dispensing pain as a result of anger. This form of punishment is often times cause for debate in contemporary Western society, depending on the situation and severity, but is more often than not considered a last resort, frowned upon and not generally tolerated when dealt by someone other than the parents.

Despite Locke’s somewhat evolved views on discipline, he did not tolerate crying. His explanation for why children cry and how to deal with it differs greatly from the parenting advice one might find in modern baby books. While parents are now encouraged to learn how to distinguish between cries in order to address the needs of the baby, Locke proposed the responsibility of the adult was to suppress those needs and “passions,” not to cater to the child, but to squelch the desires. “Help and ease them the best you can, but by no

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10 See the following web article, “Letting Baby “Cry-it-out” Yes, No!” by Dr. Sears’ author of the bestselling childcare manual The Baby Book about crying as a language babies use to communicate that parents must seek to understand. See also the web article, “Decoding Your Baby’s Cries — All Six of ’em!” by Heidi Murkoff, author of the bestselling What to Expect series of pregnancy and childcare books, detailing several types of crying and the possible reasons and solutions.
means bemoan them.”\textsuperscript{11} This was perhaps a matter of control, it being difficult to reason with a child that is crying. It is also suggestive of an effort to create hardened adults. To Locke, children should be encouraged to try again after failing, but should be hardened against pain, not coddled. This could be interpreted as treating children with the same respect you would treat an adult with. When adults fail they are encouraged to keep trying, and likewise for children. Although Locke’s approach of reason may fit well with some modern child rearing guidelines, his views on how to handle crying could be viewed as emotionally damaging to a developing child when considered in the context of current child psychology.\textsuperscript{12}

John B. Watson, influential American psychologist and behaviorist, was considered to develop a “scientific” concept of childhood, although not necessarily in a way we would consider science in modern child psychology. In Too Much Mother Love (1928), Watson writes against coddling, which he considered dangerous, disgusting, and difficult to watch. He believed that mothers coddle children to gain the affection that they desire but lack in their lives. “She is starved for love-affection, as she prefers to call it. It is at bottom a sex-seeking response in her, else she would never kiss the child on the lips.”\textsuperscript{13} When read in modern context, this patronizing perspective of motherhood may be considered a damaging mark to the credibility of his theories. He also thought that love does not make a child happy because children are inherently unhappy. Watson’s ultimate parenting advice was to be objective with one’s child and treat them like adults. The implied goal, as in Locke’s views, was the creation of hardened individuals. Even more than in Locke’s theoretical approaches

\textsuperscript{11} Ibid., 48.
\textsuperscript{12} See the article, “Dangers of ‘Crying It Out’” in Psychology Today that discusses the potential long-term damage that leaving a baby to cry can have in future relationships and damage to synapses in the brain.
to childhood, one can see the stark contrast between Watson’s concepts of childhood and contemporary concepts. To treat children in a cold manner, giving them a handshake, for example, is in vivid contrast to the concepts of attachment parenting and intensive mothering we encounter today. Watson gives one the impression that raising a child is a waiting game, where he advises the best way to get through it is to suppress their emotions until adulthood.

Whereas the concepts discussed in Aries, Locke, and Watson address the roles of child and parent and the interactions between the two, Jean Piaget became the prominent leader in child cognitive development, that is “the construction of thought processes, including remembering, problem solving, and decision-making, from childhood through adolescence to adulthood.”14 Piaget’s piece The Construction of Reality in the Child (1954) is about understanding the way a child’s brain works. In this short piece, Piaget discussed how an infant’s perception of reality applies to the development of a child, and how this changes and evolves as a child grows. He believed that a child does not yet recognize the self in space when they are first born, and can only recognize sensory perceptions. He saw the development of object permanence as a marker of intelligence. The area of cognitive development demonstrates the broadening of child psychology and a greater interest in how the brain works. This suggests a shift from emotionally charged concepts of childhood, into more developmental and scientific approaches with the intention of understanding how the human brain evolves. Bringing attention to the differences between the infant brain and the adult brain, and its development in between, lends to the child rearing practices that were evolving during this time of increasing birth rates (the Baby

Boom era of 1946-1964) and more mothers seeking knowledge from parenting manuals, advice columns and alternative ways of understanding their babies as a supplement to doctor advice. The continued reliance on and accountability of science coupled with the increasing accessibility of popular advice occurs within the context of the post-war era that will be explored more in the Motherhood and Childrearing Ideologies section of this paper.

Jerome Kagan, American child psychologist, introduced ideas of biological inborn traits and personalities, as opposed to the previous assumptions of child rearing practices determining the disposition of a child. In Understanding the Infant (1984), Kagan explores the history of cultural and social concepts of childhood. As mentioned in Ariés, Kagan points to high infant mortality rates as the reason that childhood was not considered prior to the 16th and 17th centuries. Kagan astutely observes that concepts of childhood originate within the historical and cultural context of the time.

The behavior of the infant is so ambiguous it is easy for the culture’s beliefs about human nature to influence observers’ interpretations of what they think they see. These influences are nicely illustrated in the different descriptions of the infant by Sigmund Freud, Erik Erikson, and Jean Piaget. Each of these influential theorists highlighted a special aspect of the child’s first year because of suppositions originating in the larger cultural context in which each scholar lived.15

Kagan developed his perspectives of childhood within his own historical context, linking the cognitive and inborn behaviors of a child to emotion and behavior. He defines two of his own contemporary groups of scholars and psychologists: one group is concerned with affection, play and the mother/infant bond, the other group is involved in the cognitive science of development. While discussing the influence of environment on behavior, Kagan notes that children are born with a certain temperament, which affects how the child reacts

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to the environment and how the child is ultimately treated. It removes some of the responsibility from the parent and their child rearing practices over the personality and characteristics of the child and places this responsibility in the hands of science, the environment and on the inborn nature of the child.

“Infants are often defined not by what they can do, but by the absence of qualities adults possess, especially language, intention, appreciation of right and wrong, symbolism, planfulness, guilt, empathy, and self-consciousness.”16 This statement by Kagan speaks to one of the connections between exploring the concepts of childhood and cultural sustainability. When working as community advocates, we may be asked to support those who do not have a voice themselves. Adults are often responsible for speaking and acting on behalf of children. The lack of a voice from children leads adults to attribute their own attitudes to children and plays a role in how we view children and our own concepts of childhood. This feeds into the idea of how societal and maternal conceptions of childhood affect infant feeding practices. The infant feeding choices mothers make are constructed by personal, social and historical influences of the mother in addition to her and her child’s taste preferences and nutritional needs.

Joseph M. Hawes, historian of childhood and family, writes about child science and psychology in Child Science and the Rise of the Experts (1997). He discusses the popular sentiment of distrust in parents’ abilities and concerns of child welfare as evidenced in academics and psychology that resulted in the growth of child science as a field. Hawes points to parent education being an essential part of this field, with the desire to create a society that was the utmost of civility. “Parent education was necessary because of myriad

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16 Ibid., 68.
threats to American civilization: crime, divorce, insanity, and a lower birthrate.” Hawes also discusses popular media as a parent’s source of childrearing advice. Parents seeking counsel beyond their doctors began looking toward popular media, like magazine columns and baby care books, for more practical, realistic, and applicable advice. These outlets still provide encouragement and knowledge to today’s parents and have grown to include websites and Internet-based communities of networking and support.

Throughout time, concepts evolved and shifted to fit the current cultural and social context. Exploring these concepts reveals several themes as they relate to childhood. These themes include: the advancement of science and technology that has allowed for children’s health to improve dramatically, discipline as a means to mold the child into an adult with traits desired by parents and society, mother as primary caregiver, the importance of a mother’s love and recognizing a child’s emotions, cognitive development, considerations of nature versus nurture, and the perceived importance of parental education by academics and other “experts.”

In Western concepts of childhood, the role of the mother is highlighted as primary caregiver and person responsible for determining the ultimate fate of the child. By extension, reviewing ideologies of motherhood and childrearing is equally as important to understanding the ways in which culture influences a mother’s infant feeding practices. The following section provides a review of these principles.

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MOTHERHOOD AND CHILDBEARING IDEOLOGIES FROM NINETEENTH CENTURY TO TODAY

This section provides a review of dominant ideologies of motherhood since the nineteenth-century, focusing on scientific motherhood, natural motherhood, intensive mothering, and attachment parenting. Awareness of these philosophies allows one to understand the context within which mothers raise their children and the expectations that are set for them. These expectations play a role in influencing a mother’s infant feeding choices. Each of these notions reflects the cultural values, practices and aims of mothers in the twenty-first century, to provide focus for the following material.

According to Rima D. Apple in her book *Perfect Motherhood*, the last two centuries have seen a shift in childrearing from relying on maternal instincts, common sense, and family role modeling, to a “scientific motherhood” dominated by science and medical instruction. “Scientific and medical advice is the hallmark of contemporary childcare practices. But this “scientific motherhood” is a relatively new phenomenon. For millennia, parents—and by parents here I mean mothers—were believed to know instinctually and with common sense how to raise their children, with the help of extended family and involved relations serving as role models.” ¹⁸ To speculate a bit about why the shift toward scientific motherhood happened and why it was welcomed by so many parents, as evidenced by the rise in childrearing book sales and parenting classes, the answer likely lies in the context of the time.

The Industrial Revolution reached the United States between 1820-1870, advancing transportation, developing electricity, and changing manufacturing practices, which increased industrial production. Meanwhile, the nineteenth century also saw a rise in

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scientific medicine with the discovery of several theories and inventions that would lead to
the development of revolutionary drug theories in the twentieth century.\textsuperscript{19} This era of rapid
growth and change affected the lives of everyday people, which likely, over time, led to
widespread belief in those practices and advice that were more scientific and less
traditional, putting more faith in the great advancements of the scientific world over
traditional practices. The same movements toward the scientific were also applied to infant
feeding and food in general.

“From the mid-nineteenth century onwards, doctors published increasing numbers of
child-care manuals to promote their child-care advice, popularizing the belief that women
need professional medically and scientifically based instruction.”\textsuperscript{20} Child-care manuals were
and are purchased and read by mothers seeking advice on anything from bathing, to
feeding, sleeping, discipline, potty training and more.

Infant feeding was another area in which doctors claimed scientific expertise. High
infant mortality and morbidity statistics were causally and dramatically linked with
problems of infant nutrition. A more complex understanding of the physiology of
nutrition and the action of newly discovered micronutrients began to appear in books
and the popular press in the nineteenth century. These pronouncements supported
doctors’ contentions that they had special knowledge, knowledge that could insure
the health and well-being of infants.\textsuperscript{21}

The role of these books was to supplement advice from physicians, in between visits, and
intended for use with healthy children, not to replace medical care for children when they
were ill. “Even greater numbers of women would have learned about scientific motherhood
from child-care journals, such as Babyhood and American Motherhood, and general
women’s magazines, which prove to be among the leading proponents of the ideology from

University Press, 2006, 14.
\textsuperscript{21} Ibid., 15-16.
the late nineteenth century onwards.” 22 Popular media took the role of science and propelled it further into the fabric of parenting ideologies, allowing the knowledge of physicians and other experts to be at the fingertips of mothers at any time.

While scientific motherhood may have been the prevailing ideology during the twentieth-century, that is not to say that every mother followed it blindly. As Rima points out, “not all women felt the need to become “scientific” or had the resources to follow its prescriptions.” 23 Some women, Rima describes, were “self-confident,” having already had children, and didn’t find change to their previous childrearing practices to be necessary. “Mothers who resisted the imposition of scientific motherhood frequently had identified alternatives to medical supervision, alternatives that resonated with their lives.” 24 Indeed, the feeling of instinctual knowledge, common sense, trustworthiness of family and friends’ advice, and tradition, still continued to guide the childrearing of many mothers in the 1940’s and 1950’s, as these values are still the predominant influences on what mothers do today.

Other mothers who did not follow the tenets of scientific motherhood may not have had the ability to do so even if they wished to. According to Rima, in many cases, child-care manuals were written for women with the means to carry out their advice, which did not include the working class, immigrant population or others who did not have access to necessary resources. “Both books and magazines assumed that their readers were middle-class mothers with the resources to carry out the instructions they received. Other literature directed toward working-class and immigrant mothers echoed the call for the medical supervision of children.” 25 Those women that Rima alluded to having a lack of resources to

22 Ibid., 52.
23 Ibid., 90.
24 Ibid.
25 Ibid., 15.
follow the tenets of scientific motherhood included working class families with a lack of time, money, and even the water required for the proper sanitation standards of this kind of childrearing. “Poverty-stricken cases like these were probably fairly typical, especially during the Depression. Whether rural or urban, many families lacked the money, the resources, the time to follow the detailed instructions that comprised modern medically directed childcare."  

Following the slump of the Depression and the war, the U.S. again began developing and changing at a rapid pace. “The Eisenhower era, the growth of suburbia, the baby boom, the return to domesticity: all are associated with the postwar decades, when we retreated into the sanctuary of the home after the trauma of the Depression and World War II...in this period lay the seeds for the activism of the 1960s and 1970s, the slow emergence of a national civil rights movement and of the nascent women’s movement.”  

These rapid economic and social changes and activism that continue through today, provide the context within which families have been raising children over the past few decades. Scientific expertise and physician advice remains the authority in Western medicine, but informed mothers with their knowledge from childcare books, access to the Internet, and network of support, are often able to question and actively participate in the decision-making regarding the health of their children.

Perhaps the antithesis of scientific motherhood is “natural motherhood.” Natural motherhood as an ideology was the counterculture answer against scientific motherhood, and began in the 1970s in tandem with a natural food movement that would affect the infant feeding practices of some mothers as discussed in the next section.

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26 Ibid., 92.
27 Ibid., 133.
motherhood did not gain the foothold in popular culture that scientific motherhood had developed throughout the first half of the twentieth-century. “In contrast to scientific motherhood, which devalued women’s power and abilities, natural motherhood privileged a woman’s ‘natural’ instinct to know what her baby needed, an intuition- or emotion-driven essentialist knowledge stemming from her body, her emotions, and her accumulated lived experience.”28 Some practices of natural motherhood included home-births without Western medication and assisted by midwives, breastfeeding, the use and support of an organic food system, the use of natural personal care products, and homeschooling.

Whereas natural motherhood paints the image of childrearing based on instinct and intuition, “intensive mothering” as a term provides a sense of a mother’s hard work and “intensive” focus on her children. Intensive mothering gained popularity as an ideology on a more widespread basis than natural mothering, as it reflects the situation of working mothers who have careers outside of the home. In her book The Cultural Contradictions of Motherhood, Hays discusses the ideology of intensive mothering as seen in the childcare manuals of renowned experts like Spock, Brazelton, and Leach written between the 1980s and mid-1990s. Because of the popularity of their childcare books, Hays assumes that their advice potentially reflects an “approximation of the dominant cultural model of raising children.”29 In her deconstruction of intensive mothering, Hays describes this ideology as “child-centered, expert-guided, emotionally absorbing, labor-intensive, and financially expensive.”30 She questions all the duties that mothers feel compelled to hold themselves to in addition to the essential physical care required in child care. Hays points to the

30 Ibid., 8.
numerous and unrealistic expectations that intensive mothering places on the working mother. The cultural contradiction that she describes is one in which a mother is faced with the conflicting ideas of complete, unselfish commitment to her child, as well as ambition and competitiveness in her career. This could be considered in line with a child-centered concept of childhood and ideology of child rearing and is still practiced by mothers today.


For example, our current cultural and social expectation is that those mothers who can breastfeed, should breastfeed. But in light of the “cultural contradiction” that Hays discusses, how might a mother continue to breastfeed while maintaining a successful career outside of the home? This brings into play the matter of pumping breast milk while away from home or the consideration of alternatives to breast milk. These options lead to a myriad of social, cultural, and personal dilemmas that each working mother has to face.

In *At the Breast*, Blum asks, “Can breastfeeding be in women’s interests in the twenty-first century?” Throughout this book, Blum discusses motherhood and breastfeeding through the lens of feminism and touches on the layers of context and meaning that breastfeeding holds, including economical, political, and racial. She considers the dilemmas that mothers may face in infant feeding practices, for example, how

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31 Intensive mothering is still in practice today and has been mentioned in articles such as “Mother Is Best? Why 'Intensive Parenting' Makes Moms More Depressed” on Time.com published in 2012 by Bonnie Rochman, and this 2015 article, “Moms, take a breather – 'intensive mothering’ isn’t necessary” by Marsha Maxwell which discusses a recent study about parenting time and how the prevailing ideology of intensive parenting is not necessarily providing results.


breastfeeding may cause a mother to value her body in a new and deeper way, while simultaneously leading to “self-sacrifice, overwork and surveillance” and potentially leading to a feeling of guilt and failure.\textsuperscript{34}

Ultimately, in the face of these problems, Blum argues for choice and freedom on behalf of mothers. “It matters whether women in the twenty-first century will have greater genuine freedom in infant-feeding choices and in determining their own mothering arrangements.”\textsuperscript{35} These freedoms are the requirements of working mothers and include the opportunity for maternity-leave to allow for the option to breastfeed, the choice to continue breastfeeding while returning to work, to have the right to pump at work and the ability to do so comfortably and with dignity, the right of low-income women regardless of race to be treated with the respect to be able to choose their infant-feeding choices and not be treated as people in need of education.

In the 1990’s another form of mothering was gaining popularity, “attachment parenting.” Attachment parenting shares some of the same principles as natural mothering, such as breastfeeding, baby wearing, and co-sleeping. While the name may sound like it is an “intensive” form of parenting, it is usually considered in contrast to intensive mothering because in attachment parenting it is often suggested that the mother does not work outside of the home. Dr. William Sears has written and co-written about thirty child care books and is the founder of “attachment parenting,” based on the attachment theory introduced by Dr. Bowley in the 1970s. His most popular book, \textit{The Baby Book}, first published in 1993, is still being edited and reprinted and has sold over a million copies. Although it proposes that there is no one right way to raise a child, some women may feel a

\textsuperscript{34} Ibid.
\textsuperscript{35} Ibid., 201.
sense of guilt when they read his books and are unable to follow through. Attachment parenting and natural motherhood are often overlapping ideologies and both require one full-time working parent that provides enough income to support the family while the mother stays home with the child. An entry in the Encyclopedia of Motherhood speaks to the “privilege” required for natural mothers to follow through with this practice. They are, “largely white, middle class (at least of origin) and college educated...”36 There are several critics against all or part of Dr. Sears’ theories, for example co-sleeping in the same bed is frowned upon by the American Academy of Pediatrics.

This review of dominant ideologies of motherhood since the nineteenth-century highlights scientific motherhood, natural motherhood, intensive mothering, and attachment parenting. These childrearing practices have continued to evolve through the twenty-first century and are still discussed and used in some forms today. Popular Western ideologies of motherhood and childrearing over the past century reflect a tendency of mothers to combine approaches to childrearing, consulting books and magazines, following pediatrician’s guidelines, asking advice from friends and family, and using common sense and personal values. Furthermore, popular media and the Internet have facilitated discussions about these philosophies that often create overlap, borrowing elements from one practice and using them under the title of another, rather than each ideology being seen as a separate and distinct approach.

Together with the concepts of childhood discussed in the previous section, ideologies of motherhood play a role in infant feeding practices. Scientific motherhood asserts that mothers consult their pediatricians advice for infant feeding, a practice that is still

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suggested by the American Academy of Pediatrics. Today’s natural motherhood holds true the same tenets of natural mothering of the 1970’s, promoting the importance of breastfeeding and organic and sustainable food. In an article titled “Infant-feeding consumerism in the age of intensive mothering and risk society,” Sarah Afflerback et al., interview mothers about their consumer habits within the context of intensive mothering and a “risk society,” described as a society within which, “the negative effects of industrialization and modernization are perceived as increasingly causing potential damage to humans, particularly in the realms of health and the natural environment, but extending into politics, the family, and social relations.” The study concluded in part that “baby-oriented consumerism included health, comfort, taste and development, and mother-oriented consumerism included knowledge/control, compliance, convenience, frugality, relationships and self-image.” Lastly, a principle of attachment parenting is “Feed with Love and Respect,” which encourages breastfeeding on demand and for older children parents should “respect the child’s hunger cues, offer healthy foods, model healthy eating habits, and make mealtimes a time for love and connection.”

Mothers may feel they are doing everything they can to provide the best nutrition for their children. They may also feel a sense of blame, guilt or anxiety that they are not living up to societal expectations. These expectations are culturally constructed and play a role in influencing a mother’s infant feeding choices. Each of these choices reflects the cultural

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37 American Academy of Pediatrics "Infant - Food and Feeding."
40 Ibid., 387
values, practices and aims of mothers in the twenty-first century and reflects how mothers have borrowed from history to create their own methods.
THE INDUSTRIALIZATION OF BABY FOOD

Infant feeding practices and the industrialization of baby food have influenced cultural concepts of appropriate mothering and childcare. In addition, infant feeding and concepts of childhood and childrearing inevitably affect one another. The industrialization of baby food has changed the way that American mothers feed their babies. This section summarizes key points of this industrialization and how it has been affected by and has altered infant feeding practices.

“Child-rearing philosophies, which had begun to change in the prewar period, shifted markedly in the postwar United States. The new, more relaxed philosophies of child rearing supplanting the rigid behaviorist approach helped set the stage for the early feeding of solids and the dominance of commercially prepared baby food.”42 In her book the *Industrialization of Baby Food*, Amy Bentley summarizes well the essence of the baby food industry and its mass popularity that would lead to a cultural shift in the way that the majority of American mothers feed their babies.

Baby food emerged as the quintessential industrial product: a standardized creation with predictable tastes, textures, and qualities...A convenience food created by manufacturers and advertisers, admired by doctors and health professionals, and welcomed by mothers, commercial baby food grew in popularity, its growth fueled by changing notions of infant feeding, the discovery of vitamins, and a nascent advertising industry.43

Prior to the advent of the solid baby food industry, artificial formulas were created to replace breast milk. It is important to first start with the history of how these formulas came into being in order to understand the context leading up to the creation of formula and the solid foods that would follow.

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43 Ibid., 17.
Before there was commercial baby food...

One of the oldest and most popular alternatives to a mother breastfeeding her child was wet nursing, which is when a woman is employed to nurse a child that is not her own. Wet nursing began as early as 2000 BC and extended until the early 20th century. When the first hygienic feeding bottles came into use in the 19th century as a result of the Industrial Revolution, the practice of wet-nursing rapidly declined. Other means of feeding were often unhygienic and dangerous; various feeding devices were difficult to clean, and prior to pasteurization and refrigeration the safe feeding of animal milks to infants was logistically difficult. Dr. Fred Weinberg explains in his article Infant feeding through the ages, “The pap or panada, of bread and water, was frequently fed from a spoon or a pap boat, and became the feeding of choice. One can easily understand why in London, during the late 18th century, almost half of the infants born alive died before the age of 2 years. The invention of the rubber nipple in 1845 helped with one aspect of hygiene rather than using a piece of cloth, sponge, or nursing directly from an animal’s teat. As Weinberg points out, “Considering how little was known about infant nutritional requirements, it is amazing that any infants survived hand feeding before this century. The survivors were few, and as late as 1870, more than one third of hand-fed babies were expected to die during the first year of life.” Living within the context of today’s world with a much higher degree of scientific

46 Hand-feeding refers to feeding by means other than nursing such as bottles of milk, pap, etc.
knowledge about nutrition it is difficult to imagine a time when infant mortality rates were so high because of a lack of understanding of the basic needs of children.

**Breast Milk Alternatives**

In 1867 a chemist in London, introduced Liebig’s Soluble Food for Babies available in the United States within the following two years.

Liebig did not challenge the prevalent notion that mother's milk was the perfect infant food. Rather, he claimed that he had succeeded in concocting a substance, at first liquid, then powdered, whose chemical makeup was virtually identical to that of mother’s milk. Liebig's Food was soon followed by a host of imitators. Some contained dried milk and called only for the addition of water. Others, like Liebig's original formula, were to be added to diluted milk. Soon some doctors were proclaiming these foods to be superior to the milk of wet nurses.48

Although wet nursing was a popular alternative to dealing with the potential difficulties of breastfeeding ones own baby, it was beginning to lose popularity near the end of the nineteenth-century.49 This was largely due to a change in the social climate. Wet nurses were often poor women employed by the wealthy; a practice that would eventually become seen as unsavory and questionable as other options like more convenient bottle-feeding and better quality milk substitutes became available. It was an ideal time for the invention of an artificial milk substitute. The same year Liebig introduced its formula, in Switzerland, “the Swiss merchant Henri Nestle invented the first artificial infant food, and in 1873, 500,000 boxes of Nestle’s Milk Food were sold in the United States as well as in Europe, Argentina,

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and the Dutch East Indies. By the late 1880s, several brands of mass-produced foods, mostly grain mixtures to be mixed with milk or water, were on the market."50

Infant formula companies would not only have to convince mothers of its benefits, but would also have to convince physicians and other experts who have the power to sway the beliefs of parents within the context of scientific motherhood. Some companies, like Mellin's, turned to advertising and media to obtain customers.

Mellin's (one of the most popular brands of artificial infant food) with its own press, was especially active in this field. The handbooks explained the chemistry of milk and feeding in clear but relatively sophisticated language, adding an aura of science to the food they were promoting. Not only did they prove effective in convincing mothers of the efficacy of proprietary infant foods, they convinced many doctors as well...Thus, by the 1890s a number of sources spread the growing impression that artificial feeding was both scientific and modern.51

With more options available for infant feeding gaining the support of doctors and mothers alike, the occupation of wet nursing became extremely rare by the beginning of the twentieth-century.

But the artificial formula method of feeding infants was not considered the ultimate answer to the U.S. Department of Agriculture, which was in support of breastfeeding and the use of cow's milk as a substitute. In a Farmer's Bulletin pamphlet written by the USDA entitled Milk and Its Uses in the Home there is a warning against assuming that infant formula is the best method for artificial feeding and a reminder to consult a doctor for appropriate feeding methods.

Experience has shown that these special foods, when they contain nutrients of milk, are sometimes valuable for infants when it is necessary to resort to artificial feeding. Too much faith should not be put in the extravagant claims made for some brands of infant foods. The safest course is to follow the advice of a competent physician in selecting the substitute for natural feeding. It is often wiser to use cow's milk,

50 Weiner, Lynn. "Baby Food." In The Oxford Companion to American Food and Drink, 57.
51 Levenstein, Revolution at the Table: The Transformation of the American Diet, 124.
modified at home under a physician's direction, rather than these commercial foods.\textsuperscript{52}

Although mothers and physicians may have understood the benefits of cow’s milk, it was still difficult to provide milk to babies in a safe way with a lack of refrigeration in the early twentieth century. Artificial formulas did not require refrigeration and gained popularity that would continue to grow into the mid-twentieth century.

The stance of the USDA was in support of breastfeeding during the time this bulletin was written in 1924. It notes that, “the best food for an infant is milk from a strong, healthy woman is admitted by everyone. When it is not obtainable, the more nearly the substitute resembles it the better. Cow's milk is the most common substitute, and when necessary may be artificially modified. Goat's milk, too, is in some cases recommended for infants.”\textsuperscript{53}

Canned condensed cow’s milk was also used in infant feeding as a milk alternative.

“Condensed milk was especially popular in the South and during the hot summer months in other regions of the United States, as it could be stored and would not spoil in the heat.”\textsuperscript{54}

While science and government agencies declared support for breastfeeding as the first and best source for infant feeding, the budding infant formula industry used media to influence mother’s decisions in the event that an alternative was needed. These factors played a role in shaping ideas of appropriate mothering and feeding, and therefore reshaped the cultural narrative of infant feeding.

\textsuperscript{53} Ibid. 5
\textsuperscript{54} Bentley, \textit{Inventing Baby Food: Taste, Health, and the Industrialization of the American Diet.}, 23.
Solid Foods for Babies

In the 1920’s, the industrialization of baby food went beyond breast milk alternatives into the solid food realm; meaning pureed, strained and mashed protein, vegetables, and fruits for babies. Taking this work out of the home and industrializing it cut the time that mothers spent in the kitchen preparing foods for their infants. “Commercial diaper services, increased wiring of homes for electricity, washing machines, refrigerators, and other technological innovations altered women’s work in general and childcare in particular.”

These revolutionary inventions made it easier for women to attend to their housework and their children at the same time.

Leading the baby food industry from the beginning was Gerber. More families were purchasing processed convenience foods and canned foods, so the market was favorable for Gerber to introduce a product that would also change the way mothers were preparing food for their babies. "By the late 1920s, commercially canned baby food was introduced and quickly adopted by American consumers. Conditions were favorable: advertising had become widespread, the cost of canned foods had fallen, and experts recommended the addition of fruits and vegetables to the infant diet. The Gerber Company initiated this revolution in infant feeding by expanding the scope of the canned foods industry."

The creation story of Gerber captured the attention of mothers, and was perhaps specifically designed to gain their trust and loyalty. Becoming frustrated with hand-milling and straining vegetables for her seven-month old daughter, Dorothy Gerber, wife of Daniel

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55 Ibid., 29.
56 According to Bentley, fruits and vegetables were foods that were avoided prior to the late 1920s. “While mothers fed infants “strength-producing” meats and cereals in the first year, advice manuals recommended that children not be given fruits and vegetables until two or three years of age. This was in part the result of Americans’ wary attitude in general toward fruits and vegetables...Properties inherent in fruits and vegetables were thought to cause severe diarrhea and dysentery, especially in the summer,” 19.
Gerber whose family owned the Fremont Canning Company, asked her husband to have the company consider producing baby foods. The image of the haggard housewife toiling in the kitchen straining peas for her eagerly waiting infant is a vivid one. (I can almost imagine myself in the apron with a kerchief tied around my head and my arm cramping as I crank the food mill.)

The next year, the company introduced strained peas, prunes, carrots, and spinach to the market. The Gerber's launched an advertising campaign featuring a sketch of an infant known as the Gerber Baby that ran in such publications as Good Housekeeping, The Ladies' Home Journal, the Journal of the American Dietetics Association, and the Journal of the American Medical Association. The Gerber Baby icon, drawn by Dorothy Hope Smith, became the company's official trademark in 1931.58

From the backstory to the advertising and the trademark Gerber baby logo, Gerber baby foods were poised to dominate a new and expanding niche in the industrial food market by targeting mothers as consumers at just the right moment in time.

One can imagine the shift in popular opinion for pre-made baby food following its market introduction. Slowly, but gaining momentum, more and more mothers would come to see baby food as a necessary purchase that would not only free them from extra time spent in the kitchen, but would possibly be even better for their babies than the food they prepared themselves. Gerber specifically targeted physicians to market their products for them, suggesting that the mothers of their patients use their baby foods that were “scientifically produced”. “It is not difficult to see how, once the idea of ‘baby food’ in general became a common part of American infant feeding practices, experts could assume that when it came to fruits and vegetables, the more the better and (lacking substantial

58 Ibid., 59.
scientific research indicating otherwise) the earlier and ‘more scientifically produced’ (industrially manufactured) the better.”

The Industry and Production of Baby Food

Gerber was, and remains, the dominating force in the United States baby food market. “Gerber dominated the U.S. market in part because it offered the widest line of baby foods in the industry, and almost two hundred different products...” As Bentley notes, Gerber ruled the U.S. market, but Heinz “was the largest producer of baby food overall because of its significant global reach...by the mid-1960s the company (Heinz) held 80 percent of commercial baby food sales worldwide...” The third of the “big three”, as Bentley calls them, was Beech-Nut. “Gerber and Heinz both distributed their products nationally, whereas Beech-Nut concentrated its efforts in New England and on the West Coast.”

The production of baby food was not much different from other canned foods, requiring warehouses for storage, production facilities, and transportation between processing plants and distribution centers. Baby food production required machines to mash and strain fruits and vegetables to a smooth consistency in addition to the usual canning equipment and pressure-cookers used in canning. “To acquire the produce in raw form, baby food companies contracted annually with farmers and orchardists for their crops, with the exception of Heinz, which also owned a number of farms and orchards.” After inspecting and cutting the produce, it was cooked in a vacuum-steam process, strained, and

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60 Ibid., 50.
61 Ibid., 51.
62 Ibid., 52.
63 Ibid., 52.
additional ingredients were added. Jars were filled and capped with machines and cooked to sterilize the containers and the food, then washed, labeled, and packed. “The highly automated production produced several thousand cartons of baby food per week.”

Decline of Breastfeeding

During the period of scientific motherhood as described by Rima and explained in the previous section, artificial formula was designed by chemists to replace other milk alternatives. “During this ‘chemical period’ in infant feeding, medical authorities took charge, partially by devising complicated “percentage” formulas only they could administer as breast milk replacements.” The science and medicine industry would come to spur a decline in breastfeeding, encouraging mothers to choose formula feeding because in their opinion, it was easier, safer, healthier, and easier to measure to ensure that infants were getting the proper nutrition. “Yet as the medicalization of motherhood developed, child specialists offered more and more reasons why breastfeeding was inadequate. Improved technology helped artificial formulas and cow’s milk to become regarded as a safer and more healthful alternative for infants...Formula feeding was easier for doctors to measure and regulate...Anxious mothers, losing confidence in their parenting abilities and common sense, wanted what was best for their babies and voluntarily relinquished their authority.”

As more doctors encouraged mothers to formula feed and formulas were being advertised, popular notions of breastfeeding changed. Further, the support of formula feeding placed more power in the hands of physicians and scientists and less control over infant feeding in the hands of mothers.

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64 Ibid., 53.
65 Ibid., 21.
66 Ibid., 21-22.
In addition to the advice of physicians and popular media turning to formula over breastfeeding, typical hospital procedures during and following birth made breastfeeding difficult and perhaps even discouraged the practice. “Hospital deliveries that whisked babies away to the nursery fostered a sterile and awkward climate for mother-infant bonding and discouraged breastfeeding... Thus the unintended consequence of the dominance of scientific motherhood, combined with changing social conditions and mores, was the decline of breastfeeding.”

It is now believed that those first hours following birth are crucial times for breastfeeding mothers to begin the mother-infant bond. During this time, babies practice latching and encourage the start of colostrum and the flow of breast milk. Without this bonding time, mothers might lose the ability to or become discouraged from breastfeeding. The practice of taking babies away after birth shows how mothers were at the mercy of scientific motherhood from the very birth of their children and how their infant feeding choices were affected by this ideology from the beginning.

**Early Introduction of Solids**

The decline in breastfeeding was coupled with earlier introduction of solid foods. Perhaps because mothers were more comfortable with feeding their babies formula they were also more willing to introduce baby foods at earlier ages, linking the reliance on and perceived safety of those foods. “By the mid-1950s, the age at which infants were commonly first fed solids had fallen to four to six weeks, from a prewar five to six months. Some doctors advocated solids mere days after birth.”

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67 Ibid., 22.
68 Speaking from my own birthing experience in the twenty-first century, I was encouraged to hold my daughter and breastfeed as soon as possible after birth.
69 Ibid., 59.
Bentley suggests a social and cultural shift that led to changing practices and to the earlier introduction of solid foods. “There was a cultural and economic imperative in the mastery of solids. Not only the mastery but the early ingestion of solids implicitly signified the wealth and power of the United States, its culture, and its people.”\(^7\) For some women the attitude toward breastfeeding was that only uneducated women breastfed, and the ability to afford industrial and canned foods, including baby foods, signified wealth, although they were now more affordable than when canning was first introduced. “Ideas about infant feeding reflected how Americans regarded their position in the postwar era of the American Century: powerful, wealthy, democratic, privileged, and competitive.”\(^7\) I believe this not only speaks to the power of commercialism and advertising over American infant feeding practices, but also to the idealism of sterile, scientific, clean and organized food and feeding practices.

*The Counterculture and Changes in Infant Feeding Practices*

The 1960s and 1970s saw political changes and social movements that would affect attitudes toward infant feeding. An overall distrust by some in American government extended to the food industry. Some began to question the ingredients in baby foods, the reliance on the product itself, and the use of formula over breastfeeding. “The early 1970s saw a change in the unexamined use of commercial baby foods, as well as of formula feeding. By this time Americans’ consumption of processed food products had become firmly entrenched: estimates indicated that over half of the products Americans consumed

\(^7\) Ibid., 67.
\(^7\) Ibid., 70.
were industrially processed.”

People began to demand accountability by the manufacturers of these foods in the safety and regulation of these products. The FDA banned several additives during this time and increased inspections. “The removal of unnecessary additives, combined with the expansion of products and the eventual development of organic lines, made commercial baby food more popular than ever, especially among the increasing numbers of women entering and staying in the workforce.”

Adelle Davis was a nutritionist and author of several books about health and nutrition written between 1935 and 1965. During the 1960 and 1970s, Davis gained mainstream popularity particularly due to her distrust in processed foods. She was a controversial figure, criticized for a lack of scientific evidence in her claims and superficial claims of physical, emotional and social health being linked to nutrition. Despite that several court cases were brought against her for children falling ill when their parents took her advice on vitamin supplementation, she did contribute to growing popularity in homemade baby food and the natural food movement in general.

**Homemade versus Commercial**

The decades between the 1970s and 1990s would see a push and pull between advocates for homemade baby food and the commercial baby food industry. Consumers continued to raise questions about additives, water, salt, sugar, the inclusion of expiration dates on labeling, and the occasional bad batches that would reach consumers with shards of glass or spoiled food. While advocates for homemade baby food published cookbooks

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72 Ibid., 97.
73 Ibid., 105.
and insisted that it was the best way to ensure proper nutrition and additive free food, baby food companies would counter that their preparations were safer than baby food prepared in the home. “Despite the controversies and serious problems, commercial baby food remained popular, thanks to rising numbers of working women with young children and commercial products that were deemed safer and healthier than they had been in previous decades.”

The commercial baby food industry did take a hit, however, having reached its peak pre-1970s. By the late twentieth-century much of the controversy died down. Organic brands gained a foothold in the industry, and major brands like Gerber came out with organic lines to cater to the growing number of consumers desiring natural products.

**Breastfeeding Revived**

The 1970s would also see an increase in public awareness campaigns, like those of La Leche League, in support of breastfeeding. This was in response to heavy advertising by formula companies and low breastfeeding rates.

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74 Ibid., 130.
At the start of the 1970s, 26.5% of babies were breastfed in the hospital and only 5% at six months old. The chart above shows an increase in breastfeeding rates during the 1970s, a slight decline in the decade following the mid-1980s, and a steady increase into 2007. The numbers that highlight the prevalence of formula use, both as the sole source for nutrition and to supplement breast milk are the “exclusive” numbers, meaning exclusively breastfed. This means the number of babies that received some amount of formula was above 70% at three months and 90% at six months in 2007. In a study conducted by the FDA and CDC between 2006-2012, 72% of the 3002 sample of women interviewed started breastfeeding, 49% were breastfeeding at six months, and 25% were breastfeeding at 12 months. Clearly, formula use is a common infant feeding practice among American women and has been since its invention.

The Twenty-First Century

The twenty-first century has seen a re-ignition of the natural foods movement that began in the 1970s. Further spreading through popular media with books like Fast Food Nation and The Omnivore’s Dilemma, and popular documentaries like Supersize Me and Food, Inc., the distrust and demand for accountability from the food industry has rapidly increased. This has led to options in organic foods being more widely available and commonplace in grocery stores, and a change in the popularity of fast food or fast casual

restaurants with a more socially responsible aura like Chipotle Mexican Grill. In turn, this has affected the options and choices that mothers are making in their infant feeding practices.

One prominent change in the baby food industry is the invention of the pouch as a food delivery system. The pouch of baby food increases the convenience of feeding, allowing a baby who can grasp the pouch to feed themselves directly from it, removing the need for a bowl, spoon, or even for the child to be seated. Pouches are more expensive than jarred baby food, but are more attractive to mothers of toddlers who wouldn’t necessarily be purchasing baby food in jars anymore. This way, their toddlers have a snack that is fast and easy, and appears healthy, be it fruit, vegetables, grains, meats, yogurt, or a combination. The pouch has extended the age that a child will eat baby food from under a year to perhaps up to three years old. The pouch is a great boon for the baby food industry, keeping customers for longer and charging more per ounce than jarred baby foods. In turn, mothers have greater convenience and more organic options as a variety pouches are offered by organic brands.

**Baby-led Weaning**

The term baby-led weaning was popularized by the 2008 book *Baby-led Weaning: Helping Your Baby to Love Good Food* written by Gill Rapley and Tracey Murkett of the UK. They have since written a cookbook, a book about breastfeeding and a “baby-led parenting” manual, pushing their ideas about infant feeding even further into overall childcare practices. Baby-led weaning simply means to allow your baby to eat finger foods and guide their own eating from the beginning of their solid foods stage, skipping the puréed foods altogether. This style of infant feeding goes against traditional American infant feeding practices that encourage the introduction of foods first as purées then slowly increasing the
amount of textures babies are exposed to. The literature on baby-lead weaning is more
gereared toward breastfed babies, discourages fast-food, salt and sugar, and suggests
seeking doctor’s approval if there is a family history of allergies or digestive problems.

Mothers that were more likely to be drawn to homemade baby food may be
proponents of baby-led weaning because it requires some amount of cooking and
preparation, and so it is much less convenient than jarred baby foods. It is a growing
practice, however, with more attention being paid in the UK and New Zealand as studies are
continuing to be conducted into the causes and effects of this infant feeding practice.

Allergies

According to a 2008 study by the CDC, “From 1997 to 2007, the prevalence of
reported food allergy increased 18% among children under age 18 years.” That number
increased again based on a 2013 study “Among children aged 0–17 years, the prevalence
of food allergies increased from 3.4% in 1997–1999 to 5.1% in 2009–2011.” Studies
are being done to determine the cause of the increase of food allergies, a few of the most
recent point to the use of antibiotics, but are in very preliminary stages of research. An
interview with a scientist from the University of Chicago discusses recent studies with lab
mice and peanut allergies, with some of the results suggesting that antibiotics may be
wiping out the bacteria in a person’s gut that protects against allergens. "We don’t want to
say this is a cause and effect relationship, but we do want to raise the concern," says Nagler.

78 Branum, Amy M, and Susan L Lukacs. “Food Allergy Among U.S. Children: Trends in Prevalence and
"An infectious disease specialist made the point that most kids in the U.S. receive two or three courses of antibiotics in infancy. Most of the treatments they receive are for viral infections, meaning, they're getting a treatment that serves no purpose."

The prevalence of food allergy cases has changed the climate in school cafeterias, parties, snack time and so on. Many schools have implemented peanut-free rules, and some food service offerings have changed to suit some of the dietary restrictions, wheat, dairy, and egg allergens, though this is largely dependent on funding and parental concern for these issues. From the first introduction of solid foods, and even earlier for mothers who formula feed, the question and anxiety of potential food allergies starts and this fear is fed by popular child care manuals, doctors advice, and AAP recommendations about strict avoidance of peanuts, eggs, cow’s milk, and a host of other potential allergens with a set of guidelines for what age is appropriate to introduce each food. The potential threat of allergens affects a mother’s infant feeding choices specifically in regards to what foods to choose, what to avoid and for how long and these are strongly guided by a culture of Western science and medicine.

**Return to Homemade**

With the reinvigoration of a natural food movement in the twenty-first century has come more interest in homemade baby food. In a study conducted by the FDA and CDC between 2006-2012, of 1893 nine month olds eating solid foods, 43% were fed entirely commercial foods, 43% were fed mostly or some commercial foods, and 11% reported no

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commercial baby foods.\textsuperscript{81} These numbers varied slightly depending if the product was fruit, vegetable or meat, but the numbers of babies being fed entirely or some homemade is increasing.

To speak to the growing number of mothers preparing their own baby foods, on the Gerber website, they even offer a how-to article on making your own baby food. Mainly it is a list of safety guidelines to follow for the preparation and storage. They also make sure to point to safety concerns that have been echoed by the AAP. “The American Academy of Pediatrics recommends to only feed commercial preparations of the following baby foods in early infancy: spinach, beets, green beans, squash and carrots. These foods may be high in nitrates, a chemical that can cause a low blood count (anemia) in young babies. Levels of nitrates are tested in commercially prepared baby foods.”\textsuperscript{82} The discussion about nitrates is one of the most prominent critiques of homemade baby food. Although it doesn’t appear as though commercial baby food will be falling out of typical American feeding practices any time soon, homemade preparations are growing in appeal and if anything has become a popular topic of discussion among mothers. Several of the mothers I interviewed discussed homemade baby food in some respects, even though not many of them used it themselves.

The industrialization of baby food has changed the way that American mothers feed their babies starting with breast milk versus formula and later in solid foods. Each infant feeding choice from breast versus bottle, to when, which and how to introduce solid foods, to the purchase of commercial versus homemade, and many more are all influenced by

cultural constructions of what is good and appropriate food to feed babies. These are constructed not just based on matters specific to food, but also on commonly held concepts of childhood and ideologies of motherhood. To what extent are mothers aware of these cultural influences over their infant feeding choices? And if they are aware, to what extent do they have power to make informed choices to sustain or change those feeding practices to meet their desires and goals for their own children?

This section has summarized key points of the industrialization of baby food and how it has been affected by and has altered infant feeding practices. These practices have been reshaped by the changing historical and cultural context, and have influenced cultural concepts of appropriate mothering and childcare. In addition, ideologies and philosophies of childhood and motherhood exert an influence on mothers as they make their feeding choices. The next section will show the effects of concepts of childhood, motherhood and childrearing ideologies, and the industrialization of baby food on modern mothers, while considering their own personal values, family practices and traditions.
INTERVIEWS AND ANALYSIS

Biological, societal, and cultural norms are set in place that lay much of the responsibility regarding infant feeding practices upon the shoulders of mothers. Although given the ultimate responsibility, mothers have not been left to decide what is best on their own. They have been influenced throughout the ages by family, tradition, necessity, science, technology, medicine, industry, advertisement, media, and so on. Without the passing down of knowledge from mother to mother, between family members and friends, child rearing would indeed be a lonely and difficult venture. Experience and advice are often welcome and valued by mothers. There are times, however, when advice becomes overbearing and societal pressures make the decisions of motherhood feel like impossible and contradictory problems, causing feelings of emotional stress and guilt.

Who really has, or should have, the responsibility for infant feeding? What is really appropriate food and who decides what makes it so? As mothers spend time with their babies, they begin to understand the individuality and uniqueness of their child. Just as adults vary in tastes, preferences, and desires, so do babies. A one-size-fits-all approach does not necessarily work best when it comes to infant feeding. There are, however, socially and culturally constructed standards of infant feeding that mothers may be holding themselves to whether they are aware of it or not. These influences and standards are revealed in the following interviews.

The following short pieces have been taken from interviews with eleven mothers of different ages with children that range from four months through adulthood. These pieces highlight both the individuality of the experience of mothers and their children, and the similarities that echo across generations and may be signifiers of cultural and social influence. Themes include breastfeeding as labor, the importance of variety, being forced to
eat certain foods or meals and how this influenced their own practices, cost and budget, food allergies, scientific and nutritional knowledge, childcare by family or others, doctors advice, homemade baby food and family dynamics.

**Interview 1: Breastfeeding: A Labor of Love**

An interview with Michelle reveals her strong sense of self, connection to her mother and familial ties, her thoughtfulness as a mother, and her health conscious values. For Michelle, choosing to breastfeed was the obvious choice, her mother breastfed her children and she encouraged Michelle to do the same. Popular and scientific knowledge as well as current societal support for breastfeeding also influenced her decision. But, as Michelle points out, breastfeeding is not easy, “It’s a labor of love.” On one hand there is the physical pain, the difficulty in latching and just trying to get it right when it is something new for both baby and mother. On the other hand is the psychological strain involved in breastfeeding. Michelle felt that because she was so attached to her son as the primary caregiver and provider of nourishment, it was an excuse for others not to help at times. It becomes incredibly trying for a new mother to have the opportunity for a break from their newborn when breastfeeding, even if pumping is an option. For some mothers, Michelle included, pumping is hard and time consuming. Michelle described how at her wedding she felt overwhelmed and overly concerned with the timing, pumping, and feeding of her son who was then only three months old. She felt she wasn’t able to fully enjoy herself like she wanted to at her wedding.

Once Michelle worked through the beginning of her breastfeeding experience it became more natural and easy for her and her son. Although it became easier, it was still psychologically straining. At around eight months old, her son took to the bottle more and
suddenly stopped breastfeeding. “One day he just stopped. It was like he connected with what my brain was thinking.” Some studies have shown that the bond between mother and child is strengthened and even heightened through breastfeeding. A mother may always wish to have a deep bond with their child, and give them the best nutrition possible through breast milk, but this is not always possible, and not just for physical reasons, but for emotional and psychological reasons. “They’re intuitive. If you’re upset they know it. They always say it comes through. It’s true. You have to be the best version of yourself for them. And some days that’s not very easy.” Is being the “best version of yourself” a tenet of a particular motherhood or childrearing ideology? Perhaps it is an element of intensive mothering, which calls for mothers to be successful in their career and their role as mothers. This phrase could also fit well with attachment parenting, which insists that one “strive for balance in your personal and family life.” The phrase “be the best version of yourself” does seem to encourage hard work and perhaps even impracticality, as Michelle points out, “some days that’s not very easy.” I assert that being the “best version of yourself” for your child is an ideal that mothers may strive for that can have conflicting results. On one hand, this allows a mother to focus on herself and her needs in order to fulfill the needs of her child. On the other hand, it could place added pressure on the mother to hold herself to high standards.

84 *API’s Eight Principles of Parenting.* Attachment Parenting International | Nurturing Children for a Compassionate World.
Currently the AAP recommends breastfeeding for the first year and then as long as mother and baby desire.85 These recommendations are confirmed by numerous other public health and medical associations in the U.S., governmental organizations like the CDC and FDA, popular media, baby care manuals, public health advertisements, and WIC programs. In her article The Work of Breastfeeding, Stearns calls for further research into breastfeeding as body work, an area that is hardly explored and often “invisible” given the context within which the work is performed.

A focus on breastfeeding and other embodied labor performed by mothers (pregnancy, care work, and so on) is a necessary component of any larger analysis of contemporary mothering ideologies and practices, including the effects of maternal ideologies that equate “good” mothering with breastfeeding. This analytic focus seems especially relevant as medical and public health authorities promote increasingly longer periods of exclusive breastfeeding as essential for optimal infant health (American Academy of Pediatrics 2005).86

Considering how psychologically and physically demanding breastfeeding can be, Stearns point about the importance of more research into the work of breastfeeding is crucial in better understanding the dynamics of the practice. This includes how it affects the roles of childcare and infant feeding within the family, and how to support mothers who both choose to breastfeed and struggle with it, so they may be better prepared and not feel weighed down by societal and cultural expectations.

Interview 2: Picky Eaters

Crystal’s sons, aged three and five, are always eating something different from their parents. “They are picky...It looks funny, it smells funny.” Her husband works late, so Crystal makes dinner for her sons and sits with them while they eat, waiting to have her dinner when her husband arrives. “We don’t have a chance to sit down as a family and eat. I make them what they want and have a separate meal for us. It’s like that every night, but I have it down now.”

Crystal’s youngest son, who has a milk allergy, is limited in some of the foods he can eat. He has also acquired a particular taste for chicken nuggets. She explains that for the past year and a half he has only wanted chicken nuggets for dinner every night. “I did freak out about it. I talked to the doctor. He said it’s a phase, he’s not going to do it forever. He’ll grow out of it. I have a feeling he’s starting to get tired of them. He’ll eat one or two. So I offer him a variety of different things. You’ll go hungry... Not going to let you snack for the rest of the night. Can’t have a cookie. If you’re that hungry finish your dinner.”

Crystal tells the story of when her older son wouldn’t finish his dinner after days of wasting his dinners, her husband got mad and told him he’d have to eat it for breakfast. “I remember my dad used to do it, so I felt bad. He went a whole twenty-four hours without eating it. Then gave in.” Now the older son eats a broader selection of foods while her younger son struggles with variety. “I’m trying to be patient. I don’t want to force it. I don’t want him to hate it. I hated most food because I was forced to eat. My mom’s food tastes good, but it all has the same flavor and more on the bland side. I cook differently than she does. I didn’t care for it much...it made me hate food. I don’t really want to do that to my kids. I ask them every night what they want for dinner. I let them choose.”
Crystal’s feeding practices stem from her experiences as a mother dealing with certain eating behaviors that she considers undesirable: her children eating the same foods every day and resisting variety in their diets. There is a cultural convention that variety is important in a diet, scientifically speaking because of concern for obtaining necessary nutrients, and culturally speaking because operating within a global food system means access to a wide variety of foods. This is echoed in popular childcare manuals, doctor’s advice, and by government organizations. The USDA’s webpage on developing healthy eating habits for preschoolers states, “It is your responsibility to provide a variety of healthy foods for your child.”

It is a popular belief that toddlers are picky eaters and the belief, at times, informs the practice of how toddlers are fed. Mothers may choose to offer their toddlers foods that they are not sure they will eat, with the intention to get them to try new foods. However, a mother may find herself at wit’s end in offering a variety of foods only to be turned down, and prefer that her child eat something rather than nothing. In Crystal’s case, she was concerned about feeding her children the same foods, which led her to ask her pediatrician for advice. After being assured that the picky eater stage will not last forever, and reassuring herself in buying quality foods that her children will eat, she made the choice to feed her children what they prefer to eat, rather forcing or fighting.

Interview 3: The Dinner Table Face Off

May is a new mother with a four-month old daughter. Her daughter hasn’t started solids yet, but May projects how she intends to handle and avoid the dreaded picky eater syndrome.

We both grew up in houses where what’s for dinner is what’s for dinner and if you don’t like it – that’s all there is. My mom with three kids, she wasn’t going to make three different dinners and his mom was the same way. We both aren’t picky eaters. That’s how we want her to be. If she doesn’t like it that’s one thing, but she’s going to try it because I’m not making two different dinners every night. (Husband’s) daughter who is nine is super-picky, and that’s what we end up doing. I don’t make a second dinner, but he’ll make her a grilled cheese or macaroni and cheese because that’s all she eats. With (daughter) we want her to try it. There’s so much good stuff out there and we want her to try it. Not only that but the health benefits - you can’t eat macaroni and cheese and grilled cheese three times a day. She’s going to try whatever’s on the table, if she doesn’t like it that’s okay. Peas, they look gross they’re green and they’re round. No one wants to try those but she’s going to. You’re a baby eating the pureed crap, but they get to an age where the color, shape, and texture become an issue. Try a big bite, chew it, swallow it, if it doesn’t kill you, you’ll probably be okay.

It would be interesting to follow up with May as her daughter gets older and see if she shares the same experience of the picky eater that some mothers encounter with their toddlers. The importance placed on variety is echoed throughout many of these interviews, as is the struggle with enforcing this value on their children. Each mother with a toddler-aged child has experienced periods of picky eater food habits and has struggled to find the
balance between forcing their child to try something for the taste of a new food experience and avoiding the inevitable “food fight.”

May talks about how she will attempt to navigate the boundary between encouraging food exploration and acknowledging her daughter’s particular food likes or dislikes.

*It can’t be like carrots every day. There needs to be variety and color and flavor and all of that. It’s hard to say what ideal would be right now because it depends what she likes. If she doesn’t like plums, I’m not going to force it down her throat. If I do that she’ll get a complex and not want to try new things. You know? I don’t want to force her at every feeding necessarily. I don’t want her to eat peas all day. I don’t want to eat the same thing all the time so that’s how I think of it with her. She can’t tell me that is what she wants, but I can imagine- eating carrots three times a day for four days wouldn’t make me very happy.*

May’s considerations of her future infant feeding practices speak to the importance of feeding in a mother’s decision making and how concepts of childhood and ideologies of motherhood play a role in those choices. First, May has considered in advance how she will handle certain eating behaviors, pointing to the importance of raising her child to eat within the conventions of cultural expectations. For example, in this interview May highlights the importance of variety in her daughter’s diet and this is something that she feels is essential for herself personally as a result of her own culturally constructed experiences with food. She also calls upon her experiences as a child and how the way she was raised to eat has resulted in herself eating a variety of foods, therefore instilling the belief that if she uses the same methods and practices as her mother did, her daughter will grow up eating a variety of foods as well.
Interview 4: *Choosing to do things differently*

In an interview with my Aunt Jennifer, my mother’s sister, she recalled the dinner table face-offs she encountered in her childhood and revealed the deliberate difference in her own feeding practices.

*Grandma Miller* (her grandmother) always cooked. *Eggs, waffles; we never went to school without breakfast. With my kids I’d be lucky if they’d have chocolate milk before they went to school. But we always had meals; Grandma Miller made meals. If there was something we didn’t want to finish eating, I can remember sitting in the dark in the kitchen by myself for refusing to eat peas or something. But I didn’t do that with my kids. I would never ever do that. If they said they didn’t like something or they were full I accepted that. I never forced them. I remember not being allowed a lot of treats in the house. *Candy was hidden. If you chose to get candy without asking you were stealing. Those are things that stand out for me. Which it was awesome that Grandma Miller cooked like she did but I don’t agree with making the kids eat until their plate is clear or eat something they don’t like. If I say I don’t like something I don’t like it. Do we think they are lying?*

This point about the disbelief in what a child says or feels, or the tendency not to allow a child to make their own decisions regarding food choices, speaks to concepts of childhood and how those have changed. As opposed to a guiding principle that the parents’ rule is law without room for change as appropriate to the individuality of the child—more recent concepts of childhood appears to have a higher regard for the uniqueness, feelings, thoughts, and preferences of the child. This is echoed throughout some of the interviews as many mothers point to their own childhood memories of being forced to finish their dinner or
eat foods they didn’t like and how some of them have deliberately chosen to refuse to enforce this in their own feeding practices.

Jennifer takes this even a step further and says that when her children were young she always allowed them to eat whatever they wanted, and reflects on how she believes this has affected them as young adults.

*I remember one time one of (L) and (D) friends – I would take them all out and about. Their mom said to me one day, “You take them to McDonald’s too much.”* Yeah, I probably did. They always ate whatever they wanted. I never withheld from them.

Whether it was fast food or sweets. They could have whatever they wanted... But I think because of that – not withholding from them – I think that helped them to make better choices. Right now they don’t crave the candy or sweets. They hate when we have to go to McDonald’s and they are healthy weights. So I don’t feel bad about that.

I felt surprised in hearing about this practice because while it seems to be quite logical, it also appears to contrast with many prominent childcare ideologies. In intensive mothering, for example, mothers are expected to tend to every need of the child, but when it comes to feeding, needs are more biological than they are a matter of catering to the desires of the child. In natural motherhood, mothers steer clear of sugar and fast food, and if they were to give this to their children it would likely be seen as giving in to their wishes. It is interesting that Jennifer has observed and believes that because in many aspects of raising her children she treated them as capable of making their own decisions, she has seen that they are much more responsible in their adult lives, with their eating habits and health included.
Interview 4 (continued): Budgeting for a Family

Budgeting for a household often involves prioritizing and a number of variables such as income, financial obligations, essential purchases like food and transportation, and personal expenses like clothes, entertainment, etc. where applicable. In Jennifer’s case, she manages the money in her household by spending more on food and less on other things she “doesn’t need”.

*I buy what makes sense to buy at the time I’m in the store. I never say, “Oh, we have this amount of money for groceries”. I always just spend what I want. But very rarely do I go out and buy things that I don’t need. Or if there’s something I need, I try to find it for less money, like thrift stores or clearance. So I think by not worrying about what I spend on food, it’s spending less in other ways is how I make that work.*

Because Jennifer is usually concerned with spending less money overall, she feels that eating out is a luxury and a bad habit.

*Over the years- like with baseball and basketball and traveling – we have eaten out a lot. That obviously is not a feasible thing to do. Even now the boys like to eat out… That was probably our fault though; even before the boys came we would go out to eat once a week. But we go out more as a family – but the boys are always out. I think that’s bad to do- it’s expensive. I probably wish I didn’t take them out so much, but I don’t know. (L) and (D) are learning how to cook. And once they get out on their own they will realize they can’t do that. In my case it’s probably a lazy factor. Generally once every two weeks I’ll bring home Chinese take-out or pizza. And I think that’s a bad influence. But I think they will be all right because they understand that it’s expensive and out on their own they will get it. If they don’t – they’ll get it real fast.*
This selection from Jennifer’s interview has an undertone of guilt that she has for particular eating practices, such as getting take-out food rather than cooking. It is shows the underlining gender roles within her family where she is responsible for providing the cooking of meals and considers herself “lazy” when she doesn’t do so. Further, it shows her belief that spending money on food in this way is expensive and a bad practice.

Further, this selection has undertones of intensive mothering practices. For example, providing an open-ended budget for food by denying herself things that she needs or wants. Also, feeling guilt for eating food outside of the home at times and feeling responsible for her children doing this in their adult lives. These points reflect the selflessness and demanding practices of intensive mothering.

**Interview 5: Allergic**

For some mothers, having a picky eater has more to do with health and necessity rather than distaste and power struggles. Susan’s son, 19 months old, suffers from a milk allergy and an autoimmune disease called eosinophilic esophagitis. This rare disease causes your white blood cells to attack specific trigger foods causing swelling of the esophagus and difficulty swallowing. “When he reacted to the cow’s milk we backed off of that and I wound up breastfeeding longer than I originally planned, which was fine, no problem. We ended up breastfeeding once a day until 17 months. We tried soymilk. He’s on formula now, it’s a medical formula, with a prescription because he can’t have cow’s, soy, and breast milk doesn’t have enough fat or protein that he needs.”

Like many mothers, Susan finds herself worrying about her son’s nutrition, particularly because of his medical condition. “Normally by now at 19 months old they’re eating pieces of what you eat. But because of this condition I do still think about it and worry
about it, especially because he’s so far under weight. Anything I can get him to eat is awesome, but I still have to check labels. I worry he’s not getting enough to eat. All the other toddlers are eating all this other fun stuff, but he can’t have it. As a mom of a child his age I think because of his condition I think about it more than most moms would.” Because eating is such a social experience, the predominance in cases of food allergies raises questions about how this experience might change for allergy sufferers, their families, and even in social situations like a classroom where there are one or a handful of allergy sufferers. Susan notes the “fun stuff” her child is missing out on suggesting the emotional connection to food, and I would also suggest the role it plays in changing the social interactions between him and his peers.

Currently, Susan’s son is on medication that is making it easier for him to try some solids. “He’s pretty good at trying solid things. He’ll pick it up lick it and drop it on the floor, but I consider that trying it.” There is a relationship between the predominant influence of science and medicine on Susan’s feeding practice and the other cultural constructions that guide her decision making, like the importance and expectation of variety, the encouragement of social interaction at meals and even more areas that Susan’s interview did not go into, likely because of the major role that her son’s condition plays not just in feeding but in their lives overall, and dominates many of Susan’s thoughts and considerations about her feeding practices.

*My biggest hope for him is just to be able to enjoy more of a regular diet- not be so limited. Be able to eat the things other kids eat. Be able to enjoy every part other kids get to enjoy. It will all depend on the triggers. He was just diagnosed in July. It’s a lengthy process to determine triggers. Soy was easy to determine because of the milk for every bottle. If the next endoscopy shows it isn’t improved enough we might*
have to remove more. It is a lifetime thing. It's not an allergy you outgrow its an
autoimmune disease you have your entire life. They're certain things you have to
miss out on, but going to adulthood you know what you can and can’t have, and
build your diet around that.

Because Susan and her husband have no dietary restrictions themselves, I was
curious how Susan imagines that their eating as a family might be changed or affected by
her son’s autoimmune disease and allergies.

Right now it’s not that big of a deal but as he gets older I think it will be more
difficult. Removing soy for me doesn’t matter I don’t have much soy. But we do eat
cereal with milk. In which case he’ll have to have rice milk. We’ll have to modify. I’m
willing to try and switch certain things so he doesn’t have to feel like he can’t have
what mom and dad are having. We’ll modify as we need to. Right now he doesn’t
know any different but as he gets older he will. I’m willing to modify my diet if it’s
going to help him, I’ll do what I need to.

As the prevalence of allergy cases increases in the United States, it may be necessary to
conduct research into how this is altering the social and cultural constructions we have built
around food and feeding practices.

**Interview 6: The Influence of Institutional Education**

Annette is the mother of three children, ages 7 (A), 4 (H) and 13 months (C). Her
decision to go back to school for medical assisting has had an impact on the way she feeds
her children and the values she wishes to instill in them through food. “I’m not a big healthy
eater. I don’t eat a lot of veggies at all, but my mom does and we always tried to start them
out young eating vegetables. And with (boyfriend) around that helps. Now I’m going to school
Reflecting on the age differences between her oldest child and her youngest, I asked Annette if her recent shift in perspective has changed the way she feeds her kids. “I think it’s a little different. It’s kind of hard to change everything when they get used to it. For A and H we used to do TV dinner things when we were busy or Lunchables, but now we would rather make a homemade meal. Lunchables we do every once in a while, but we aren’t doing ravioli every night, A used to eat a lot of that.” She finds herself more aware of the food choices her family is making and how this will affect them as they grow up. “I hope that they will gain the good parts of it. That they continue to try and discover new things as they get older. And when they have kids that they pass that along to them so they have a good and healthy life.” For mothers like Annette, educated in the importance of good nutrition on quality of life, food choices and feeding practices are about cultivating a tradition of a love for healthy food that sustains itself through generations.

Interview 7: Science and Motherhood

Like Annette, Alexis is a mother who has been educated in the importance of nutrition in the lives of her children. Alexis is the mother of a 2 year-old boy with a baby girl on the way. Her labor of love was to breastfeed her son exclusively for thirteen months, followed by an additional six months of nighttime breastfeeding. She was a pediatric nurse for three years and now works in Labor and Delivery. Additionally, her father is a pediatrician. Many of Alexis’s influences over her feeding practices come from the culture of science and medicine.
When asked about any positive or negative reactions from family or friends about her feeding practices for her son, Alexis said, “My dad is a pediatrician so he was always really proud that I went so long breastfeeding because he recommends breastfeeding until 2, which is the AAP recommendation now. Other people in his office have said that he will brag to some of his patients about it. As far as now, I know sometimes we resort to having fruit snacks on hand because you can bribe him with a gummy to do anything. So if my dad is around and we haven’t eaten dinner yet then he will say, but he hasn’t eaten dinner yet!” Although beyond the purview of this paper, it is interesting here to note the relationship between family dynamics and culture, and the culture surrounding careers in medicine that so firmly influence the personal experiences and beliefs of people like Alexis’ father and herself.

It may perhaps be even more difficult for a mother who works in the healthcare field to relax her inclination to obsess over her child’s eating habits. “Originally I was OCD about how much he was taking in, and up until he was 12 months old how many ounces he was getting. At his 15 or 18 month appointment my doctor said you need to chill out, he’s getting into the toddler stage if he doesn’t want to eat he’s not going to eat, you can’t force it. So that was hard for me to let go and realize okay he ate a banana tonight, instead of force-feeding him something.” Alexis’s feeding practices were largely controlled by her knowledge of science and nutrition to the point that she was uncomfortable and felt stressed by the expectations. By relaxing some of her scientifically controlled guidelines, she was able to find more enjoyment in feeding and this likely had an impact on the relationship between herself and her son.

With so much attention being paid to avoiding potential allergens today, it is cause for concern for many mothers, wondering when is the right time to introduce certain foods or
should they just be avoided entirely. “We generally tell parents to wait at least three days between introducing new foods to watch for a reaction. I went overboard with him. I gave him one food for a week before introducing another. I did it for a month before I realized he only had four foods.” It is believed that another benefit of breastfeeding is exposure to potential allergens through the breastmilk, allowing the baby to be exposed to certain foods indirectly before eating it for the first time.

_It might just be because I’ve seen so many bad reactions but I haven’t given him peanut butter. I’ve seen such bad reactions. I freaked out at one point. Right over a year I had popcorn shrimp at a restaurant and I handed it too him. He ate it and he was fine but then I realized he can’t have shrimp until he’s 3 or something. I felt like a horrible mother. Luckily we don’t have a history of peanut allergies. But it’s such a hassle when you are allergic. I’m just praying that time is on our side. I ate it a lot when I was breastfeeding because I heard that if you’re exposed to it like that through milk it isn’t as bad._

How should a mother weigh the potential benefits of nutrient-rich foods against the gamble of an allergic reaction, and in a small percentage a potentially serious reaction? Alexis noted that she felt like a “horrible mother” for forgetting about the potential allergen in shrimp and feeding it to her son. The power of the medical field and its control over what is appropriate to feed children at a given age is strong and perhaps not just in Alexis’s case where she and her father both work in the field, but for many mothers who read popular childcare manuals and take the advice of doctors. While it may be easier for a mother to relax her feeding practices in terms of when or how to feed her child, the fear surrounding the what to feed them may be a strong influence and predominant cultural construction, even leading to guilt and self-shaming.
Interview 8: A Grandmother’s Role

I come from a family where it has been tradition for the grandmother to help care for her grandchildren. In an interview with my grandmother, I learned that for a time her grandmother took care of her and her brothers while her mother worked. When my grandmother later had children, her mother and mother-in-law took care of her children while she worked. And when my mother had my sister and me, my great-grandmother and grandmother took care of us while my mother worked full-time. My grandmother explained, “When I went to work Grandma Miller and Grandma Burczak took care of them. They were brought up with American Polish food. When I went to work at the hospital Grandma Miller gave them breakfast and lunch and I brought suppers – I worked in the kitchen. When I worked at the college I worked evenings so she did lunch and supper for them. At school they got hot lunches, back then they were good, not slop like now.”

In a daycare setting, meal times are more regimented, each child getting relatively the same meal unless there is a special case. When grandmothers are given the responsibility for feeding their grandchildren, mealtimes may become a power struggle between mother and grandmother over what is best and appropriate. “Grandma Burczak and I used to fight all the time about Uncle Russell. I would try to feed him only three times a day, but she would give him breakfast, feed him a snack, then lunch, then snack, then dinner, then a bedtime snack.” Beliefs about what is important in nutrition vary from generation to generation, which in this case caused a rift between mother and mother-in-law over what was best. For a working mother, the delegation of power and release of control over this portion of their child’s lives may be difficult. However, the importance of a network
of supportive mothers and grandmothers was a crucial element of my family’s cultural practices and played a role in infant feeding practices.

**Interview 8 (continued): The Infallibility of Doctors**

Interviewing my grandmother revealed a sense of the infallibility of her doctor’s advice and the role of her doctor as trustworthy guide in each infant feeding decision. When asked if she remembers worrying or thinking a lot about what she fed her children, she responded, “No, because I think I was so young that Dr. stayed right there with me...She always tucked us young mothers under her wing. When I had Aunt Jen she had a bunch of us in the little Delhi (NY) hospital, but she came and climbed into bed with me. She was always there, and I had Grandma Miller. The only time I worried about them was with measles and mumps and that kind of thing. I didn’t worry so much because they were always at their heights and weights and smartness was there.” As a physical guide to prove a doctor is making the right decisions for a child, there are charts with percentiles, comparing children of specific ages by average height and weight. These charts, no doubt designed by other doctors, are a rubric for measuring successful growth in terms of scientific data.

What I found most striking about my grandmother’s recollection of her doctor’s advice was in the instance of my uncle. Because my uncle had reached a weight that was comparably high to others of his age, the doctor told my grandmother to stop breastfeeding him before six months of age because her milk was “too rich” for him and she didn’t think he should gain more weight. This is the only instance I encountered in my interviews wherein a doctor told the mother to stop breastfeeding because he was gaining too much weight. My grandmother followed her doctor’s advice for each step in her children’s feeding practices.
She would tell me when to put them on cereal—that was about 3 months, and how much to give them. And tell you when to add applesauce to cereal. They didn’t start vegetables and meat until six months old or older. She would tell me when to start. They gave us a paper on when to start what and how to do this and that. She was a very good doctor. Back then your ob/gyn was your pediatrician. She would tell you, “Now you can increase this or do that.”

Based on my grandmother’s responses, the ideology of scientific motherhood seemed predominant in her infant feeding practices, except perhaps for breastfeeding as she did with each of her children for the first few months of their lives, which was more influenced by her family’s culture than the ideology of scientific motherhood.

**Interview 9: DIY Baby Food**

Teresa is a 27 year-old mother of a 7 month-old baby boy. She has breastfed since his birth and recently began supplementing with formula. She has also recently started feeding him solid foods. She purchases organic baby foods and makes some of her own purees using organic fruits and vegetables. I asked Teresa why she decided to choose organic foods and make some of her own baby food herself.

_I guess I have a distrust of our food industry. I have a strong belief that with the right foods, vitamins and supplements, you can run your body like a well-oiled machine. I try to live clean myself. His father isn’t the best eater – he’s a junk food junky and drinks Coke. I’m trying to get a cleaner cycle into this little one and for myself. It wasn’t really even a question. I knew that if I had to supplement, I’d find an organic formula. And with the foods, I knew I'd try to make some depending on the groceries I had. I wasn’t really planning on getting things extra to make into baby food, but_
more like whatever I had on hand to make for myself I would just make extra for him, too.

Teresa is one of only a few mothers I interviewed that decided to make some of her own foods and when purchasing baby foods has chosen organic. For her, the decision seemed like the obvious choice because she would choose for her son the same she would choose for herself. Having worked in the food industry as a server, eating organic foods herself, and being health conscious and educated about the food system, are some of the experiences that have guided her to make these choices for her and her son. Teresa’s responses appeared more in line with the ideology of natural motherhood in terms of infant feeding, but not in terms of family roles in childcare as she does work outside of the home as well.

Interview 9 (continued): Family Dynamics

In addition to the strong theme of natural and organic eating in Teresa’s interview, there was also a feeling of discontent regarding certain family dynamics and their influence over her experience with breastfeeding her son.

My mom never breastfed me or my brother- we were both formula fed and none of the women in my family really breastfed so I didn’t really have any other women I could ask those questions to. But when it came to (boyfriend’s) mom- we’re still not talking it’s been 4 months and she still hasn’t seen him or asked to. It’s frustrating...
She came over a few days after I had given birth and wanted to watch me nurse, which I was uncomfortable with, but I felt like I couldn’t say no. She wanted to make sure I was doing it right. That started – all of the – she would make comments like “I weighed him and he still weighs the same. I looked at the milk you left for him and that’s not enough milk how can you think that would be enough. Maybe you should
switch him to formula. I nursed three babies all my babies were very healthy and chunky and were fed every two hours. You should wake him up and feed him at night.” Everything I was doing was wrong and everyone who agreed with me was wrong. She was really a nightmare. Unfortunately still is – now she doesn’t want anything to do with him. I don’t care if she talks to me or not – but it’s not fair that she decided not to have a relationship with her grandson.

Having a support network is important to many new mothers, perhaps especially when it comes to breastfeeding mothers. Despite that breastfeeding is a “natural” experience, it is not necessarily easy or obvious to every one who is just starting out. Stress during breastfeeding and/or pumping is known to decrease supply and make the process more difficult. During Teresa’s breastfeeding months, she was under many stresses both personal like the one with her son’s grandmother, and financial. Ultimately, she made the decision, with her son’s pediatrician, to begin supplementing with formula because she was no longer producing enough milk to sustain him. “She soured a lot of my experience with breastfeeding. And then when I took him for his well-visit and he wasn’t gaining weight, then basically, in a weird way she wasn’t right at the time she was saying those things, but then she wound up being right.” Because of these experiences and lack of support from family, Teresa questions whether she would breastfeed again if she were to have another child or if she would start on formula from the beginning.

**Interview 10: Changing Perspectives**

Kim is the mother of four, stepmother of two, ranging in age from 14-28 years old.

One element I found most interesting from her interview was how her perspectives on child
feeding changed from when she had her first two children, now 27 (MI) and 28 (MA), to when she had her last two, now 14 (D) and 16 (A).

Oh my god, I learned so much. Legally a woman shouldn’t have a child until after 30. You totally change. You’re smart for your age, but you just don’t know. I was 21 having a child, while their dad worked full-time. I was by myself after having a c-section, where I was cut from my pubic bone up to my belly button. I had no idea. The Internet wasn’t around back then; if anything, it was books. There’s some instinct involved. You see your pediatrician, but you just don’t know. When I had kids with these guys (the younger two) everything was different. I was more tired, but I was way more prepared. I knew better. Trial and error with the other two and I knew how I wanted things to be with these two.

Kim sees a difference in how she fed her first two children as kids to how she fed her last two and how they continue to eat as teenagers. She reflects on how her choices have affected her adult children and their current eating habits.

I think (the older two) eat worse. Me not knowing any better back then- MA and MI ate quite a bit of McDonald’s and Portillo’s (a local fast-food restaurant) and all that junky junk food. I think that carried on into the adult world. With (the younger two-A and D) we had McDonald’s and all that stuff when they were younger, but then that stopped. I think A and D make better decisions now than my adult children do. I’m just throwing that out there. I 100% regret not showing them how to cook healthy or having more vegetables. I’m trying now with A and D. I think it’s better-I can see with A. The better food you put in their bodies the better output. That’s a big regret is not showing MA how to cook for himself. He’s so addicted to junk food. That’s a mistake.
I think you need to show them healthy stuff. There are a lot of moms now that believe in no sugar. You have to show them how to eat better.

A theme of Kim’s interview that stands out is the change in her perspectives between her first set of children and her second set, a difference of over a decade that changed Kim’s feeding practices as well as her parenting ideologies in general. This difference in time between her children allowed Kim to be better prepared to make informed decisions and choices regarding what she wants to achieve and sustain through her feeding practices. Her responses speak to an element that I feel is missing from a lot of popular childcare advice and discussions on motherhood ideologies, which is the point that mothers are fallible humans with the ability to grow and change based on experiences just as their children are. While being a mother may be a “natural” role in terms of biology, it does not come “naturally” to every woman who becomes a mother and neither does breastfeeding or other infant feeding practices. There is some instinct involved, as Kim points out, but there is also a lot of trial and error, often in the face of societal expectations, cultural constructions and elements of judgment and guilt passed on oneself and between mothers, parents, family members, friends, doctors, “experts”, and strangers.
SUMMARY OF INTERVIEWS

The mothers interviewed discussed a number of issues in feeding their children. Those issues and the ways in which they dealt with them reflect and express their values. Some of the issues discussed were: breastfeeding as labor, the importance of variety, being forced to eat certain foods or meals and how this influenced their own practices, cost and budget, food allergies, guilt and shame of the self or by others, scientific and nutritional knowledge, childcare by family or others, doctors advice, homemade baby food and family dynamics. Some of the values that can be extracted from the conversations are: mothers want to allow their children to be individuals, they want them to be healthy, they feel that food is a significant indication of their competence as a mother, and they believe that child rearing is informed by science and medicine.

Some breastfeeding mothers that I interviewed explained several difficulties they experienced including learning how to breastfeeding, difficulty latching, being uncomfortable with the act of breastfeeding, physical pain, emotional disconnection with pumping, trouble with pumping at work, the hassle of leaving the home while breastfeeding, lack of milk supply, inability to tend to their own needs like medications or having to abstain from alcohol or certain foods. A new mother, recovering from childbirth and running on little sleep, can easily feel overwhelmed with the constant need for their infant to breastfeed. This can make the mother feel like she is alone in caring for the baby because the father can’t participate in the feeding. One interviewee even mentioned that she felt at times breastfeeding was an excuse for others not to help her. Based on my interviews and research, some mothers feel that breastfeeding is both physically and emotionally demanding and therefore may feel that the values of intensive motherhood are forced upon them.
Several of the mothers interviewed noted that their toddlers were picky eaters, and mothers with children of various ages were concerned with their children eating a variety of different foods. One particular value that stood out in many of the interviews was the desire for a child to be a “good” eater. Often, this meant the opposite of a picky eater, a child that would eat most things, or at the very least be adventurous enough to try new things. Variety echoed as an important part of a child’s (and adult’s) diet. The mothers I interviewed found that it was important to feed their child a variety of different fruits and vegetables and ensure they were eating a variety of foods at each meal.

It appears to be a popular belief that toddlers are often picky eaters. For some mothers, the response to this is to feed their child those few foods that they do want to eat. Many mothers of toddlers have experienced the struggle of getting their child to eat and have worried about them getting the proper nutrition. Most of these mothers consult their pediatricians to further understand their child’s eating behavior and for reassurance that they are doing the right thing.

This leads into another value that occurs throughout the interviews, which is a firm belief in the pediatrician’s advice. When asked questions about when they chose to start feeding their baby solid foods or what foods they decided to start with, some mothers’ answers were related to whatever the doctor said the child was ready for. In cases where the child had a food allergy or medical related issue, the doctor’s advice was even more crucial and strictly adhered to. Some mothers struck a balance between the advice of doctors and their own instincts and knowledge of their child. For example, some mothers chose to stick with the guideline of starting solids at six-months, but chose which foods to start with instead of choosing rice cereal as is the standard recommendation for first food.
What leads a mother to follow the advice of doctors and/or popular scientific knowledge? Some mothers took personal interests in nutrition and had some form of education about food that made them actively aware and involved in their own eating habits and those of their children. These mothers made the conscious decision to choose specific foods for their children and often choose organic options. They opted for fresh fruits and vegetables when on hand or purchased jarred organic baby foods when convenience was a priority.

For a few other mothers, formal education in nutrition and healthcare careers have established values to (attempt to) adhere to proper nutrition guidelines for their children as much as possible, to follow the advice of their pediatricians, and to be more aware of the differences between nutrient-rich foods and “junk foods”, avoiding these when possible and often feeling guilty for allowing their child to eat these foods.

The term “junk food” came up in most of the interviews, often connected to the foods they avoid feeding their children, or to the guilt they feel when giving them. These foods varied from fast-food items to candy, soda, pizza, chips, and sugar in general. In some cases, conventional (non-organic) food alone was considered less ideal than organic options. This was more prominent with those mothers that fed their child organic foods regularly, but also in interviews with mothers who did not. Some mothers who did not feed their children organic foods felt it necessary to explain why or to make a note of it maybe not being the “best” option, but not quite “bad”. In each of these interviews, if a mother ate organic foods herself, that is what she chose for her child, and if she did not eat them herself, she did not choose them for her child.

In addition, some mothers also discussed the differences between how they were fed as children and the particular choices they have made to feed their children either in a
similar or in a different way depending on how this affected them and their desires for their own children. More often, mothers recalled their experiences of being forced to finish a meal or eat foods they didn’t like with a sense of disapproval. They deliberately chose to allow their children to eat as much as they wanted and did not force their children to eat foods they didn’t want to eat. One mother felt that because she had to eat what was provided for her it allowed her to experience a wider variety of foods and be willing to eat more foods as an adult, and therefore wants to follow the same feeding practices with her child.

Feelings of self-doubt, guilt, self-shaming and questions about a practice being right or wrong cropped up often in these interviews. I’d refer to this as what is commonly called “mommy guilt”, which is a result of prevailing ideologies of motherhood and the presumed responsibility of the mother and the affects of the choices she makes on her children as they grow. Societal expectations and cultural constructions may result in mothers feeling guilt and shame over their choices and affect many aspects of childrearing including infant feeding.

Most often, infants are compared against qualities that adults possess and against one another, and there are expectations based on a sense of what is “normal” growth and development. There are ways in which these comparisons can be dangerous in terms of passing judgment, encouraging “mommy guilt” and unrealistic expectations on mother and child. Popular media has an influence on mommy guilt. Douglas and Michaels take a feminist stance on today’s concept of motherhood and how the ideology of motherhood has been romanticized to the point of perfection, becoming an idealized holy grail that mothers (or anyone) could never be capable of reaching. In The Mommy Myth, the authors discuss the “Threats from Without,” the media’s ability to sensationalize a mother’s worst fear while simultaneously filling her with guilt about society’s expectations on her own ability as a
mother. “In 1984 in particular we see a turning point in the media representations of American motherhood. Two major media events exemplified the cultural contradictions in which working mothers were caught: On one end of the spectrum, the McMartin day-care child-molestation scandal\footnote{Child molestation trial in the 1980’s of teachers at a family run pre-school for alleged sexual abuse of 360 children. All charges were dropped in 1990.} (followed by a barrage of other, similar scandals), and on the other end of the spectrum, the premier and runaway success of The Cosby Show.”\footnote{Douglas and Michaels. The Mommy Myth: The Idealization of Motherhood and How it has Undermined Women, 87.} The authors suggest that news stories of child molestation in childcare were warnings to mothers about what could happen when they go to work, supporting ideologies of motherhood that condemned working mothers. While on the other hand, Claire Huxtable was able to work as a lawyer and be a wonderful mother, love and joke with her children, have a loving husband, and a perfect home life, supporting the ideology of intensive motherhood and the cultural contradiction of dedicated mother and successful career mother as discussed by Hays.

Although the interviews I have conducted for this paper provide a small sampling of women, the stories shared within them echo many of the experiences, concepts, and ideologies that I have encountered in my research into infant feeding practices. The interviews with these mothers have shown their sensitivity to and reflection on their feeding practices, the cultural constructions that have influenced their choices, and what they hope to accomplish or sustain through these feeding practices. Some of the values expressed throughout the interviews are: individuality, physical well being, successful mothering, informed child rearing, and family tradition and approval. Further, mothers have been influenced by the stories and advice of family, friends, and other mothers, showing there is
power in the stories of mothers and this oral tradition. This is something I hope to explore more in future work as explained in the following section.
PRACTICAL APPLICATIONS

Being a new mother, I have experienced the worry, anxiety, stress, physical and emotional struggle, and guilt that the mothers in my interviews expressed and that is echoed in my research into infant feeding practices. I have also experienced the love, joy, excitement and curiosity that come with breastfeeding, bottle-feeding, giving my daughter solid foods, and sitting down to share a meal. Even now that she is fourteen months old, I still feel a combination of worry and eagerness each time I introduce a new food or sit her down for a meal. Is she eating enough? Is she going to have an allergic reaction? Is she getting enough of x, y, or z vitamins and nutrients?

Also as a first-time mother, I have felt a sense of isolation from family, friends, and other parents. At times, pregnancy was hard work and I felt alone, and this feeling extended into breastfeeding, especially during the first few months when I was the only source for my daughter’s milk and feedings were constant. As a new mother, the struggle to get everything done, while your daughter is following you around un-doing, the worry of whether you are doing things right, and the balance of work, school, home and social life – it is exhausting, but I am not alone. When I was pregnant an acquaintance of mine introduced me to her mother and baby group that meets both in person in Chicago and online on Facebook. I have found the online group to provide a great sense of comfort, to be source of welcomed advice and encouragement, and to provide a good laugh when I need it. I have passed on invitations to the online group to several of my friends who are mothers.

Inspired by this group and my research, I would like to start a website as a resource for mothers and families who wish to connect to discuss and sustain their infant feeding practices. The vision is a place to share stories and talk through decisions and processes in
the form of an online community that would allow users to share and comment, compiling their stories, sharing successes and providing encouragement. This would openly include mothers who purchase commercial baby food and mothers who prepare their own, as well as mothers that breastfeed or formula feed, or both.

It is my intention to provide a useful tool to discuss feelings of stress or guilt and understand where these might be coming from in effort to find support and understanding. The research done for this capstone thesis provides a foundation for working through potential aspects of these stories and being able to provide a context and platform for the opportunity to share these stories in a meaningful way.

As I have proposed based on my research thus far, infant feeding practices are not just about nutrition and biology, but are also culturally constructed by personal, social, and historical influences. I would like to use this research to craft a platform that helps mothers to recognize that many of their practices are centered on culture, in hopes that they would be better prepared to make informed decisions and choices regarding what they want to achieve and sustain through their own feeding practices.

Further, this resource could be a useful place to discuss the American food system and the roles of consumers and mothers within it. How are we are raising our children to eat and in turn become consumers of the same food system? By using what I have learned throughout the MACS program, I am prepared to provide a foundation for discussion about cultural, social, economic and environmental sustainability in terms of foodways and infant feeding practices.
CONCLUSION

Infant feeding practices are a reflection of the cultural contexts, values, and personal practices of the mothers as well as the goals they have for their children. I have researched the societal and maternal concepts of childrearing and childhood, Western ideologies of motherhood, and external and internal influences over a mother's decisions that form the cultural context of infant feeding. Based on my analysis of current research and original interviews, I propose that infant feeding practices are not only determined based on taste preferences and nutritional needs, but are also culturally constructed by personal, social, and historical influences. By recognizing that many of these practices are centered on culture, rather than basic necessity, mothers may be better prepared to make informed decisions and choices regarding what they want to achieve and sustain through their own feeding practices.

Cultural sustainability is concerned with sustaining, preserving and protecting those elements of a culture that are important to its members. By interviewing this group of women, I have worked with them to identify those food practices that are meaningful to them as evidenced in their infant feeding choices. It is my hope that these interviews have helped these mothers identify and think more about the food choices they are making for their children and consider them as a meaningful and valuable part of their every day lives that continues to be nurtured and sustained. This is done without judgment or bias, but rather with the intention to allow mothers to embrace their food traditions and consider what is worth sustaining or changing within their own infant feeding practices. By incorporating what I have learned in the MACS program and my research for this capstone thesis, I have built a foundation to create a platform for mothers to explore their own infant
feeding practices and use this knowledge to achieve or sustain the values and elements that are important to them.

This study has influenced my own understanding and practice as a mother. First, I have had the opportunity to interview my mother, grandmother, and aunts to gain more insight into the infant feeding practices and traditions within my family. This has allowed me to reflect on how the choices I make with my own daughter have been influenced by the practices of my family members. For example, my decision to breastfeed my daughter derived from the generations of mothers in my family that breastfed their children before me. Further, this study has allowed me to reflect on the values I am sustaining through my own practices and to realize that I do place unnecessary pressure on myself to achieve certain standards when feeding my daughter. Considering this self-reflection, I am better able to relinquish some of the control, and stress, I have over these practices and allow room for more flexibility in what and how my daughter eats.


- Explores infant feeding practices and consumerism oriented by both the mother and the infant in the context of the ideology of intensive mothering with emphasis on the responsibility of the mother and potential guilt and negative consequences.


- Early (14th-18th c –mostly European) ideas about childhood, at times compared to modern day (1960s) concepts. Iconography of the family as depicted in art- exploring the concept of family from medieval to modern times. Argues against the modern family unit in favor of the communal raising of children from earlier times.


- Relationship between obesity and first foods. Emphasis on what “types” of mothers are prone to certain infant feeding practices.


- Breastfeeding in the twentieth century as a matter of the state-breast is best campaigns. Physicality and sexuality. Class differences in breastfeeding-racialization.


- Interview with 25 young mothers. Discusses the role of mothers as primary food preparers in the family, what it means to them and to others. Themes of caregiving, love, influences and importance.


- Argues against the ideology of idealized motherhood as romanticized notions with impossible standards. Ch. 2. 1970’s. Discusses the counter-forces against Dr. Spock and others behind the “scientific motherhood” discussed by Apple. Strong feminist slant. Ch. 3 The media and mommy guilt.


- Short blurbs about folklore, traditions, beliefs, childhood throughout history.


- What the recording of a child’s life in baby books says about the cultural context of the time. Also pays attention to where these books came from (who sold them-like formula companies).


- An ethnography of childrearing among the Beng people of West Africa. Includes reflective discussion of how her experiences have changed her perspectives as a mother.


- Social and individual differences in mothering. The ideology of intensive mothering – mother primarily responsible for child rearing. The cultural model of socially appropriate child rearing (p. 52). The cultural contradiction between home and career world, being a mother and being a career woman. (p. 3).


- Mother-love and its connection with homemade food at birthday parties.


- In a survey of mothers on the WIC program, the authors suggest that as infants increase in age, mothers are buying less jarred and more fresh produce for their children across ethnicities.


- Explores the “fortification” of baby foods in the context of scientific motherhood.


- Places responsibility on the parents for the health of their children in relationship to nutrition and obesity.


  ❖ The role of homemade food (meanings, memories, traditions, etc.) in the construction and sustainability of family identity.

  ❖ The introduction provides a general outline of the progression of childhood and child rearing philosophies throughout history (Western). Ch. 7 breastfeeding, formula feeding, formula recipes. Pros and cons of both. Ch. 9 Solid food discussion. Timeline. Argues against commercialized foods. Introduces “superfoods”. Argues for and against particular foods, minerals, etc. Includes recipes.


Sponsored by the AAP- explores practices and guidelines for those in the healthcare field dealing with culturally sensitive issues in infant feeding.


A scientific study of the relationship between childhood obesity and first foods.


Intensive ethnographic study of multiple cultures. How indigenous diets may benefit or hinder dental/physical health.


Considers the body work aspects of breastfeeding from a feminist perspective.


APPENDIX: INTERVIEW LOGS

Audio Log Worksheet

Researcher: Randi Mueller
Project Name: Infant Feeding Practices as Personal and Cultural Constructions

Date Logged: 2.1.2015
File Name: AC.1.31.2015.WMA
Format: Digital file type: WMA

Length of recording: Hour(s): 0 Minutes: 22 Seconds: 00

Date Recorded (YYYY-MM-DD): 2015-01-31
Location: via Phone; Interviewer in Chicago, IL; Interviewee in New York State

Interviewee: “Annette” (alias)
Interviewer(s): Randi Mueller

Subject:

Restricted? □ No, X Yes, details: Interview for use only within this project.
RM: How old are your kids right now?
AC: (A) 7 (H) 4 (C) 13 months
RM: Can you talk about your decision to either breastfeed or formula feed?
AC: I tried to breastfeed with all three of them. C took to it more than A or H did. The main thing was to give them the best benefit with nutrition. Plus my mom breastfed me until I was 9 months. It was a natural thing. I tried with all three even though I couldn’t produce milk toward the end. They were doing it only a couple of months before I had to supplement with formula. But at least they got some of the benefits from it.
RM: With your kids being a little further apart in age we can talk about how things might have changed too. When you started baby foods do you remember how old they were?
AC: (Boyfriend) watched A until she was 2 months old then we got a baby sitter…C was watched by a bunch of different people. I tried to start them out young so there wasn’t the attachment thing.
RM: How old was C when you started giving her baby food?
AC: I think she was three months old. As soon as she got teeth, same with the other two, she started to munch with us whatever we were eating at meals. Same with Hayden too as soon as she was 6 months she didn’t want anything to do with bottles anymore she just wanted baby food then after that she didn’t want baby food anymore. She just wanted to feed herself.
RM: Did you do the same thing for A? Did you start solids that early too?
AC: Yeah for her and H too we had to give cereal early. Especially Hayden because he wasn’t gaining weight quickly. We had to give him cereal to gain weight. A was 3 months old when she was getting cereal and six months old when she was getting baby food. But my dad would sit her on his lap and feed her whatever he was eating all the time so it really didn’t matter.
RM: Did you guys do the jarred baby food?
AC: Yeah we also did some of the bigger plastic ones. More babies get it for a year on WIC and most times they don’t even eat it that long and are like what are we going to do with all this baby food?
RM: What was your guiding factor for the baby food you chose? Your WIC restrictions? Your budget?
AC: It was both. Now it is Beechnut you have to get for baby food. There’s a lot more variety of fruit and vegetables now. My cousin’s uncle works at the factory and we got baby food for free.
AC: Yeah. The cereal is Gerber and the baby food is Beechnut. It used to be all the same but then they switched it.

RM: Do you find yourself now or in the past thinking a lot about or worrying about what you are feeding your kids?

AC: Yeah I’m not a big healthy eater. I don’t eat a lot of veggies at all. But my mom does and we always tried to start them out young eating vegetables. And with (boyfriend) around that helps. Now that I’m going to school for medical assisting and we are in human biology. My teacher was a vegetarian. We used to have a lot of discussions about healthy foods. I am more aware now than I was before.

RM: Do you think that is changing the way you are feeding your kids- do you think you feed C different than A.

AC: I think it’s a little different. It’s kind of hard to change everything when they get used to it. For A and H we used to do TV dinner things when we were busy or Lunch-ables but now we would rather make a homemade meal. Lunch-able we do every once in a while but we aren’t doing ravioli every night A used to eat a lot of that.

RM: Can you think of any times when people were giving you positive or negative reactions to the way you feed your kids?

AC: For the most part people are pretty positive. We’ll go to family functions and C will be eating everything. They are really happy that she’s eating the green beans or something like that. C and A are both really good eaters, H has gone downhill a little bit. Hopefully it’s a stage he grows out of. For the most part it’s pretty positive I haven’t heard much negativity but maybe it’s out there and I just don’t pay attention to it.

RM: Have you experienced your kids being picky eaters?

AC: Oh yeah, A has been all right. She’s gotten better. She’s old enough to realize if you try it you might like it. H is a whole different worry. He likes pizza. If it comes to a vegetable or a fruit he doesn’t want it. We just want him to try it. If you like it you like it if you don’t like it you don’t have to eat it again. He has moments where he will fall for that other moments he won’t. He’s a big pain in the butt when it comes to that. C will eat anything she just doesn’t like peas. H used to be like that too.

RM: It’s cool that C gets to see what her older siblings are eating and maybe want to try more things.

AC: Yeah and we do that with H. We call A sissy. Sissy tries it. So A says yeah I try it. And sometimes that works. And she doesn’t like to eat alone.

RM: Do you guys sit down as a family and eat a lot?
AC: Yes. We try to. It’s hard in the apartment we are in. We have a small table. We at least get the kids to eat together. A lot of times me and (boyfriend) eat in the living room by ourselves and the kids in the kitchen.

RM: Let me go back, when you were breastfeeding did you have to pump? Did you go back to work?

AC: By the time I went back to work with A I was already supplementing with formula because she wasn’t gaining enough weight. With H I tried to pump but it didn’t work. So we started cereal and formula. With C I didn’t have to go back to work for a year. It was nice to spend the whole year with her.

RM: How does the way your mom fed you relate to the way you feed your kids?

AC: H is really whiney about everything. We’ve had the discussion with our moms about it and we were never really like that. That’s the kind of thing that sucks. It was different times when we were raised when we could go out and not worry about…we were outside from sun up to sun down. Now it’s like pulling teeth to get kids to stay outside. I think that has a lot of influence on how we try to raise them.

RM: Could you describe the ideal diet for a baby C’s age?

AC: I try to give her a good breakfast. She sometimes snacks between lunch and breakfast. Lunch I try to give her not just hotdogs every time, like a sandwich or something of that nature. Then she’ll have a snack and sit down and have regular dinner with us. I try to give her fruit, veggie and a meat every day.

RM: Some of the moms I have talked to think it’s important to have variety- do you feel that way?

AC: Yeah, I feel that because I remember eating peanut butter and jelly every day. Now it’s a rarity that I have them because I got so sick of them. That’s one thing is I don’t want to get them sick of the foods that they do like. I think it’s nice to change it up. It’s like a treat to have something sometimes. They’ll request it. The one thing we do is pizza. It’s H favorite thing. We’ve cut back on that a little bit.

RM: When you guys are eating dinner do you feed them the same thing you are eating?

AC: For the most part. Some stuff we don’t –if it’s something we like but they don’t really like it. We’ll make them something separate especially if it’s something simple or they’ll have leftovers. But for the most part they eat what we eat.

RM: How do you handle it if they decide they don’t like something?

AC: H is a big pain in the butt when it comes to that. So we’ve gotten to the point where we are like well you are going to eat it or go to bed hungry like we used to. We aren’t going to make him something special every time. Sometimes he’ll say I don’t like it. We’ll say yes you do you eat it
all the time just try it and he will and he will say oh that’s good. See we told you you’d like it. Sometimes it’s a battle.

00:17:18 RM: Who has the most responsibility over what to feed your kids?

00:17:28 AC: Probably equal. (Boyfriend) is more of the cook has more say than I do. But equal for the most part. On the same page with how we want to feed them and try to get them to like certain things. Even though I might not like certain things I still want them to try to like them.

00:17:56 RM: Do you guys go grocery shopping together?

00:18:00 AC: Yes pretty much every time.

00:18:40 RM: Did you have routines for eating and sleeping and such for A that you think are different now that you have three kids?

00:19:00 AC: Luckily I had my mom there a lot to help with A when she was a baby. We got her on a good routine pretty quickly. H was more of a pain because he had to be by my side more often than the other two did. C was pretty good at first she wouldn’t sleep in her own cradle but we got her out of it quickly. For the most part it hasn’t changed too much. Always go to bed early and get up early.

00:20:07 RM: Was there anything you wanted to change? Were there any choices you made to do something differently?

00:20:21 AC: I really don’t know- there probably is. With your first kid you are really over protective. By your second and third you’re like whatever. Probably with C and H we try to spend more time with numbers and letters and things like that. A learned that really quickly whereas H is struggling.

00:21:22 RM: How do you think the choices that you make –food choices- how do you hope that will affect that as they grow up?

00:21:37 AC: I hope that they will gain the good parts of it. That they continue to try and discover new things as they get older. And when they have kids that they pass that along to them so they have a good and healthy life.

00:22:00 RM: Ending conversation.
Audio Log Worksheet

Researcher: Randi Mueller  
Project Name: Infant Feeding Practices as Personal and Cultural Constructions

Date Logged: 1/11/2015  
File Name: AV.12.17.14.WMA  
Format: Digital file type: WMA

Length of recording:  Hour(s): 0 Minutes: 43 Seconds: 48

Date Recorded: 12/17/2014  
Location: via Phone; Interviewer in Chicago, IL; Interviewee in Alabama

Interviewee: Alexis Vakakes

Interviewer(s): Randi Mueller

Subject: Infant feeding practices and influences over these practices that AV has encountered with her son (S) 2 years.

Restricted?  ❑ No X Yes, details: Interview only used for the purposes of this project.
RM: Prompt to start talking about decision to breastfeed

AV: Pretty simple. It’s funny because being a twin my mom said I didn’t take to breastfeeding so she started us on formula. So I didn’t grow up around it and when I got pregnant I said to my husband I’m going to do formula and he said no you’re not. I want you to have that bond with our baby and breastfeed. So I read more about it and took a breastfeeding class. Okay, I’ll try it and I fell in love with it. It was a day by day and week by week progression. But yeah I was completely on the other end of the spectrum originally but now I’m a believer.

RM: That’s really interesting how long did you breastfeed for?

AV: Exclusively for 13 months. Then introduced whole milk. Still nursed him at night until 19 months old. I pumped for 15 months.

RM: Wow, that’s a long time!

AV: Yes it is! But I don’t regret it. It was kind of like after the 12 month mark my husband was like are you going to keep going? He was getting bigger. He’s huge. He was like a 2 year old at 15 months old. He can walk over to you when he’s hungry. I was like well we have that bond. It’s not hurting him or me so I kept going until my first weekend away from home at 19 months old. We cut it off cold turkey.

RM: How old was he when you started introducing solid foods?

AV: Six months old. I tried 2 weeks before 6 months rice cereal, barley and that. It didn’t sit well. I held off until 6 months old. Then I started with making my food for a week. But easy to buy it at the store. I’d give him one or two servings of baby food a day. He did it at day care too. He had a texture aversion. Didn’t like texture – he would just gag. He wouldn’t eat adult solids until he was 13 months.

RM: What were some other first foods besides the cereal?

AV: Squash was first. Then we did vegetables orange foods, carrots, green beans, then fruit, bananas pears things like that. He loves green beans he could eat green beans every day.

RM: What was your reasoning behind the certain foods you picked?

AV: Well I’ve been in pediatrics as a nurse for three years. The pediatricians around me said if you do vegetables first instead of fruits they will take to it better. He’s really been a pretty good eater to when it comes to vegetables. I don’t know if that has anything to do with it.

RM: Can you talk more about how you tried to make food?

AV: I started giving him foods the week before we went to the beach. So I just did the squash and I have the baby breeza I cut up the squash and it purees it. It was really watery but he seemed to like it okay. That was for a week I cut up enough for two night but the preparing it I
didn’t have enough time set aside because I was working. We went to the beach and we got a Gerber baby food and beech-nut brand. It’s a lot easier, I don’t know if it’s cheaper because I didn’t calculate that but it’s easier for our lifestyle. We can take it on the go. The containers I had for the real food I didn’t buy a lot of the kit –with the containers so I just put it in a bowl. So it wasn’t something I could travel with.

00:08:15 RM: How old was he when you went back to work?
00:08:18 AV: 8 and a half weeks, but (husband) was with him. Went to day care at 11 weeks.
00:08:50 RM: A lot of moms have a hard time with pumping at work, did you?
00:08:59 AV: I really didn’t. I had an oversupply. My milk came in on day four, after my c-section. The next day I got really engorged. I hadn’t pumped yet. He couldn’t latch on because it was so full. I pumped and got two ounces out immediately. I didn’t have to pump for a week or two. I started saving up some every feed or so after I fed him. 2-3 ounces or so. When I went back to work I made myself be on a strict schedule where I would pump every three hours. …nurse him when I got home. Being on such a strict schedule really kicked my body into gear. I was making easily 8-10 ounces every session, easily.

00:11:18 RM: Was it a good environment at work for you to be pumping?
00:11:25 AV: No not really. I was in a pediatric office so we didn’t have a pumping room or anything. I had to use one of our exam rooms we never used. We didn’t have a lock on the door so I made a little sign that said please knock. We never had patients in there so everyone pretty much knew that was my room. We had one nurse or nursing assistant to a doctor so I was gone for 15-20 minutes pumping and if the doctor needed something he would have to wait for me or find somebody else to give it. So I would tell one of the other nurses so could you listen for doctor whoever. I learned to be a really fast pumper. I could easily start to finish do it in 12 minutes.

00:12:58 RM: How old is (S) now?
00:13:00 AV: Turned two.
00:13:10 RM: So how is his eating now?
00:13:20 AV: Being a toddler he is very …somedays he will refuse to eat and other days you can’t get him to stop. Originally I was OCD about how much he was taking in. Up until he was 12 months old how many ounces he was getting. At his 15 or 18 month appointment my doctor said you need to chill out he’s getting into the toddler stage if he doesn’t want to eat he’s not going to eat you can’t force it. So that was hard for me to let go and realize okay he ate a banana tonight instead of force-feeding him something. And he was fine. He loves breakfast it’s his biggest meal. He’ll eat two helpings at daycare. He doesn’t eat a lot of lunch. Dinner is hit or miss. He’s not a big chicken or meat eater. But he loves lasagna. Two days ago he couldn’t stop eating dinner and last night he ate a couple green beans and that was it. I hear that’s normal. He’s a big boy. He loves milk so he’s getting what he needs.
RM: So you both work full-time?

AV: Affirmative. I am off—now that I’m at the hospital. I work three days a week. (Husband) works almost every day being a football coach. At daycare we pay by the week so I still take him to daycare. They have a good schedule and I’m still paying for it.

RM: Do you sit down as a family for meals?

AV: Usually. (S) and I usually do. If I have a chance to eat I make sure (S) isn’t eating by himself. That helps him most of the time eat more. (Husband) gets home dinner time and he sits down with us—definitely on the weekends. But during football season he gets home 9 at night so it’s usually just the two of us.

RM: Between the two of you who do you think has the most responsibility over what to feed (S)?

AV: Oh, definitely me. (Husband) will go grocery shopping but when it comes to deciding what’s for dinner or for (S) I’m the one that will decide because I’m the one that gets home before he does.

RM: Can you think of any experiences where you felt positive reactions from people. Family or friends? About how he eats?

AV: My dad is a pediatrician so he was always really proud that I went so long breastfeeding because he recommends breastfeeding until 2. Which is the AAP recommendation now. Other people in his office have said that he will brag to some of his patients about it. As far as now, I know sometimes we resort to having fruit snacks on hand because you can bribe him with a gummy to do anything. So if my dad is around and we haven’t eaten dinner yet then he will say he hasn’t eaten dinner yet! Or that kind of thing. But him being a toddler now and he’s in that picky stage I can’t really think of anything.

RM: How do you think your culture backgrounds play a role in the types of foods he eats or the way he’s fed?

AV: Well we try... he gets a lot of olive oil. So mainly when we eat ...I don’t cook a variety of stuff. (Husband) is pretty basic. We’ll do a baked chicken, Greek style, Greek seasoning, lemon, and olive oil. Greek vegetables. We’ll do some fruit too. So I don’t know if it’s really cultural but we do use olive, vinegar, Greek seasoning on green beans. (S) doesn’t get plain green beans. He does like parmesan cheese, which isn’t Greek but he has to dip everything right now in parmesan cheese.

RM: Have you found yourself in the past or currently thinking or worrying a lot about either what you’re feeding him or how you’re feeding him?

AV: Yes, at his two year check up I actually asked his doctor if we could check his iron because I knew he hadn’t been eating a lot of meat. We would offer it but he wouldn’t eat it. They did a blood count and it was perfect. Somewhere he’s getting the iron. But yeah I do. We don’t give him a lot of junk food other than fruit snacks. No juice unless it’s a treat we usually just keep
milk and water in the house. Usually it’s just making sure that he eats some meat. He doesn’t eat poptarts or anything. He loves waffles. It might just be because I’ve seen so many bad reactions but I haven’t given him peanut butter. I’ve seen such bad reactions. I freaked out at one point. Right over a year I had popcorn shrimp at a restaurant and I handed it too him. He ate it and he was fine but then I realized he can’t have shrimp til he’s 3 or something. I felt like a horrible mother. Luckily we don’t have a history of peanut allergies. But it’s such a hassle when you are allergic. I’m just praying that time is on our side. I ate it a lot when I was breastfeeding because I heard that if you’re exposed to it like that through milk it isn’t as bad.

RM: Can you compare the way you were fed growing up to the way you feed (S)?

AV: My mom cooked more than I do. We did have pizza Fridays a lot. But we don’t eat it at home a lot. He gets home cooked meals but I haven’t really learned the whole balancing act yet of doing home cooked meals and working full time and being a mom. So I don’t cook that much. A lot of times (husband) will cook later on. We’ll find the casseroles and lasagnas you can put in the oven. Whereas my mom did a lot of things from scratch. The nights when I’m working my mom, aunt or MIL will pick him up from daycare and they’ll bring food. Sometimes we’ll get a grilled chicken wrap and apple slices from Wendy’s. Or he’ll get something fast food he does like fries he gets that from me. My mom will bring him to her house and cook something and I’ll meet them over there. Luckily he is getting home-cooked food but it’s their doing not mine.

RM: It’s definitely hard to balancing everything. So (husband) likes to cook?

AV: He does. He cooks more than I do. I prefer recipes but I don’t do it very often because they take so long. Whereas he can just whip up things. He’s very basic. But he does like to cook thank goodness.

RM: Did he learn from his family?

AV: Yeah, he did. His mom cooked. His dad does some. But mainly his mom.

RM: Did you learn from your mom?

AV: Yeah, like I said she tries to give me recipes to get me to cook more. She says it’s so simple and so easy. I’m still learning when it comes to cooking meat. I text Tim and ask him how long to cook something for and he knows. He was with his parents for 10 years before we got married. He’s better at meat. He doesn’t really like pasta or a lot of carbs. That’s why I don’t cook it that much. That’s what people go to when they cook so it’s hard for me to find other recipes that don’t have a lot of that stuff.

RM: Can you describe an ideal diet for a kid that is (S’s) age?

AV: Meats, mainly chicken and protein-if they will eat fish. Mine won’t eat it. Really, vegetables are important and get overlooked with toddlers. A lot of parents offer something else if they refuse it once. Fruits are pretty easy to get in a two year old. Not a lot of pop-tarts things like that. Really just the same stuff that we should eat, they should eat. Juice is fine now and then in
moderation. Yogurt is really good - probiotic. Usually I give him at least one thing of yogurt a day. Natural probiotic and good for you. I don’t do the natural foods gluten free things like that. We could probably be healthier but I don’t think we are on the other side of the spectrum and feeding him crap.

00:31:06 RM: How do you think that the choices you are making for feeding him will affect him as he grows up?

00:31:20 AV: If you don’t know what you are missing out on then you aren’t going to ask for it. It may change later on when he starts going to friend’s houses and seeing what they have in their fridge. All he knows is what we feed him. He doesn’t have a huge sweet tooth I think because we don’t give it to him a lot. He gets excited over fruit snacks and Halloween candy he didn’t really touch it that much. I think it will help later on with his choices because that’s all he knows.

00:32:50 RM: So, baby number 2. Have you felt like you needed to do anything differently this time around when it comes to your own food choices?

00:33:10 AV: With (S) being my first I was very by the book. No sushi and I’m a big sushi eater. No coffee. No deli meat. All that stuff. This time around I started researching more. Well I can have sushi if it’s cooked so I have it once a week. I had horrible nausea with both pregnancies but to keep me from being sick for this one I had to have one cup of coffee in the morning. I would feel horrible if I didn’t. The caffeine hasn’t been excessive but more than the last pregnancy. I will tell you just with this different job I am nervous pumping wise because from being an L&D nurse for advocating breastfeeding it’s not an ideal job when you are a nursing mother trying to find time to pump. It’s one on one care and everyone has patients of their own. I’m really nervous because I had such an over supply with the last one. For someone who knows how capable my body is of making milk it will be a huge ? if it doesn’t make it this time around.

00:35:38 RM: Do you think you will want to breast feed her for as long as you breastfed (S) if you can?

00:35:50 AV: That’s a good question … I honestly don’t know. I may try to stop pumping sooner maybe at 12 months. The same mindset as with him is to get to at least a year maybe 15 months. I’m pretty sure this is our last one. I heard sometimes it makes you more hesitant to stop because you know it’s the last one. I haven’t had time to myself. I had maybe three weeks between weaning (S) and getting pregnant. It felt nice. I didn’t touch alcohol for two years...now almost three years. It would be nice to let loose a little more. I don’t know I’m just kind of worried about maintaining my milk supply once I go back to work. I don’t know if I am capable of getting to 19 months.

00:37:58 RM: Do you think you will want to do anything differently than how you started feeding (S) solid foods this time around?

00:38:12 AV: With him I was very cautious. We generally tell parents to wait at least three days between introducing new foods to watch for a reaction. I went overboard with him. I gave him one food
for a week before introducing another. I did it for a month before I realized he only had four foods. I'll probably do two days on one food. I'll probably do the same thing with vegetables first before fruit. I might try to make it I do have a food processor but I'm not holding my breath. He's not a terrible eater, he'll eat stuff that's good for you. I'll probably keep the order the same. I don’t think I’ll start before six months either.

00:38:54  RM: Ending conversation.
Audio Log Worksheet

Researcher: Randi Mueller
Project Name: *Infant Feeding Practices as Personal and Cultural Constructions*

Date Logged: 11/26/2014

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Date Recorded (YYYY-MM-DD): 11/5/2014
Location: via Skype; Interviewer in Chicago, IL; Interviewee in New York State

Interviewee: “Crystal” (alias)

Interviewer: Randi Mueller

Subject: Infant and child feeding practices and influences

Restricted? ☐ No, X Yes, details: Interview for use only within this project.
TIME CODE    CONTENT DESCRIPTION
00:00:15    RM: Prompt to have CR talk about her grandmother using condensed milk as formula
00:00:23    CR: Grandma told her about how they didn’t have formula and she used sweetened condensed milk and corn syrup. Mom, aunts, and uncles have bad teeth. Used to feed them soda too. People don’t do that anymore! (my son) is allergic to milk. Grandma was about sugar everything. It will make your hiccups go away.
00:01:43    RM: Do you think your mom picked up any of her feeding practices?
00:01:48    CR: No. Mom was traumatized by teeth issues wouldn’t let us have any sugar or soda. Only special occasion.
00:02:18    RM: Was your grandmother surprised that people don’t do that anymore?
00:02:22    CR: I don’t know. She said oh it was different back then.
00:02:35    RM: Those Buzzfeed vintage ads- people feeding kids soda and candy for energy.
00:03:05    RM: I know you were doing pumping exclusively- did you do that for both of your boys?
00:03:16    CR: I did. (J) didn’t last that long. Didn’t like feeding them off of me. Mixing one thing with another. Freaked out about that. Didn’t want to do it but knew it was the best for them so just pumped it and fed through bottle. (J) five months just on breast milk. But when went back to work it wasn’t a pump friendly environment. 15 mins, had to split lunch, too much stress to pump. After a while started to deplete. Had to stop. Back up in the freezer lasted for a while. Freezer broke over night. Had to use formula until 9 months. (A) breastmilk only until 9 months old. Had a ton of back up- had to throw it out.
00:05:26    RM: Did you get the idea to breastfeed from anywhere?
00:05:41    CR: My mom breastfeed me and my brother so I went with that. Obviously she wasn’t practicing what her mom did.
00:06:18    CR: The pump hurt less and was easier. If I wanted to go take a shower someone else could feed the baby it didn’t have to be me all the time.
00:06:40    RM: And then leaving the house…
00:06:41    CR: Still hard- had to pump every two hours. Otherwise hurt. Easier to leave the baby with AJ or someone to go off and pump in peace and not have to worry about anything. A lot quicker that way.
00:07:31    RM: When did you start solids?
00:07:43    CR: I didn’t go by the rules…it was just too much. I had boys they ate constantly, nothing was enough for them. I was giving them cereal at three months. Little by little added fruits. Still getting milk until 9 months old.
00:08:54    RM: Do you remember what some of the first foods were?
00:09:00    CR: (J) I gave him too much cereal in the beginning. Constipated. First food was prunes. Wasn’t even 10 minutes it worked. Probably bananas. (A) didn’t like bananas. He liked pears. Started out on the most mild fruit. Applesauce. Put vegetables in there, sweet potatoes. Jarred food of
chicken and whatever. Tried to make food once and a while. Put in food processor what we were eating. Got to be too much. With (J) too busy, still working, doing housework, taking care of him. It was a lot. Didn't last long. Then (A) once he had allergies to think I wasn’t modifying our meal to what he could eat so we just gave him what he could eat. Had to read labels. Glad to be over the baby food stage.

00:11:23 RM: So a lot of the time is he eating something besides what you are eating?

00:11:26 CR: Affirmative. Kids are always eating something else. They are picky. Looks funny, smells funny. (husband) gets home late so I wait to eat with him so we don’t have to eat alone. I make the kids dinner and sit with them while they eat. We don’t have a chance to sit down as a family and eat. Make them what they want and have a separate meal for us. Like that every night but I have it down now.

00:12:49 RM: When you were talking about the baby food stage- it was really time and convenience influencing you?

00:13:03 CR: Affirmative.

00:13:11 RM: Prompt for any other influences.

00:13:24 CR: Doctor-if they can eat it let them have it. That was easy. I don’t think my mom influenced me either. Usually if I don’t agree with her we get into an argument. Once in a while she’ll mention something…(A) it’s tough with snacks to what he can or can’t have. And he’s picky. Mom comments on too many crackers a lot of carbs. Maybe it is something to worry about but I don’t. She doesn’t say much anymore.

00:14:55 RM: Can you think of instances where you were getting positive feedback from people about what you feed your kids.

00:15:11 CR: Yes. Mother-in-law. My kids like fruit and vegetables. (J) asks for carrots. He picks that over ice cream. They are weird like that. They will make a healthier choice. Not by my influence. Whatever he wants. She always says you’re kids eat healthy. They pick a healthier thing all the time. They weren’t excited about Halloween candy. Story about being excited about Halloween candy. Kids are lazy trick or treaters. Don’t want candy want to go home. (J) asks for a piece of candy. Has one or two. (A) doesn’t want any. “I really don’t like that.” Loves tic tacs. Aren’t those spicy? No I like em. I really like the white ones. For a three year old I would think that would be too spicy for them.

00:17:54 RM: When you were feeding them some of their first foods do you think you were giving them things that had some spice to them and they started getting used to it?

00:18:09 CR: No I don’t think so. It depends. (J) won’t eat a spicy food. But we had chili Doritos. I always encourage them to try something. He loved them. But he won’t eat something spicy as a dinner food or something like that. They’re weird. They’re really, really picky.

00:19:40 RM: If you were to describe what you think is an ideal diet for a baby- let’s say like under or around a year. What would it look like?
CR: It’s been so long. I don’t know it’s probably different now! I’ve noticed so many things change just between my kids. It’s probably different now. I used a chart-a refrigerator magnet. It showed a day’s worth of meals. I followed things like that. Milk, fruit a vegetable? I don’t know I’m terrible! For (A) his bottle was the most important thing to give him. When he was hungry I would give him cereal in the morning. Rice cereal at first. Always mixed a fruit in. In afternoon, a beef thing or a chicken then and another fruit. For dinner I would do a cereal mixed with vegetables. If he wanted fruit after I’d give him fruit. Always had bottles in between. That’s the way I did it. I don’t know if its right. I don’t know if there’s a right or wrong way. As long as they get what they should get. Even now he is so picky won’t eat vegetable. Has texture issues. Spits it out. Will make himself puke if he doesn’t want to eat something. Started to get him baby food pouches. Veg and fruit in a pouch. Calls them fruities. They’re vegetables but I’m not going to tell him that. He wants a fruity with dinner. Sure! He thinks he’s having a snack! Probably not the way he should be eating at 3 but he won’t do it forever. He’s still getting what he needs. Mom does say I spoil them. Why are you cutting the crust off? They need to eat the crust the crust is good. What about carbs?! My dad always used to force us to eat what was for dinner. I don’t force them to eat what we eat and give them something else. My parents didn’t do that for me. Every parent does their best. Parents screw their kids up in some way. Hard on me. If they don’t want to eat the crust they don’t have to! It’s not a big deal. She will cut the crust off. She gets out the cookie cutters and makes them a butterfly sandwich! He comes home and asks for a butterfly sandwich—we don’t have that here! I guess I do it to him to. They are still eating it so what does it matter?

RM: Getting used to your parents being grandparents is a funny thing.

CR: Where was this when I was growing up? My dad is really easy on them. Lets him sit in his old car and play with things.

RM: Who has the most responsibility over what to feed your kids?

CR: Well it would be me. Well no. I don’t know. We work on it together. (Husband) is home in the morning. Gets them breakfast. We are in agreement over what they eat. Whoever is in the kitchen to get what they need at that time. At night it’s mostly me except weekends. (J) is in school. For lunch he only eats PB&J. Takes a healthy snack like apple or fruit cup or fruit snacks. I still cut my kids juice. They drink apple juice, water, milk—(A) drinks soy milk. I think juice has too much sugar. I cut my own juice with water. It’s all sugar. I won’t let them have fruit punch. If he’s at someone’s house he can have it but cut it with water. I guess my mom did that with us too so it makes sense. Habit from my own experience as a child to pass it on to my kids. Wasn’t forced on me or advice. As far as our meal plans it’s pretty much both of us. (A) eats pb&j too. Cried over turkey. You know there’s starving kids in Africa. They don’t have parents to feed them lunch! Well they do though. They don’t have clean water to drink. I’d like to see you living in someone else’s house when they don’t have money to buy you what you like.
RM: Do you take them shopping with you?
CR: Yes we all go together. It sounds stupid I know. Like the Brady Bunch. Usually every Sunday. We swear we are never going to do it again with the kids. They get bored whining and crying. We still do it every weekend.
RM: Do they want everything they see?
CR: Something yes. If anything has a character on the box they want it. Fruit snacks is a good example. They always want spongebob or scoobydoo or angry birds. You guys don’t understand it’s all sugar. I get them the Welch’s ones. 100% juice. If you read the other stuff it’s straight up sugar. Are fruit snacks good for them no but I get the healthier ones. I think that counts for something. If someone else gives it to them we let them have it but we don’t buy it for them. We don’t buy hostess cakes or something they like healthier snacks. They won’t eat them. I would. I love sugar but we don’t keep stuff like that in the house. They ask for potato chips not as bad as a twinkie.
RM: Do you think the food choices you guys are making for your kids will affect them in the future? How do you hope it will affect them?
CR: I think it will everyone gets into a certain habit of eating. From how they were raised. Once in a while we will get take out or order pizza. It’s not all the time. Some people grow up they order out every night. Those kids will grow up to know that and order out every night. My kids might not eat the healthiest food I don’t force them to eat like that I like to enjoy my food. I like to have flavor. I’ve had organic food that has been very food but that’s not how I eat. We eat decent. We’re not as bad as some people. I didn’t want to let them drink soda. We went out to a diner. (Husband) got soda. (J) tried it and cried. Didn’t like the bubbles. (A) is the same way. They bubbles freak them out. Maybe that’s a good thing. They won’t like soda then. They’re weird kids. Strangest kids I’ve ever met in my life…They’re very sensitive.
RM: Now you are in your routine, but have you worried a lot about how you are feeding them?
CR: Absolutely. (A) is 3 years old. Has had chicken nuggets for dinner…100% all white meat real chicken nuggets name brand. Scared of what’s in the others. That’s all he wants for dinner since he was 1 1/2. I did freak out about it. Talked to the doctor. It’s a phase. Not going to do it forever. He’ll grow out of it. When? I have a feeling he’s starting to get tired of them. He’ll eat one or two. So I offer him a variety of different things. You’ll go hungry. Other than the fruity thing. Not going to let you snack for the rest of the night. Can’t have a cookie. If you’re that hungry finish your dinner. We’ve done that before. (J) wouldn’t finish his dinner for days. (husband) got mad. Had to eat it for breakfast. Didn’t want it. I remember my dad used to do it so I felt bad. He went a whole 24 hours without eating it. Then gave in. He was stuck on hot dogs for a while. Well he’s back on it. They have to have the cheese on the inside. I don’t know why. But they are the same price as the other ones so I let him have them. He likes everything. Spaghetti and meatballs. Chicken. Anything really. Doesn’t like beef. Likes a variety of food.
He's pretty good. (A) not so much. Trying to be patient. I don’t want to force it. I don’t want him to hate it. I hated most food because I was forced to. Mom’s food tastes good but it all has the same flavor and more on the bland side. I cook differently than she does. I didn’t care for much. Dried meat out. Made me hate food. I don’t really want to do that to my kids. I ask them every night what they want for dinner. I let them choose. (J) always picks a vegetable. Not big on carbs. Likes pasta. (A) does not. He’ll lick something and gag.

00:46:41 CR: If they’re eating something...you can’t be that picky when it’s not going to be like that forever. He’s not going to be 27 and only eating pb&j and chicken nuggets. I think he'll be alright.

00:47:15 RM: So (husband) cooks?

00:47:17 CR: Oh yeah. He’s a really good cook. He makes things more fattening but they’re good. Garlic and everything. He works at a deli on Saturdays they do catering. Homemade soups. Learned from working in restaurants. Equal in that. I’m a good cook too. We always like what each other makes. Cook together on the weekends. I cook during the week mostly unless I don’t feel good then he will. I have to ask him sometimes about times and temperatures. Everything comes out perfect. Any meat. Perfect to what we think it is.

00:49:13 RM: Where did you learn to cook?

00:49:18 CR: I don’t know. I guess from watching my mom in the kitchen. But I’m definitely a better cook. I like to experiment with flavors. I didn’t grow up with different flavors so I think that’s where it comes from. I love curry, Mexican type dishes. A variety of foods. Experiment and throw things together. I don’t measure really unless cookies or something. Whatever I have in the cabinets.

00:50:37 RM: Was there ethnic influence in your mom’s cooking?

00:50:48 CR: My mom didn’t learn to cook from her mother. She learned to cook from my dad’s mom. My dad comes from a very Italian family. Everything is Italian flavoring. Basil, oregano. I learned how to make my spaghetti sauce. My mom taught me, but I changed it. I make mine thicker. Modified recipes and added things. Onions and garlic when I was growing up.

00:51:42 RM: Does (J) like stuff like that?

00:51:48 CR: He tells me I make the best sauce and meatballs. My dad taught me how to make meatballs. I never buy them out of a package. They don’t have a lot of flavor and are salty. I like salt in certain things. Salt doesn’t give anything flavor it gives it the flavor of salt. I do like the flavor of salt in some things. It doesn’t bring out the flavor it brings out the saltiness. I can’t have a lot of it my hands blow up. I drink a ton of water too.

00:53:20 RM: Ending conversation.
Audio Log Worksheet

Researcher: Randi Mueller
Project Name: Infant Feeding Practices as Personal and Cultural Constructions

Date Logged: 2.26.2015
File Name: JN.2.1.15.WMA
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Length of recording: Hour(s): 0 Minutes: 43 Seconds: 54
Date Recorded (YYYY-MM-DD): 2015-02-01
Location: via Phone; Interviewer in Chicago, IL; Interviewee in New York State

Interviewee: Jennifer Niebling
Interviewer(s): Randi Mueller

Subject: Interview with interviewer’s aunt on mother’s side about her feeding practices with her two sons, now aged 22 and 18.

Restricted? ☐ No, X Yes, details: Interview for use only within this project.
00:00:05  **RM:** Prompt to start talking about the decision to breastfeed or formula and the influences.

00:00:23  **JN:** So when (L) was born I tried to breastfeed. I thought I wanted to breastfeed. I did for a little bit but he puked so much I decided to just put him on the formula. Because of (L’s) bad experience, I decided to not even try it with (D). (D) might have been fine with it I don’t know, but I didn’t try he just got formula from the start. As far as why was because it was the thing to do. This happened 22 years ago, the natural thing to want to do is to breastfeed your kid. If you ask your uncle he’ll tell you I’m still breastfeeding them (laughs).

00:01:59  **RM:** Do you remember how old they were when you started trying baby cereal or baby foods?

00:02:07  **JN:** We tried to go by what the doctor said. I want to think (L) was maybe 8 months. I can’t remember. Whatever the doctor recommended. We didn’t go off of that. We tried to follow the rules. Same thing with (D). They said there was something about their digestive systems not being able to handle it.

00:03:40  **RM:** Do you remember what you started with?

00:03:48  **JN:** Yeah we did the cereal, we did it all. The little jars of baby food. I bought beechnut or whatever the thing was. (L) ate it all. (D) hated baby food. He really went from bottle to regular food. He puked up the baby food. Ma had him when we wasn’t even a year yet feeding him people stuff. Whatever it was I don’t remember. (D) probably did cereal though, but no jar food.

00:05:22  **RM:** Some of the people I’m interviewing have kids now, and others had kids 20 years ago. The decision to buy Beechnut or whatever- when you had kids were people at all thinking or talking about making their own baby food?

00:06:08  **JN:** I think not. There was that one movie called Baby Boom where she made her own baby food. But no. Not at all. People around us that had kids ...nope.

00:06:42  **RM:** When you were buying baby food, there weren’t as many choices as there are now.

00:06:58  **JN:** No not really, unless the store was making a store brand. But the fruit was really good. Babies love the taste of the fruit. Probably like with you and Clementine the natural vegetables are a lot better tasting I would think.

00:08:05  **RM:** Do you remember times where you were thinking a lot about or worrying a lot about what you were feeding your kids?

00:08:15  **JN:** Not with (L) because whatever I was making I would just put on his high chair and he’d eat it. It didn’t matter what- he ate lettuce. (D) hated everything – textures. He wouldn’t eat something if the texture was bad. I worried about him –ring bologna chopped up, popcorn, chicken nuggets, and macaroni and cheese basically. Forget about meat. He probably didn’t eat bacon until who knows how old – older than 7. He would eat bananas and grapes. But the
doctor said it was fine as long as he was eating and I always gave them multivitamins. All their lives until they were 13 or whatever. (D) I did worry but every year he went for a check up for his blood levels because he had that thing with his blood where he couldn’t break down proteins efficiently. So they weren’t concerned he didn’t eat a lot of foods high in protein. I guess it was all for the best. But (L) I didn’t worry anything you would put in front of him he would eat it. I did try to give them healthy meals.

00:10:59 RM: How old are they now?

00:11:25 JN: Today is (L) 22nd birthday. (D) is 18.

00:11:25 RM: Can you remember any times where family or friends had positive or negative reactions to what you were feeding them?

00:11:38 JN: I remember one time one of (L) and (D) friends – I would take them all out and about. Their mom said to me one day you take them to McDonald’s too much. Yeah I probably did. They always ate whatever they wanted. I never withheld from them. Whether it was fast food or sweets. They could have whatever they wanted. Otherwise I never had any reaction either way. But I think because of that –not withholding from them- I think that helped them to make better choices. Right now they don’t crave the candy or sweets. They hate when we have to go to McDonald’s and they are healthy weights. So I don’t feel bad about that.

00:13:28 RM: Did you make the decision to do things differently from when you were a kid. To let them eat what they wanted. Instead of forcing them to eat certain things. Is that because you were raised one way or the other?

00:13:45 JN: We were …grandma miller (her grandmother) always cooked. Eggs, waffles- We never went to school without breakfast. With my kids I’d be lucky if they’d have chocolate milk before they went to school. But we always had meals. Grandma Miller made meals. If there was something we didn’t want to finish eating- I can remember sitting in the dark in the kitchen by myself for refusing to eat peas or something. But I didn’t do that with my kids. I would never ever do that. If they said they didn’t like something or they were full I accepted that. I never forced them. I remember not being allowed a lot of treats in the house. Candy was hidden. If you chose to get candy without asking you were stealing. Those are things that stand out for me. Which it was awesome that Grandma Miller cooked like she did but I don’t agree with making the kids eat until their plate is clear or eat something they don’t like. If I say I don’t like something I don’t like it. Do we think they are lying? But we ate a lot of things. We ate brussell sprouts, if I ate that today I’d be like how the heck did I eat that. Does your mom remember those things?

00:15:41 RM: She didn’t really talk about it. She has more to say about Grandma Miller though than she does about Grams (The mother of my mother and aunt).

00:15:58 JN: yeah well Grams didn’t. In our younger years like that it was Grandma Miller. And Grandma Burczak. She didn’t have a lot of money to feed kids but she would do things like we’d make
homemade pizza. She’d make lettuce salads. We’d make cookies. But it was mostly Grandma Miller and she cooked us good food. Grams I don’t remember her cooking for us- until we moved here- when I was 12. But then she made good meals. But we were never deprived. We were bad kids. None of us were overweight either. Some parents will allow their kids to drink soda and eat a dozen donuts on a daily basis. I wouldn’t let my kids be gluttonous like that. They were never like that.

00:18:05 RM: When (D) and (L) were young- who had the most responsibility over what to feed them?

00:18:15 JN: Between me and (T-husband)? Well I’m the one that shops and cooks. (T) never really crabs about nothing. (T) will eat…he was eating mussels one time. And (L) was very willing to try them and he liked them. So we always asked do you want to try this? But I would say me. (T) likes stuff like asparagus and I don’t make it for him. Because I don’t like it. (T) was at my mercy too. If someone doesn’t help you and say hey let’s do this for dinner then they are getting whatever you pick. Things that aren’t so great for you I try not to cook as often.

00:20:23 RM: Do you guys sit down together to eat as a family a lot?

00:20:27 JN: Yeah we do. Isn’t that cute? Always when they were growing up but even now at the age they are. We’ll do probably 4 out of 7 nights a week we are all together. Sometimes it’s just a couple of us. It’s never half of us at the table half of us at the TV. Isn’t that good? We always did good with that. And that’s good be cause they will probably do that when they have families. We did that basically for the most part growing up. Whoever was home was at the table or if someone was late we would wait. So that’s a good thing.

00:22:00 RM: When they were growing up did you have set routines for them? For eating, sleeping, solid routines…

00:22:23 JN: I wouldn’t say solid. Because of our jobs – we never had a set in stone time to eat. When they were little and growing up as they had sports and stuff – there was no routine. When they were little we tried to had a bedtime. They never gave me a hard time about that. I wouldn’t say solid but there was a structure –it worked. One day at a time just depending on what was happening that day.

00:23:50 RM: How old were you when you had them?

00:24:15 JN: When (L) was born I was 28. When (D) was born I was 31. Pretty old huh? We waited five years after we got married. (T) said it’s been five years. And I was like oh no. I was afraid of the whole thing. We tried one time for (L). Then our decision was to wait 3 years for (D). And I was like OH no! And we tried 1 time for (D) and it happened. We always prayed for boys and we got boys. Isn’t that weird? With the boys we always talk to them like they are people we never talk at them. Just instill good values and common sense. You see it today. Sometimes it’s like listening to myself- sometimes it’s not so good. But they always basically made good choices and decisions. Not that they never messed up but nothing to the extreme. It’s hard it’s a big
responsibility. It’s exhausting being a parent. Because when you give up on your kids and don’t care what they do that’s when things go astray. You have to put a lot of effort into it. Because everyone’s individual. It’s not like we went to a catalog and picked out some robots. And they are going to do exactly what you want them to do and say their entire lives, you know.

00:29:28 **JN:** As far as budget and stuff like that goes- when I buy groceries and stuff. When I buy something there are certain things I won’t buy if it’s not on sale. We don’t eat a lot of …how do I say it…we do hamburgers, steak, chicken, ham. But I buy what makes sense to buy at the time I’m in the store. I never say oh we have this amount of money on groceries. I always just spend what I want. But very rarely do I go out and buy things that I don’t need. Or if there’s something I need I try to find it for less money. Like Thrift stores, clearance. So I think in not worrying about what I spend on food- it’s spending less in other ways is how I make that work. We over the years- like with baseball and basketball and traveling – we have eaten out a lot. That obviously is not a feasible thing to do. Even now the boys like to eat out. They’ll do things like for gifts- gift cards to a place to eat. But they don’t order – they’ll get a burger and fries not just order the most expensive thing off the menu or expensive dessert. That was probably our fault though, even before the boys came we would go out to eat once a week. But we go out more as a family – but the boys are always out. I think that’s bad to do – it’s expensive. I probably wish I didn’t take them out so much, but I don’t know. (L) and (D) are learning how to cook. And once they get out on their own they will realize they can’t do that. In my case it’s probably a lazy factor. Generally once every two weeks I’ll bring home Chinese take out or pizza. And I think that’s a bad influence. But I think they will be all right because they understand that it’s expensive and out on their own they will get it. If they don’t – they’ll get it real fast.

00:34:40 **RM:** When you had them did you have to go back to work soon after?

00:34:45 **JN:** Yes. The way my sick time worked at work at the time – I had enough time – there was a six-week maternity leave at the time. So I took six weeks with (L) and with (D). (L) went right into day care. Day care for L was a very positive thing. He was structured- they had routine. (D) went to Ma. At that time L was starting school so he would get on the bus at Ma’s with you and (my sister). And (D) would stay with Ma and there was no structure. At that time the day care I took L to had dissolved so they couldn’t take D. I don’t know what I would have done without Ma. I was a working mom I had to work their whole lives. I do believe they are none the worse for wear for it. I think socially it helped. Just being around different people and adults. I think that didn’t scar them at all. That I was and am a working mom. I think kids come out of a home where both kids were retired or homeschooled and they are more likely to be socially deviant. It’s not fair to a kid- you have to push them out into society. School or daycare. That’s how they form. Then they come home and talk to you about stuff. That’s how they get a grasp on right and wrong. I think that’s how they developed into who they are. They would always talk to us
about stuff. Basically we knew what our kids were doing. L had his moments but for the most part we were aware. That's really something – to be totally aware of your kids. I think about things I did with my mom- not for one second would I think my kids are perfect. My mom she was not as aware of us. She was busy she worked nights she had four kids and a husband.

Your focus and priorities- it was different. With me and (T) our priority was always the kids. Once we made that decision to have kids it was all about them we didn’t really matter anymore. (laughs). I’m one of those people- it was a thought out decision to have kids. And in that decision to raise them the best they possibly could be and instill in them moral and make sure they made good choices and were nice to people and hard workers. Stuff like that. It’s hard. It’s exhausting but you will see. Sometimes I’ll be talking about my eyes will bug out of my head and I’ll go oh my god I’m my mother. But it’s not a bad thing. We didn’t all turn out too bad.

Ending conversation.
Audio Log Worksheet

**Researcher:** Randi Mueller

**Project Name:** *Infant Feeding Practices as Personal and Cultural Constructions*

**Date Logged:** 1/31/2015

**File Name:** JP.1.28.15.WMA

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**Date Recorded (YYYY-MM-DD):** 2015-01-28

**Location:** via FaceTime; Interviewer in Chicago, IL; Interviewee in New York State

**Interviewee:** Jacqueline Palumbo

**Interviewer(s):** Randi Mueller

**Restricted?** □ No, ☒ Yes, details: Interview will only be used for the purposes of this project.
RM: If you could start talking about breast feeding or formula feeding me and Kori and your decisions behind that and what you remember about that.

JP: I breastfed both of you. You longer than she. And I did it first for the health benefit of the colostrum mainly, and cause of course breast milk is best. And why I did you longer because when I tried to breast feed Kori she always made me bleed. And unlike it is today with the breast shield and that no one ever told me about those. So she just really destroyed me. I pumped with you though. You had breast milk till you were six months old. I would have done it longer but I had to go to work of course. I think overall you were probably the healthier of the two of you.

RM: How long did you breast feed Kori for?

JP: Probably, I’m thinking she wasn’t very old at all. Maybe a month. It was too painful

RM: And when you switched to formula for her what made you close your guiding factors for what kind of formula you bought. Did you try different ones?

JP: I believe she was just on Enfamil, she didn’t have any allergies. It wasn’t a trial thing, it was just what she was on. It was what she needed. No allergies to milk.

RM: Did you remember feeling like, during the time that you had either of us like society or doctors were pushing breast feeding or formula feeding.

JP: Well of course they always want you to try breast feeding. I don’t think I was pressured to try either one. I think Kori could have benefited a lot more from me breast feeding longer.

RM: Did Grandma Breastfeed you?

JP: I honestly don’t know. I don’t know if breast feeding was a thing they did back then or not. I know I had a bottle at an early age, there are picture of me with a bottle but not as an infant. She could tell you better if she breast fed me or not,

RM: I was wondering if she had an influence in making you want to breast feed?

JP: No, she didn’t. I don’t think she was much of an influence for anything. I don’t remember you grandma being a part of my life when I was little. I don’t know why but I don’t. We were with our grandmothers most of the time.

RM: Do you remember switching to solid foods? Well, baby food.

JP: Baby food was fun. You hated just about everything. You threw up everything back up in the bowl. I think you were eating, other than baby food, I think you were eating solid foods before you were a year old that’s for sure.

RM: Like table food you mean?

JP: Yeah. I don’t think you had baby for a lot of months at all.
RM: Do you remember how old we were when you switched to, or when you started feeding us baby food?

JP: It was probably whatever the suggested guidelines were then. There was always suggested time lines for everything.

RM: So you were just kind of going with what the doctor said we were ready for.

JP: Yeah, pretty much.

RM: Do you remember what foods you started with?

JP: Fruits was the first. Fruits and vegetables. Then the nasty meats.

RM: Did you start with cereal, or did you start with fruits?

JP: Oh, yeah yeah. You had cereal really young now that I think about it. You had cereal in your bottle. You were probably six months old. We used to feed you from a spoon.

RM: When you had me you were 21 and when you had Kori you were 26, right?

JP: Yup.

RM: Do you remember either of those times around that time, do remember anyone talking about making your own baby food?

JP: No, but I probably could have because I worked at the nursing home and was making all that pureed junk. I probably could have done it, you just don’t think about those things. I mean we did eat healthy food but we didn’t think about making our own baby food then. I don’t know what they did back in the day before there was baby food in the jar. Maybe they didn’t make it back then, I don’t know.

RM: Do you know what kind of baby food you used?

JP: Beechnut.

RM: Do you know why?

JP: Probably because there wasn’t a lot of brands to choose from. There are a lot more brands now. I think there was Beechnut and Gerber. Actually, probably whatever there was a good sale on honestly. You don’t think about – unless you’re someone like you that does the research on things and thinks about what you’re putting into your body – like I didn’t think about it. Now I feel like a bad parent (laughs). When you ate table food you ate good food.

RM: Were you working full time when you went back to work?

JP: Yeah.

RM: So my dad watched me?

JP: Yeah he was home with you during the day. Or grandma Miller. Grams. He was with you a lot when you were a baby during the day. He worked at Shoprite in the produce then we always had good produce.

RM: Do you remember when I was a little older – if we had meals together.

JP: yeah we always ate our meals together we always ate at the table. We didn’t eat in the living room watching the TV. We always ate at the table no matter where we lived. You used to like a
lot of foods you wouldn’t think kids would like. Linguine and clams. Garlic lots of garlic. Grandma Miller would give you garlic.

RM: Do you remember ever thinking a lot about or worrying about what we were eating?

JP: When you were little there wasn’t a lot of junk food options- McDonalds once in a while. For the most part you had healthy meals. I don’t think you ever really ate candy. I think Kori’s always had more of a sweet tooth than you. I think we always had well balanced meals. There was always a vegetable and a meat and a starch. You probably had your most unhealthy meals at school.

RM: Can you think of any experiences where you felt positive or negative reactions from others about what you were feeding us?

JP: Not really. People didn’t really care what you were doing. You guys weren’t over weight. Healthy for the most part. There’s probably things I could have done differently but I don’t know.

RM: With me, who do you think had the most responsibility over what to feed me?

JP: I guess it depends where we were living at the time. When we were at grandma’s she controlled it because she bought the food. When I was with your father we shopped together basically. We always had good food. We didn’t eat a lot of junk food either. I think I eat more junk food now than I ever ate.

RM: What about Kori?

JP: I was always in charge of her. I bought all the food. Unless we lived with grandma. I think Kori eats healthier now that she isn’t living home than she did before. Since she got pregnant she’s a lot more aware of what she eats. I’m hoping she stays that way even when she’s done breastfeeding. She can’t suck soda down and eat junk food. She’d take a whole bag of potato chips and eat it in her bedroom. I don’t think we had a lot of junk food in the house. At grandma’s you never had it really because she would hide it for Pa. I think kids growing up now –adults your age are going to have more smarts as to how to have their children eat more healthy than you grew up eating. Things change so much so fast in the world.

RM: Do you think anything changed between the time I was born and Kori was born?

JP: Not too much, no…

RM: Can you talk about getting food assistance and nutrition programs and stuff?

JP: I think WIC has a lot more strict standards on things. I was on WIC with you and Kori both. I asked Kori if she could get Kix cereal and she said it has to be a whole grain cereal. That’s come a ways since you guys were little. I’m not sure about the rest of it.

RM: Do you remember them trying to educate you about food?

JP: I remember you had to go for classes.. a little meeting. You had to go pick things up. They’d have meetings to sit in on. I don’t think I did them too often.

RM: Yeah I remember sitting in a waiting area.

JP: Yeah I used to have to take Kori with me too. It was always in and out if I could.
RM: What could you buy then with it?

JP: Milk, eggs, cheese, peanut butter, cereal, formula. I think that’s about all it was. Baby cereal. I don’t think there was ever baby food...

JP: I think things have changed a lot since you were little. The baby foods they sell now are a lot healthier. Maybe that’s why people don’t make their own food. They have organic baby food in the jars now. For people that can do it it’s probably the best bet to make your own then you know for sure it’s what you want it to be.

RM: With Kori did you go back to work shortly after too?

JP: Yup I had to. (ex) wasn’t reliable in the employment department. I was the breadwinner if I didn’t go back to work we didn’t eat.

RM: For me one of the things about parenting is having this routine – though it changes. Do you remember having routines or was it more difficult because we were being watched by different people?

JP: I don’t remember there ever being a set routine for either one of you because I did have to work. I did stay home with you but not as a baby- for a little while when you were a year old. Not for long. Then there was times when I was between jobs to. There was never really a routine it was hard. You slept when you wanted to sleep. Grandma said we never took naps either as kids we just laid wherever and fell asleep. She said I used to sleep under the dining room table. Who knows.

RM: Do you think your baby food choices were based on budget concerns mostly?

JP: Pretty much. At the time it was probably the best of what you could get. I don’t think you were really on jarred food that long anyway. I think you were both eating table food well before a year old.

RM: Then did you just feed us what you were eating?

JP: Yeah pretty much.

END OF RECORDING
Audio Log Worksheet

Researcher: Randi Mueller
Project Name: Infant Feeding Practices as Personal and Cultural Constructions

Date Logged: 3.1.2015

File Name: KH.2.4.15-1.WMA & KH.2.4.15-2.WMA

Format: Digital file type: WMA

Length of recording: Hour(s): 0 Minutes: 14 Seconds: 46

Date Recorded (YYYY-MM-DD): 2015-02-04
Location: via Phone; Interviewer in Chicago, IL; Interviewee in Chicago

Interviewee: Kim Harris

Interviewer(s): Randi Mueller

Restricted? ☐ No, ☑ Yes, details: Interview for use only within this project.
TIME CODE    CONTENT DESCRIPTION
(HH:MM:SS)

00:00:23    RM: Prompt to start with decision to breastfeed or formula feed and influences.
00:00:32    KH: D and A were breastfed. D was breastfed until 13 months because I knew he was the last one. By then I was old- 38 39, I chose to do it for so long because I read up on it. I knew the benefits were better for him. I was a stay at home mom. I tried with M and it just didn’t work. He was breastfed for 6 months then formula after that. With M I was sick after birth so she was 100% formula I couldn’t breastfeed. A was 5 pounds- he was breastfed a little while but then formula. D was the longest because I knew better. When you have a child so young unless you’re intelligent and know what to expect you just don’t know. But when you get older you read more. And I was home it’s a big thing I wasn’t working. If I went back to work it probably wouldn’t have happened. What you did with pumping and stuff- that’s nuts.

00:02:08    RM: Did you have any situations where you had to pump?
00:02:11    KH: Yes I had to pump with A. I felt like a cow. You know – I had to pump with D I had places to go. Had to pump and put it in bottles. You feel like you have utters. Sitting at the kitchen table with this big machine. No one can walk in because they would have been traumatized. I think the key is if you are home and can do it that’s great but to go back to work full-time it’s gotta be hellish. But you look at it and D’s a pretty smart kid. I think if you are home and you can do it you should do. To get them the nutrients and anti-bodies they need. Formula is different now than what it was back then.

00:03:30    RM: How old were your kids when you started baby food?
00:03:40    KH: First thing was rice cereal with formula. That was early. The old wives tale is that to get them to sleep through the night give them rice at tonight. I used to put rice in their bottle –put x’s in the nipple. It gave them a full belly to sleep through the night. M was probably 5 months 6 months. Once the doctor gave the okay –what six or seven months? That’s when we went with the food. My mom was pushing that rice when they were really young but I didn’t do it. I didn’t think they could digest it. But that’s a wives tale- feed the belly and they sleep longer. Rice and formula. Now I’d be like what are you kidding me? Can you imagine putting x’s in the nipples so the thick stuff will go through? They don’t encourage that anymore. The two or three hours they slept at night is no good for you.

00:05:24    RM: After cereal do you remember what foods you started with?
00:05:35    KH: I started with fruit ..bananas apricots pears. Then sweet potatoes and mushy stuff like that. Green stuff. The kids were not big fans of the green stuff. And then the cheerios. When they had teeth. Then the more teeth they had the more food they got. For M and M it was 100% baby food out of a jar. I didn’t realize you could make your own.
RM: Was it different for A and D the baby food they got?

KH: They had baby food but I did some things at home bananas applesauce that kind of stuff.

RM: Did you use the same kind of baby food for all of them?

KH: Yeah I probably used that Gerber stuff. That was big. It was Beechnut and Gerber. Everything was Gerber. They had rice and oatmeal, everything was Gerber for M and M. With A and D it changed but there was nothing organic which is kind of frightening. The jars were little and as they got older it was a huge jar.

RM: Did you have feeding routines for your kids?

KH: MH, M and M were pretty regimented- I wrote everything down. I wrote their poo down, and their feeding stuff. With A and D not so much.

RM: How old were you when you had (M)?

KH: 21. With M I was 23. 36 with A, 38 with D. With A and D we worked from home. Feeding was on demand. We had a house full. We had C and J Tuesday Thursday and every weekend. When we ate they ate.

RM: Do you remember times where you were thinking a lot about or worrying a lot about how you were feeding your kids?

KH: No. Did I? I don’t think so. Especially with anything revolving around food. I don’t think so. It wasn’t just al and I and a child it was all the kids. We always went out or we did something. When A was a tiny baby he was going out to dinner with us in the bucket. I’d breastfeed at the table. We’d always be eating. In the highchair with food. They’d always be eating something. So no.

RM: How do you feel like your concerns changed from the way you fed (M and M) to the way you fed (A and D)?

KH: Oh my god I learned so much. Legally a woman shouldn’t have a child until after 30. You totally change. You’re smart for your age but you just don’t know. I was 21 having a child. Where their dad worked full-time. I was by myself after having a C-section where I was cut from my pubic bone up to my belly button. I had no idea. The internet wasn’t back then. If anything it was books. There’s some instinct involved. You see your pediatrician. You just don’t know. When I had kids with these guys (A and D) Everything was different. I was more tired but I was way more prepared. I knew better. Trial and error with the other two and I knew how I wanted things to be with these two.

RM: Can you remember any experiences where you were getting positive or negative reactions from others about what you were feeding your kids?
TIME CODE       CONTENT DESCRIPTION
(HH:MM:SS)

00:11:45        KH: No not really. Grandma was always there with bad advice about how I was raising them. But no one really said about eating. It was just a given. No one really talked about the food. It was more how you were raising them not what you were feeding them. Between M and M’s mom and my mom it was about raising. Never about nutrition or vitamins but the way you raise them and food was never a part of that which is kind of weird. But now in this age it would be. It would be are you doing gluten free are you doing organic are you doing non-gmo? The whole conversation with children has changed. You know?

00:12:50        RM: How do you think your eating habits have changed since A and D were kids to what they eat now?

00:13:08        KH: D eats terrible. A eats okay he tries to eat three squares. A has a breakfast that I make and I make them both lunch so they don’t eat garbage at school and then we eat dinner together. D is a constant snacker. A is a better eater. D eats everything and anything but he’s a snacker. D will leave the house without breakfast every day, which drives me crazy. But now that they’re old they do their own thing- which is crazy. But at 13 you know all the answers.

00:14:20        RM: How do you think the food choices you made for them have affected them as they are growing up?

(Conversation interrupted- continued on second file)

TIME CODE       CONTENT DESCRIPTION
(HH:MM:SS)

00:00:01        KH: I think M and M eat worse. Me not knowing any better back then- M and M ate quite a bit of McDonalds and Portillo’s and all that junky junk food. I think that carried on into the adult world. A and D we had McDonald’s and all that stuff when they were younger but then that stopped. I think A and D make better decisions now than my adult children do. I’m just throwing that out there. I 100% regret not showing them how to cook healthy or having more vegetables. I’m trying now with A and D. I think it’s better I can see with A. The better food you put in their bodies the better output. That’s a big regret is not showing M how to cook for himself. He’s so addicted to junk food. That’s a mistake. I think you need to show them healthy stuff. There’s a lot of moms now that believe in no sugar you have to show them how to eat better. You have to show them how to eat better. M has no idea how to eat better either. A home-cooked meal goes a long way and no junk food when they are little.

00:01:23        RM: When your kids were little who had the most responsibility over what to feed them?
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<tr>
<th>TIME CODE</th>
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<tr>
<td>00:01:32</td>
<td>KH: Me until a certain age when they decided they don’t like that or this. If you’re tired or working I’d just say eat what you want.</td>
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<td>00:01:50</td>
<td>RM: When they were babies was it you who had more responsibility over their dads?</td>
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<td>00:01:57</td>
<td>KH: Oh god yeah. The word useless would come into play. I did everything. Everything. Changing, feeding bathing doctors appointments pre-school. Everything.</td>
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<td>00:02:24</td>
<td>RM: If you know anything about the way you were fed when you were little- do you think it was good food?</td>
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<td>00:02:34</td>
<td>KH: I think so. I don’t remember little little but younger like grammar school everything was meat potatoes and vegetable. We were taught –and I never did this with my kids- I had to finish everything on my plate before I was excused. And my parents led me to believe that salt cools food. So it took me years to break that salt habit. If you look at my mom’s plate when she’s done eating she had a quarter of an inch of salt on her plate. You need to look-it’s astounding.</td>
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<td>00:03:27</td>
<td>RM: Why did they think that?</td>
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<td>00:03:29</td>
<td>KH: I have no idea. My dad thought the same thing. We had salt at the table. We had so much salt. It was always steak potato and a vegetable and you had to clear your plate. It screwed up my sister because she used to pouch her food at the table. She’d put hamster cheeks and spit it out in the toilet when she was done eating but that was a big thing when I was a kid- clear your plate.</td>
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<td>00:04:05</td>
<td>RM: So what was your policy then with your kids?</td>
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<td>00:04:09</td>
<td>KH: Eat until you are full. They didn’t have to clear their plate ever. That’s just goofy. I never associated punishment with food. I think they need to have a great relationship with food from a young age. Clear your plate or your grounded- that’s crazy.</td>
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<td>00:04:35</td>
<td>RM: Were your kids good about trying new things?</td>
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<td>00:04:38</td>
<td>KH: I think so. I think M and M were. And A and D were okay. They stuck their nose up at green vegetables and still aren’t big green vegetable guys. D goes through a salad stage where all he wants to eat is Caesar salad. If they could pick I think they’d choose garbage. They’d have breakfast lunch and garbage.</td>
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<td>00:05:09</td>
<td>RM: When your kids were toddlers do you remember any stages where they would only eat certain foods?</td>
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<td>00:05:28</td>
<td>KH: No –but I remember these stages where they would go through this ravenous phase where they would eat tons of stuff always be hungry and snacking and then they would go the whole day without eating. They would have that up and down stuff. The pediatrician and the old women in my life said it was growth spurts. I never forced them to eat. They ate when they were hungry. But yeah – I don’t remember that. It’s weird my sister’s kid only ate chicken nuggets.</td>
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She wouldn’t feed him anything else- he’s been diagnosed with Asperger’s. I don’t think putting one type of food in a child whose brain is developing is healthy.

RM: If you could describe any ideal diet for a baby what would it be? Maybe a year old.

KH: Ideal diet would be breakfast some form of eggs, oatmeal, something to fuel them up for the day. Lunch would be sandwich, chicken something like that with a vegetable. Then dinner. When we made dinner for us we would modify it for the child. You know vegetable, meat, starch. That would be an ideal diet. And no dessert. I would take that off the table instantly. Never ever reward a child with food. Disaster. M was rewarded with food. Her father would reward her. She snuck food. You just have to have a great relationship with food. Children have to understand that food fuels you and it helps your brain and I believe that with all my heart. I think there’s a huge connection between kids with learning disabilities and what they put in their bodies. They have too much sugar, pop, it’s garbage. I think they need more vegetables. You try- you do the best that you can. But that’s a whole other topic.

End of Conversation.
Audio Log Worksheet

Researcher: Randi Mueller  
Project Name: Infant Feeding Practices as Personal and Cultural Constructions

Date Logged: 2.12.2015

File Name: LL.2.2.15.WMA

Format: Digital file type: WMA

Length of recording: Hour(s): 0 Minutes: 29 Seconds: 07

Date Recorded (YYYY-MM-DD): 2015-02-02
Location: via Phone; Interviewer in Chicago, IL; Interviewee in New York State

Interviewee: Linda Lasher

Interviewer(s): Randi Mueller

Subject: Interview with interviewer’s grandmother to discuss her feeding of her four children.

Restricted? □ No, X Yes, details: Interview for use only within this project.
RM: How old were you when you started having kids?

LL: I was 17 when I had aunt Julie. She was born on May 10th and I turned 18 July 1st.

RM: Can you talk about whether you breastfed or formula fed and your reasons?

LL: All of them were breastfed except aunt Jenny until they were 6 months old. Aunt Jenny had to have a special formula because she had colic. My breastmilk upset her. Dr. ordered a special formula. Just before weaning at 6 months old we gave them Similac. Formula of choice. At age 2 months all of them got gerber cereal at bedtime, four teaspoons until they were five months old – when they started getting breakfast. They were all Gerber babies. They had cereal and fruit, applesauce peaches plums. By the time they were 7 months they were on table food. I used to blend different foods for them when they were babies. Dr told me to stop breastmilk for Uncle Russell and start baby food, because she didn’t want him getting any fatter. Aunt Julie wouldn’t eat any thing at a year old for breakfast. Only ice cream. She had vanilla ice cream for breakfast until she was 18 months old. Dr. told me give it to her because it has nutrients and milk at least she’s eating something. Other than that Jen was the picky eater. She used to make me cry. When she was that little she had an allergy to many things. That’s what upset her. She couldn’t have the baby juice. Only a little apple juice with water. They all ate good. I didn’t make a lot of blended food because they seemed to do better on Gerber food. It was the Gerber thing back then when they were born. My mom used to smash my food up. Cook it and then put it through a colander pan. But your mom, aunts and uncle were all Gerber babies.

RM: Did your mom breastfeed you?

LL: My mom breastfeed me and my twin brothers and uncle Art. I think until I was 7-8 months old. I think we went from breast to cup to table food. Her cooking it and mashing it. We didn’t have baby food in jars, she told me that. We didn’t have formula we had milk from the cow. Go to the farmer’s and get a quart of milk in a bucket and scald it then give it to us. We didn’t have the treats that you guys all got. I think everyone in our family breastfed…

RM: When you were feeding your kids baby food did you make the decision of timing based on what the doctor said?

LL: She would tell me when to put them on cereal. That was about 3 months. And how much to give them. And tell you when to add applesauce to cereal. They didn’t start vegetables and meat until six months old or older. She would tell me when to start. They gave us a paper on when to start what and how to do this and that. She was a very good dr. Back then your ob/gyn was your pediatrician. She would tell you now you can increase this or do that. With Jen and Julie when they had shots they wound up in the hospital. Jen almost died was very sick with
IVS-three or four months old. She was the one we had to be very careful with. She didn’t handle things very well. I don’t think she does today either. Have you noticed that?

00:09:18 RM: No but (her son) had some issues when he was born too, right?

00:09:21 LL: (Her son) had PKU. It was proteins we had to be very careful with. That was really a thing we had to watch. It was hard when you had other kids in the day care too because he wanted to have what they had...

00:11:03 RM: Can you remember a time when you were worrying or thinking a lot about what you were feeding your kids?

00:11:13 LL: No because I think I was so young that Dr. stayed right there with me...She always tucked us young mothers under her wing. When I had aunt Jen she had a bunch of us in the little Delhi hospital but she came and climbed into bed with me. She was always there. And I had Grandma Miller. The only time I worried about them was with measles and mumps and that kind of thing. I didn’t worry so much because they were always at their heights and weights and smartness was there. My kids didn’t have potato chips and that kind of thing. Sometimes popcorn. Not a lot of candy. Ice cream cones. If they got cookies- nothing bought everything homemade. I never worried they all ate well, progressed well, always in the percentile they needed to be. The only thing I worried about was Russell with asthma but he always ate. I think you’re more like me, you’re not a worrywart...

00:14:30 RM: Can you think of any experiences where family or friends were giving you positive or negative reactions to how you fed your kids?

00:14:48 LL: Grandma Burczak and I used to fight all the time. About Uncle Russell. I would try to feed him only three times a day, but she would give him breakfast, feed him a snack, then lunch, then snack, then dinner, then a bedtime snack. Back then people didn’t stick their nose into what you did with your kid as long as they looked good and did good. I tried to feed them well and dress them well and make sure they were educated. I would ask them choices. We would have good food. Aunt Julie’s favorite food was bologna sandwiches, but bologna then wasn’t like bologna now. We used to have a freezer plan, every six months we would order food for the freezer. Plenty of juices and good food for them. I used to make a lot of soup, chicken soup, pea soup. Back then you could feed them scrambled eggs and French toast and all of that. But as far as anyone telling me I wasn’t doing it right, no. Grandma Miller used to tell me I was a good mom. You know how we used to feed you- we’d take you to Ponderosa.

00:17:08 RM: Do you think the way you and your siblings were fed as kids was good?

00:17:12 LL: When we were little Grandpa Miller left Grandma Miller for another woman. We lived on welfare in a little town called (rock?) with no lights and no water. My mother would take the last
four potatoes and an onion and last couple pieces of bacon and make potato soup. That's what we would live on for two or three days. We were never hungry because she knew how to make things. There was a German family down the street who had a garden and would bring us vegetables. We ate a lot of vegetables, we didn’t have much meat. She would make homemade bread and rolls. We didn’t have treats or any of that stuff we didn’t know that stuff.

00:18:19  RM: Was she a single mom for a long time?
00:18:21  LL: Oh yeah. When he left us down there…we lived down there in winter we had outhouses. Used to have to carry the water from the shed up to the house. End of March, my aunt and uncle moved us to Hamden with my mom’s mom Grandmother Spafford. Then we got different things to eat. My mom was a stay at home mom and her mom was the supervisor of the yogurt room at grocery in Walton. We ate good with grandma. We had potatoes and meat. And then, when my mom and stepdad got married I was 10. We went through a time when there was less food but we didn’t go hungry. There was a store and my mom would go work for her to get us food. We had cereal and milk and bread. We ate a lot of peanut butter. In those days, it was like WIC is now but it was something else. You could go and get Velveeta cheese, canned meat, canned chicken, rice, powdered milk. We would have to go to the Town hall to get it. They would come once a month for people on welfare. But we never went hungry. Grandma Miller was a wise old woman. She would take that can of beef and make beef soup then turn it in to beef and gravy on bread. But when we lived with my father that was rough. I can remember her feeding us kids and sitting there drinking coffee and having toast. She always made sure us kids were fed. We didn’t fare too bad either.

00:21:40  RM: When your kids were young who had the most responsibility over what to feed them?
00:21:48  LL: Me and then my mom. When I went to work Grandma Miller and Grandma Burczak took care of them. They were brought up with American Polish food. When I went to work at the hospital Grandma Miller gave them breakfast and lunch and I brought suppers – I worked in the kitchen. When I worked at the college I worked evenings so she did lunch and supper for them. At school they got hot lunches at school, back then they were good not slop like now. We didn’t buy waffles we made them, and pancakes and scrambled eggs. God forbid if Russell would have helped he couldn’t have cared if they starved…

00:24:15  RM: What kind of Polish food did they eat?
00:24:20  LL: Grandma Burczak would make gwumpkie, she would make pierogi, potato pancakes. I can’t remember everything- normal things like that. They didn’t like it. They would throw the cabbage away and eat the stuffing. They were never really about the pierogi. They liked the potato pancakes. She would make them some kind of soup I can’t remember the name.
RM: I know from living with you how it was for me, but what was your policy when your kids were being picky and they didn’t want to eat their food?

LL: Same as you (laughs). They had to try it. You’d sit down at the table and look and say ew I don’t like it. Nope, try it. If you don’t like it you don’t have to eat it. You weren’t that picky of an eater. You loved garlic…You probably say oh my grandmother was so mean! I can remember you saying to your grandfather Pa, come on let’s go to Ponderosa. You liked their chicken, corn, mashed potatoes. We used to go quite a bit to Ponderosa. Pa and I were talking the other night about the fun we used to have with you. I wish you and Clementine lived closer so we could pick on her too…
Audio Log Worksheet

Researcher: Randi Mueller
Project Name: Infant Feeding Practices as Personal and Cultural Constructions

Date Logged: 1/11/2015
File Name: MBC.12.17.14.WMA
Format: Digital file type: WMA
Length of recording: Hour(s): 0 Minutes: 31 Seconds: 23
Date Recorded (YYYY-MM-DD): 12/17/2014
Location: via Skype; Interviewer in Chicago, IL; Interviewee in Texas
Interviewee: “May” (alias)
Interviewer(s): Randi Mueller

Restricted? ☐ No, X Yes, details: Interview for use only within this project.
RM: Prompt to discuss decision to breastfeed or formula feed

MBC: Initially planned to breastfeed. Had an emergency c-section. Hard to immediately start breastfeeding but we tried. Had jaundice in nursery under lights. Only had her every 2-3 hours. Got to the point she wouldn’t latch. Pumping but supply dropped off. Could only give her breastmilk for a month. Could only bottle feed. In addition to breastfeeding her in nursery they suggested supplement bottle. It was easier for her. So now she’s on formula unfortunately. It really bummed me out. I felt I let her down. I should have been able to do that for her. The medicine I was on for my blood pressure, the doctor said that my supply could drop. It was either stop taking the medicine and stroke out or give her formula.

RM: When you were a baby did your mom breastfeed you?

MBC: Yes

RM: Was that your motivation to breastfeed?

MBC: There were a lot of motivating factors. It was that was what’s best for her. And that’s how I was fed and the boys were fed. Plus the bonus of the weight loss. There were just so many factors, mostly the benefits for her. That was my goal from the second I found out I was pregnant – I’m going to nurse. And I couldn’t- that sucked.

RM: When choosing formula were you guided by anything?

MBC: Somehow I got on the baby sample registry so I was getting samples in the mail. I was trying different ones. It seemed there were a couple where she got gassy some she couldn’t keep down. The store brand one doesn’t give her gas she keeps it down and it’s cheaper. We went through the similac, gerber, the soy, ones for fussiness, gas, everything, we tried every single one. Lets try the store brand, ingredients are the same. With regulations out there it can’t be bad. That’s the one that works for her.

RM: Are you doing any solids?

MBC: Solids she will start in a couple of weeks. I started trying to introduce. I have a couple jars and pouches. I’ll put it on the tray. She plays with it and her spoon. We haven’t put it in her mouth. I’m going to wait for her four month check up and her doctor said at her last appointment she should be good to go – she’s hitting all of the milestones to be ready. I haven’t started until (boyfriend) can be here. He misses so much so I figured for her first mouthful of food he can be here for that. He’ll be here Friday so it works out.

RM: How are you dealing with him being away?

MBC: It’s exhausting. He’s gone for three weeks, then home for three weeks. I get her in her routines with sleep and feeding and playtimes and all of that and then he comes home and he ruins it, you know? He hasn’t seen her for three weeks so every sound she makes he thinks she
needs to be picked up. She’s getting into this babbling stage where she just talks and talks and talks and he thinks that’s her fussing and I’m like no she’s just talking. So he’ll pick her up. I don’t want to say he does it all wrong, but he does it differently than I do it. So she’s off track and he thinks she needs to be woken up in the middle of the night to eat but no she doesn’t. She’ll sleep 10-12 hours at night. I’m not going to wake her up. That’s what my sister in law tells me, too. You need to wake her up every two hours to eat. No, I think it’s better to let her sleep. That’s why your kids are three and four and still don’t sleep through the night. A three month old that sleeps. And that’s a lifesaver with him being gone, her sleeping through the night.

RM: It must be very difficult for you.

MBC: It is. It wasn’t so bad before I had her. It was like a break and go out with my girlfriends. But now I just want to eat my peanut butter sandwich without you fussy. But when he comes home its awesome I get so much help because he wants to do everything.

RM: Do you have a plan for how you will start solids? What you want to start with?

MBC: We’re going to start with the cereal. And Santa is stuffing her stocking with baby foods. I’ve gotten all the first foods, the peas the carrots squash, bananas and what not. We’re going to try it. She dips her fingers in it and puts it in her mouth and looks like that’s different. So we’re going to start with the cereal because that’s what I’ve read is best and what her pediatrician suggests, and until she gets used to the texture. Depending how well she does it’s all going to be based on her and what’s she’s feeling. The doctor said it could take multiple tries and we’ll see. It will depend on how she’s reacting to it.

RM: You were talking about your routines, do you have a ritual for when you give her a bottle?

MBC: It depends on the time of day. Her first bottle in the morning. Her room is upstairs so I can see her on the monitor, when she starts waking up I get a bottle ready and bring it up there and I get her out and change her and give her a bottle in her rocker. Look at books and all that. The rest of the day we usually spend downstairs. She eats on the couch and usually falls asleep. Then at night she has a bath and she eats again in the rocker and falls asleep. I think she knows now that those spots are for eating, especially at night she knows she’s going to get in her chair, have a bottle, and hear a story and she’s out.

RM: Are your feedings more timed or when you think she’s hungry?

MBC: Both. It’s about every two hours. It depends. I don’t say at noon she has to eat and at two she has to eat. Depends on her naps. Some days naps more than others. As soon as she wakes up she eats. Two hours after that. She only does 4 ounces at a time or she spits up. She gets hungrier faster.
RM: Have you found yourself thinking a lot or worrying a lot about how or what you’re going to feed her?

MBC: My biggest thing is allergies, only because it runs in the family. (boyfriend)’s brother had a lot of allergies. When his mom started solids—he was the oldest. She had to figure out what was making him so sick. And same thing with my youngest brother, he was on tofu baby food because he had so many allergies. My only concern now with starting the solids is the allergies. If something happened I would probably freak out. I’m here alone. If (boyfriend)’s gone and I start something new and she has a reaction—it would be bad.

RM: I’m sure you could handle it..

MBC: I’d figure it out eventually but I’d be like omg. I’d take her to the doctor immediately and be panicking……We thought it might have been a cow’s milk allergy when we started the formula because she was getting so gassy and spitting up. So we tried the soy and that made the gas work. So it was just finding the right brand. So there isn’t a milk allergy thank god. Hopefully there’s nothing. She likes to eat so….

RM: Can you think of any experiences where you felt positive reactions or reinforcement from others about how you are feeding her?

MBC: At first when I was going to breastfeed my whole family is all for that. A couple weeks after she was born and an aunt or cousin would call and ask how the breastfeeding was going it was almost embarrassing and disappointing to tell them I couldn’t because the rest of them could and I can’t. But they were never negative about it. They were like you got to do what you got to do especially with the medication. My mother was super supportive. She said don’t let anyone make you feel bad for it. Everything happens for a reason. ……..

RM: Where is (boyfriend) from originally?

MBC: Texas.

RM: How do you think that the way his family eats or the way he grew up eating, or the way you grew up eating might affect the way that you feed her.

MBC: We both grew up in houses where what’s for dinner is what’s for dinner and if you don’t like it—it’s all there is. My mom with three kids she wasn’t going to make three different dinners and his mom was the same way. He grew up really poor with a single mom and his dad split. So he was like hopefully we get to eat tonight. We both aren’t picky eaters. That’s how we want her to be. If she doesn’t like it that’s one thing but she’s going to try it. Because I’m not making two different dinners every night. (boyfriend)’s daughter who is nine is super picky. And that’s what we end up doing. I don’t make a second dinner but he’ll make her a grilled cheese or
macaroni and cheese because that’s all she eats. With (A) we want her to try it. There’s so much good stuff out there and we want her to try it. Not only that but the health benefits. You can’t eat macaroni and cheese and grilled cheese three times a day. She’s going to try whatever’s on the table. If she doesn’t like it that’s okay. Peas, they look gross they’re green and they’re round. No one wants to try those but she’s going to. You’re a baby eating the pureed crap but they get to an age where the color, shape, and texture becomes an issue. Try a big bite, chew it, swallow it, if it doesn’t kill you you’ll probably be okay.

RM: When you were growing up, besides having to eat whatever was on the table, do you think that the food you grew up eating was good and appropriate food.

MBC: Oh yeah. There was always some kind of protein and then veggies. You’re going to try them you ate them last week so you’re going to eat them again. My mom was good about that. And (boyfriend)’s mom got remarried and stuff so now they’re pretty well off. He said once that happened it was the same thing. Meat and fish, and sides. She’s a big starch person too so there is always potatoes and bread. We both grew up on a well-balanced plate.

RM: If you were to describe an ideal diet for (A’s) age range, 4-6 months, what would it be?

MBC: Ideal would be keep her on the formula. But definitely switch up the food. Can’t be like carrots every day. Needs to be variety and color and flavor and all of that. It’s hard to say what ideal would be right now because it depends what she likes. If she doesn’t like plums I’m not going to force it down her throat. If I do that she’ll get a complex and not want to try new things. You know? I don’t want to force her at every feeding necessarily. I don’t want her to eat peas all day. I don’t want to eat the same thing all the time so that’s how I think of it with her. She can’t tell me that’s what she wants but I can imagine eating carrots three times a day for four days wouldn’t make me very happy.

RM: You said you’ve picked out some baby food already, what were you influenced by?

MBC: What my sister in laws are feeding their kids. I talked to them and some of my other girlfriends. What did you start your kids on? They all had different answered. So I got a variety of different brands just to see what works for her. It’s all going to be based on her- if she likes the Gerber or something else. Depends on what works for her and how gross the diapers are getting. I got a couple different brands-some are glass jars, plastic containers, pouches. We will see what works for her, what is more convenient, what works for (husband) too. It just depends—it will be interesting. We have an idea of how we want things to go but I learned that I had an idea with how I wanted breastfeeding and that didn’t work out. So I’m not sticking to anything or brand because that doesn’t always work.
00:27:20  RM: Out of curiosity, just thinking about the future, if you can imagine how you think your family dynamic might work with partner’s work schedule and you and the baby and as she’s growing up.

00:27:53  MBC: You know I think it works out good and it will continue to work. He’s gone for three weeks so her and I get that special bonding time. I really get to know her as a person and will more as she grows up. I think we will wind up having that trust. When he’s home he’s so hands on with her. With his other daughter he makes the time so special and so fun. And with us we don’t have time to fight or get angry. He comes home and it’s nice. There are no cell phones to answer or meetings- he’s home and we have his undivided attention. It gives us a chance to miss each other. If he was home and worked 9-5 and had to drive and traffic and all of that I don’t think we would be together. He’s impatient with that stuff and he loves his job he’s super happy out there. When he comes home he gets to be with us 100%. I don’t have to work if I don’t want to. I do and I don’t. Day care is expensive and with him gone 6 months of the year basically, someone else would be raising her.
Audio Log Worksheet

Researcher: Randi Mueller  
Project Name: Infant Feeding Practices as Personal and Cultural Constructions

Date Logged: 12/3/2014

File Name: MC.11.13.14.WMA

Format: Digital file type: WMA

Length of recording: Hour(s): 0 Minutes: 51 Seconds: 33

Date Recorded (YYYY-MM-DD): 11/13/2014  
Location: via Skype; Interviewer in Chicago, IL; Interviewee in California

Interviewee: Michelle Calloway

Interviewer(s): Randi Mueller

Subject: Feeding practices and influences experienced by Michelle in feeding her son (S), 2 years.

Restricted?  □ No, X Yes, details: Interview for use only within this project.
RM: Prompt to talk about decision to formula or breastfeed.

MC: I breastfed. The biggest influence was my mother. She breastfed all of us. When I was pregnant she instilled in me that was the way to go. It’s the healthiest, best for the mother. Various reasons why people are pro-breastfeeding. I think that’s why I decided. Obviously society. I think society is very pro-breastfeeding right now. I think all those cultural influences influenced me as well. Free the nipple! Moms are advocating. Let me breastfeed in public. I think that’s the reason I decided. I mean obviously as a mom you want to do the best thing for your child so that’s why I decided to breastfeed.

RM: Breastfeeding is hard. Did you have any situations where you felt it was difficult?

MC: Yeah, initially it was really hard. It wasn’t hard for him to latch but it was really painful. Why doesn’t someone give you a manual and tell you when you breastfeed your child you’re going to cry in pain because it hurts so bad. It’s something people don’t tell you. Once I got over that it became natural and easy for me. The other aspect is the psychological difficulty. You’re very attached to your child. It’s almost a crutch for other people not to help. They feel like they can’t help because you’re the only one that can breastfeed. So psychologically as a new mom you feel like you can’t get away from your baby. I got married when he was 3 months old. During my whole wedding it was how much have a pumped can I even have a glass of champagne? My entire wedding was based around the feeding of (S). I don’t feel like I enjoyed myself in the way someone wants to at their wedding. I think any other difficulties would be pumping in general. For me it was really hard and time consuming. It’s a labor of love. If you want to go have a date night or go anywhere longer than three hours. That was one of the things I didn’t realize. Towards the end I kept thinking is breastfeeding just over rated. The psychological damage that breastfeeding does! It was too much. It’s definitely a labor of love. And you don’t know it until you do it.

RM: How long did you breastfeed for?

MC: I breastfed (S) for 8 months. Which wasn’t my decision but I feel like I was at the point where he was taking bottles so we could go out. It was getting easier. I feel like psychologically I was done. In my mind I didn’t feel like I needed to go forward. It was just a thought I had in my head. One day he just stopped. It was like he connected with what my brain was thinking. He just stopped breastfeeding. He just got bottles until a year like he was supposed to then switched to milk. They’re intuitive. If you’re upset they know it. They always say it comes
through. It’s true. You have to be the best version of yourself for them. And some days that’s not very easy.

00:06:00  **RM:** When did you start solids and what kind of foods did you start?

00:06:08  **MC:** We started at 6 months and the first food he had was avocado. And we would do avocado scrambled eggs. What were some of his favorites…(asks husband) I thought about making food and doing things like that I just felt like for convenience and on the go we found it easier to give him organic baby food. It was fruit blends he was into. Banana-real bananas. We weren’t opposed to packaged. I always bought organic. Which if I am not making his food I at least want to give him organic. You kind of keep going as you go to your pediatrician appointment you add more foods. Then cheese and meats and peanut butter. At the beginning it was really basic.

00:08:11  **RM:** What’s his eating like now?

00:08:16  **MC:** It’s kind of fucked up. He’s a toddler so he’s definitely picky. In the morning its usually scrambled eggs. Gluten free waffles or toast. Something else either avocado or yogurt with honey. Breakfast is his beast meal. The rest of the day is really sporadic. He’s really snacky. Whatever is convenient. Some of his favorite things…he doesn’t eat meat that great yet. But he loves tofu. He loves noodles. Mac and cheese. Normal kid foods. I try to limit it as much as I can. But it’s like do you have him eat or not eat. I mix in what I can. But half the time if I make something homemade with noodles meat and veggies he won’t touch it. Lunch is usually peanut butter sandwich and apple slices and cheese. Then dinner is usually…(asks husband what he made him for dinner tonight) Buckwheat noodles, chicken. Whatever you can get him to eat right now. Loves popcorn, goldfish.

00:10:44  **RM:** Do you try to get him to eat what you guys are eating sometimes?

00:10:46  **MC:** No. I eat very bizarre. Like vegetarian. For lunch I had collard green wraps. He’s not going to eat that. The texture is too bizarre for a kid. It’s usually something separate for him. When he gets older yes I’m going to say I’m making this and this is what you’re eating. Meat is hard and fish.

00:11:35  **RM:** Do you eat meals together?

00:11:41  **MC:** I would say 50/50. Usually when we get home from the gym I make him dinner right away. We’ll sit down with him to eat or we’ll eat separately. Right now he’s eating while watching television. Usually I make him sit down but the older he gets their more independent he comes and gets food and walks away. The eating is really difficult right now.

00:12:35  **RM:** Have you found yourself thinking a lot about or worrying about feeding him or what you are going to feed him or how he eats?

00:12:49  **MC:** Yeah, all the time. Because I’m very conscientious about what I put in my body. I want him to eat the same way I am. But as a parent there’s the fine line between if it’s worth the argument or worth him just eating and getting the nutrients he can. All the time- I’ve made him healthy
meals in the past and he doesn’t touch it. It’s frustrating. I try but you know if he’s not going to
eat it. I’ve gotten to the point that if I make him something and he doesn’t eat it he’s not getting
something else. If he’s hungry enough he’s going to eat it. It’s not worth the fight. But yeah all
the time I think about it.

00:14:07  
**RM:** I’ve talked to other mothers of toddlers who get in phases where they only eat certain
things...

00:14:26  
**MC:** Yeah he’s in those phases. He’s very specific. You know if you give him a string cheese,
an apple squisher- like an applesauce in a pouch. And some goldfish he would eat that all day
every day if I let him. For me the hardest thing has been to get him to eat protein. He just
doesn’t do it. I don’t know if it’s because I was vegetarian while I was pregnant. I eat meat now
because I work out so much. But he won’t – only chicken. I have to make sure he’s getting
enough protein through eggs or nut butters. He’ll eat nuts, almonds peanuts. Thank god he
doesn’t have a nut allergy. Nowadays I feel like everyone has a nut allergy. All these allergies
kids have. I didn’t listen to the pediatrician. I gave him things as early as I felt comfortable giving
them to him. Whether that’s nuts or shellfish. I would give him shrimp broth. If we eliminate
those foods for so long I feel like it heightens the reaction your body is going to have. When I
breastfed I ate a variety of foods so at least he was getting that through my breast milk. I think it
makes a difference. My next-door neighbor is three months older than (S) has a peanut allergy.
Panic mode. Anything that had a peanut touching it. It’s wild. It’s scary. He doesn’t eat anything.
Family dynamic and stress. But that’s just me. (S) is a great eater, but then I see kids that don’t
eat at all. It’s bizarre. Why would a 2 year old not eat? …We went to McDonalds the other day it
was the only choice. He’s never had a happy meal. We got him a cheeseburger he never even
took a bite. Here I am eating my chicken salad with no dressing. It’s meat he wouldn’t touch it.
Even if it was McDonald’s and it was pumped full of crack. He had a couple French fries. They
had a yogurt squisher and he ate that. I should have gotten him the chicken nuggets he
probably would have eaten that. I’m the mom in the middle I want him to eat as healthy as
possible but I’m not going to tell him not he can’t try things. That’s how my aunt and uncle were
they told they’re kids no, no but now they eat everything. I don’t think it’s that possible to control
your kids eating that much. They’re not going to die.

00:20:59  
**RM:** Can you think of any, positive or negative, experiences where people reacted to the way
that you feed (S) or the way he eats?

00:21:58  
**MC:** I don’t think so. Initially…(husband) is from the South. Eating in the South is completely
different than where I was raised in the Midwest. I would say the food leans toward the
unhealthy spectrum. So when (S) visited his grandparents I was a little concerned when he was
younger- my concern about what he was being fed by family members. But I had to let that go.
This is they’re culture. This is what they’re used to. I need to let this happen and be okay with it.
It's not worth fighting about. But I think for the most part they were respectful of what I wanted. They went to Whole Foods and bought organic baby food and formula. They were respectful of me and wanted to know what I wanted to give him. They were excited to feed him grits for the first time. I never made them or had them. They were really excited and it was funny to me. Because that meant so much to them as a family and as a culture. Every morning his mom made them cheesy grits, scrambled eggs and white bread. I never had that breakfast in my life. I never had white bread my mom didn’t buy white bread. I would say the most pressure I’ve gotten is from my pediatrician. He’s more on the holistic end of it. He was very into nutrition. Me as a new mom, the amount of pressure that I felt from him was like am I doing a good enough job? It got to the point that I was like I’m going to do my best but your expectations of me are unrealistic. I’d say that was a big one for me.

00:25:45 RM: So it’s interesting, your husband being from the South, you from the Midwest and now you live on the West coast. How does that influence the way you guys eat? And maybe the way you feed (S) too.

00:26:10 MC: I would say I do the majority of the cooking and I cook healthy everything at least I try. You won’t see me making fried chicken in my kitchen. I definitely try my best. My husband which is awesome is really into what I make usually. Even though he’s from the south he appreciates healthy food, food from different cultures. I’ll make Pho, or sushi, or Thai spring rolls. I’m always playing around with different cultures, different types of food with lots of vegetables. He’s always down for that. It’s easy to get him to eat what I make. Him growing up his mom did the majority of the cooking, he only experiences that type of his culture when he goes home or when he finds a restaurant like that in LA. He’ll make biscuits, I never had that as a kid. I don’t get it. But we only experience the Southern cooking when we go home to Jacksonville. But here it’s California very health conscious and vegan, raw diets, juices. It’s all about health. It fits our lifestyle. It’s interesting meeting him I was learning a lot about Southern cooking. He made me grits for the first time in my life at 26. S has tried everything but we have our own way of eating I bring a little of how I was raised. My father was very meat and potatoes so that’s how my mom always cooked. But I don’t cook like that. I created my own sort of cuisine. We’re kind of foodies. We enjoy eating out. We enjoy good food. One of our favorite things to eat is oysters. Mouthwatering. LA has a lot of places to eat. (S) goes with us. When we go to sushi he gets rice and tofu or fried rice. He eats wherever we eat. We’ve taken him to very fancy restaurants. We just do it. We just show up with a two year old. It’s funny. We ate in a restaurant in Napa. Fine dining white table cloths couples only. Here I am with (S) a year and a half. Either we made the decision not to nourish our relationship through food or…you know. It’s like we just decided to continue our love of going out to eat and spending time together and we just bring him with. We don’t have family here. We have one babysitter. If we want to do something we just do it.
RM: Who has the most responsibility over what to feed (S)?

MC: I would only say I do because I do the majority of the feeding. But we grocery shop together. I think few couples do that. My husband loves grocery shopping. I hate it. It’s like work to me. But we do it together. When we pick out things for (S) my husband wants to get things he wants and likes. He thinks about what he will eat not necessarily what is the best or healthiest. I as the mom think about it a lot more. (Asks husband if he agrees) But we always ask each other what he ate before the next meal to help decide what to give him next. I limit the bad things pizza, mac and cheese, quesadillas. Like once a week. He’s eating tofu, carrots and buckwheat noodles right now.

RM: Can you compare the way you were fed as a baby to the way you feed (S)?

MC: When I was really little I don’t know how my mom fed me. My mom is a lot like me. She’s into eating healthy. She always cooks separate meals from my dad. She made separate meals from herself but made us eat what my dad was eating. I saw the way she ate and took note of it. But as a kid I was like I don’t want to eat like this. I don’t like spaghetti, sloppy joes, hamburgers. To this day I still don’t eat them. As a child I was forced to eat those things. My mom always cooked healthy. It was a well thought out meal every single night, which was awesome. But for breakfast it was cereal every day. Not the expensive sugar ones. She never bought any of those hostess, or Caprisuns or bags of chips. All the cool stuff your friends were eating she never bought that. She made our lunch every day. I never ate at school until middle school. Those meals were terrible. But then middle school and high school there were other options. My mom did the best that she could and she showed me how to eat healthy and care about what I’m eating. I thank her for that. But I don’t know how strongly I believe in forcing your kids to eat something you know they don’t like. It’s tricky you can’t make different meals for everyone. It’s a challenge especially if you have more than one child. It’s hard. My mom cooked every single night. I think that’s why most families go out. It’s easier. I had friends that went out every night for dinner. They are overweight at this point in their life. No one every taught her how to eat. She has turned to me to help her learn how to eat. The general idea –if you teach your child how to eat from a young age it’s going to affect the way they eat for the rest of their lives. It’s not ironic that kids who are overweight have overweight parents. It’s not irony it’s personal choice. They eat the way they eat and teach their kids to eat the same way. Then it continues over. It’s not an accident. I’ve seen it. It’s rare that you’re going to have overweight children and not overweight parents. There’s other factors too. Like economic status. If you can actually afford to eat. There’s a lot…

RM: A big part of it is that you’re a very thoughtful mother…you want (S) to grow up having a good relationship with food.
MC: Totally. Some people grow up as picky eaters as adults. Is that because their parents didn’t introduce them to enough foods when they were young? Growing up in Iowa foods were simple and basic but my mom grew up in Chicago in a wealthy northern suburb. She was exposed to a lot more different types of cuisines than I would have been if she wasn’t my mom. We had artichokes on a regular basis. We used to have Asian night where she would make stir fry and force us to eat with chopsticks. She was very particular about certain things. Looking back I think it’s awesome because it made me a well-rounded eating. That’s what I’m trying to do with (S) we eat everything because I don’t want him to only eat chicken nuggets and French fries. I wouldn’t say (S) eats veggies like handing him a piece of broccoli. He’s not the best I try to put it in things. They’re a huge struggle. Fruit for a long time was just bananas. As he gets older it gets better. You have to put it in things. Sneak it in where you can. Food is a good topic it’s a struggle for sure.
Audio Log Worksheet

Researcher: Randi Mueller
Project Name: Infant Feeding Practices as Personal and Cultural Constructions

Date Logged: 12/3/2014
File Name: SB.11.10.14.WMA
Format: Digital file type: WMA
Length of recording: Hour(s): 0 Minutes: 29 Seconds: 18

Date Recorded (YYYY-MM-DD): 11/10/2014
Location: via Skype; Interviewer in Chicago, IL; Interviewee in New York State

Interviewee: “Susan” (alias)
Interviewer(s): Randi Mueller

Subject: Infant feeding practices and influences over these practices that SB has encountered with her son, 19 months old.

Restricted? ☐ No, X Yes, details: Interview for use only within this project.
<table>
<thead>
<tr>
<th>TIME CODE</th>
<th>CONTENT DESCRIPTION</th>
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<tbody>
<tr>
<td>00:00:35</td>
<td>RM: Prompt to discuss her son’s allergy issues.</td>
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<tr>
<td>00:00:45</td>
<td>SB: He has a milk allergy. And autoimmune disease that is rare. Eosinophilic esophagitis. Mimics a food allergy. Your body attacks...you have trigger foods. Your white blood cells cause your esophagus to swell; it’s hard to swallow. He wasn’t eating many solid foods. When I stopped breastfeeding at 12 months he had bad reaction to cow’s milk. Threw up. Doctor thought it might be behavioral. Specialist did endoscopy. Rare. Not a lot of information out there.</td>
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<td>00:02:06</td>
<td>RM: How old was he when you started solids?</td>
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<td>00:02:10</td>
<td>SB: Five months. Was fine with baby food. Pureed stuff went down fine. He still eats pureed. He’s more on the solids because we got him on medication. Removed soy. Saw improvement in his eating after removing soymilk.</td>
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<tr>
<td>00:02:53</td>
<td>RM: It’s hard when they can’t tell you what’s wrong and you just struggle to figure it out.</td>
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<td>00:03:01</td>
<td>SB: Still tiny. He got weighed last month 20 ½ pounds.</td>
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<td>00:03:25</td>
<td>RM: Can you talk about your decision to either breastfeed or formula feed?</td>
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<td>00:03:34</td>
<td>SB: I breastfed I went into it saying if I could I would. It’s the perfect food for the baby. I figured I would try it worked he did really well with it. Breastfed exclusively until the 12-month mark, with the solid food. When he reacted to the cow’s milk we backed off of that and I wound up breastfeeding longer than I originally planned. Which was fine, no problem. I wasn’t having to pump as much. As a mom working full time that’s the hardest part. We ended up breastfeeding once a day until 17 months. We tried soymilk. He’s on formula now it’s a medical formula. Rx based. Because he can’t have cow’s soy and breast milk doesn’t have enough fat or protein that he needs.</td>
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<td>00:05:20</td>
<td>RM: Sometimes it’s difficult to continue breastfeeding for so long because of the return to work and environment for pumping. Did you experience this?</td>
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<td>00:05:31</td>
<td>SB: Actually, I’m really lucky. I do have friends who did experience that. But fortunately I have my own office with a door that locks. When it was time to pump I locked the door and then went back to work later. My girlfriend had to pump in the server room at her office.</td>
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<td>00:06:41</td>
<td>RM: What were some of the first foods you tried and why?</td>
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<td>00:06:54</td>
<td>SB: We did rice cereal first. Because it’s pretty standard that’s what the doctor said go ahead and try rice cereal. Fruits: bananas, apples, things like that.</td>
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<td>00:07:14</td>
<td>RM: Did you gravitate toward the jarred food?</td>
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<td>00:07:17</td>
<td>SB: I did. I mean I had it in my head hey maybe we could make the baby food but working full time being a new mom going back to work it just wasn’t feasible. We buy the Gerber. I wish I could have done it. Working full time it wasn’t in the cards.</td>
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RM: Have you in the past or do you currently find yourself thinking or worrying a lot about what you’re feeding him or about your feeding practices?

SB: Absolutely. Because of the medical condition…normally by now at 19 months old they’re eating pieces of what you eat. But because of this condition I do still think about it and worry about it. Especially because he’s so far under weight. Anything I can get him to eat is awesome but I still have to check labels. I worry he’s not getting enough to eat. All the other toddlers are eating all this other fun stuff he can’t have it. As a mom of a child his age I think because of his condition I think about it more than most moms would.

RM: Are you encountering problems like that in childcare?

SB: No actually they’ve been wonderful. He moved up a month ago to the toddler room. They had a meeting we all sat around a table and talked about what he can and can’t have. I told them about his condition. The kitchen sends his own little plate. They’ve been super accommodating and super great and want to help me as much as they can.

RM: Can you think of any experiences where you got positive or negative reactions or feedback from others regarding what or how you feed him?

SB: I think most people’s reactions at this point are due to his condition. I often feel embarrassed when we are out in a restaurant and I’m feeding him baby food. People look at me funny. Early on before we knew about the autoimmune disease-I have a coworker who has a ton of support from her parents for childcare. Her mom was doing tons of stuff. So she was able to do her own food prep and pureeing that I wasn’t able to do. When we had a conversation when (T) was younger she was like Oh you don’t make your own? I was like no we’re only two people, we both work, concessions have to be made. I think she was a bit judge-y about it but that’s the only thing I can think of. Now it’s more about his condition than anything else.

RM: Who has the most responsibility over what to feed him?

SB: You mean like doctors, parents, school?

RM: Yeah, it could be yourself, (husband), what the doctors say.

SB: Certainly, we have to take into consideration what the doctors tell us. But (husband) and I pretty much do a pretty equal…because it is such a stressful thing for both of us. Maybe me just a bit more because I’m the one doing the shopping, tossing things into the cart, the exact things we are getting. But we decide together what we’re going to do because we have to take into consideration the medical condition.

RM: You’re both working full time- what does an average day for (T’s) eating look like?

SB: Well during the week, (husband) leaves before I do. I take care of getting (T) ready for daycare. He has four ounces of his medical formula in the morning. When he gets to school he
has breakfast. They do lunch at 11:30 they vary the menus. His is a little special. They mix in baby food when they need to. They do a snack at 3. He usually has his medical formula with lunch and snack. Depends if he can't have they have puffs. When he comes home he has another snack. If he asks for formula he'll have extra depending on how hungry he is. He'll have dinner and another dose of formula before bed.

00:15:25 RM: How do you think the way you were fed as a child plays a role in how you feed him?

00:15:43 SB: I'm not sure that it does. I don't know that it can. I was super duper fussy. I ate maybe five things until I was a little older. Like macaroni and cheese and peanut butter. He can't have mac and cheese and I'm scared to give him peanuts. It is a trigger food and so many kids have an allergy to it. I don't think my eating habits from childhood could even play a role because we are a special case here.

00:16:30 RM: Does he seem like he's more picky within the realm of the food that he can eat or does he like to try different things?

00:16:41 SB: I got to say he's been pretty good. Any fruit or veggie I put in front of him. When he was younger veggies were harder. They always take to the fruit first because of the sweet. We are predisposed to the sweet. Now that he's older he'll eat any fruit or veggie you give him. He's picky with the solid stuff. It's getting better now. It hurt to swallow. Even a piece of bread would cause irritation. He's been pretty good. As he's expanding, eating more and more solid food. He's pretty good at trying solid things. He'll pick it up lick it and drop it on the floor. But I consider that trying it.

00:18:11 RM: Do you ever try to use any seasonings or spices or herbs?

00:18:17 SB: No, not really. At one point the doctor recommended to add some fat in to put olive oil he didn't care for that. Before we knew about the milk allergy she recommended a sweet potato with butter and cinnamon but because of the butter it turned him off. It's kind of funny. The first time I gave him milk he willingly took it then threw it up for two hours. The second time I tried he wouldn't take it. The doctors said often times children with an allergy almost know it. We couldn't do the butter anymore. We've tried cinnamon but he didn't seem to care too much about it.

00:20:52 RM: If you were to describe what you think is an ideal diet for a baby what would that look like? (T's) age.

00:21:20 SB: Lots of fruits and veggies. Which he does get. He does like those. Mix in the good grains. Not the super processed ones. The good ones they're supposed to have. Lots of milk and cheese, which he can't have but that milk fat is how they grow. I think that's why he's such a
shrimp. All the things you’re supposed to have as an adult as a 19 month old you should have. The perfect food pyramid.

00:22:09 RM: How do you imagine him growing with this condition? What do you think his food habits might look like in the future?

00:22:38 SB: Well I’m hopeful that the milk is a separate issue. Just a regular milk allergy he might outgrow that. I’m hopeful that’s not part of his autoimmune disease. I’m hopeful he’ll outgrow that and be able to enjoy the dairy part of his diet he’s missing. Cheese, yogurt, ice cream you know the fun stuff too. There are some more serious cases of EoE where you have to have a feeding tube. So don’t get me wrong I’m thankful his isn’t so severe. But I’m hopeful that...I’m hoping soy was his big trigger and that he won’t have to limit so much. I’m hoping wheat isn’t one of his, because if it is, his diet will be crazy. My biggest hope for him is just to be able to enjoy more of a regular diet. Not be so limited. Be able to eat the things other kids eat. Be able to enjoy every part other kids get to enjoy. It will all depend on the triggers. He was just diagnosed in July. It’s a lengthy process to determine triggers. Soy was easy to determine because of the milk for every bottle. If the next endoscopy shows it isn’t improved enough we might have to remove more. It is a lifetime thing. It’s not an allergy you outgrow its an autoimmune disease you have your entire life. They’re certain things you have to miss out on but going to adulthood you know what you can and can’t have and build your diet around that.

00:26:24 RM: How do you think this is going to affect or change the way you guys eat as a family?

00:26:38 SB: Right now it’s not that big of a deal but as he gets older I think it will be more difficult. Removing soy for me doesn’t matter I don’t have much soy. But we do eat cereal with milk. In which case he’ll have to have rice milk. We’ll have to modify. I’m willing to try and switch certain things so he doesn’t have to feel like he can’t have what mom and dad are having. We’ll modify as we need to. Right now he doesn’t know any different but as he gets older he will. I’m willing to modify my diet if it’s going to help him I’ll do what I need to.

00:27:40 RM: When you have more time on the weekends do you have meals together?

00:27:56 SB: Not really. He eats at his set times. We try to keep that parallel to what he does during day care. Plus he has to eat different things. 90% of the time whatever we have he can’t have. He can’t have a tossed salad.

00:29:15 RM: Ending Conversation.
Researcher: Randi Mueller
Project Name: Infant Feeding Practices as Personal and Cultural Constructions

Date Logged: 3.1.2015

File Name: TR.2.2.15.WMA

Format: Digital file type: WMA

Length of recording: Hour(s): 0  Minutes: 35  Seconds: 41

Date Recorded (YYYY-MM-DD): 2015-02-02

Location: via Phone; Interviewer in Chicago, IL; Interviewee in South Carolina

Interviewee: “Teresa” (alias)

Interviewer(s): Randi Mueller

Restricted? ☐ No, X Yes, details: Interview for use only within this project.
TIME CODE    CONTENT DESCRIPTION
(HH:MM:SS)
00:00:09    RM: Prompt to start with decision to breastfeed or formula feed and influences.
00:00:21    TR: Well I definitely wanted to breast feed because of the health benefits to the child. Plus the benefit of saving on the cost of formula. Unfortunately I just went to his six-month visit and he was a little underweight. So my pediatrician had me supplement with formula for two weeks and it brought his weight back up. I think the combination of stress- you know my monster-in-law, and my other financial stresses just in my regular life I don't think my breast milk was really of a great quality. He didn't gain weight over a two month period. That was a really hard blow. I had every intention of breastfeeding for the first year. But now that I'm supplementing honestly it's a lot easier because working and pumping was really hard. And now I know he's okay. It's a stressful thing- I understand why a lot of women don't do it. I kind of wonder if I had another child and had to do it all over again I don't know if I necessarily would breastfeed.
00:02:20    RM: Now that you are supplementing are you still pumping at work or did you just drop those breastfeeds?
00:02:26    TR: I only go to work for maybe 4 or 5 hours. So it's not a terribly long shift so I'll nurse him before I leave and when I come home I'll pump. With supplementing and starting on solid foods I think my supply has gone down. It's decreased a lot. But it kind of sucks because I guess it wasn't good enough for him. I don't know if it was a lot of stress that was affecting the quality. He's just a sweet little baby you know I didn't know he wasn't eating as much as he should have been eating.
00:03:50    RM: So did you start baby food yet?
00:03:57    TR: Yeah we started two weeks ago now. He's taken to it really well. He was starting to get interested in what I was eating. I figured he was ready. I started with avocado and he took to that really well. He's been eating like a champ.
00:04:35    RM: So what kind of foods are you starting with besides the avocado?
00:04:38    TR: The avocado, oatmeal, bananas, peas, pears.
00:04:50    RM: Are you doing jarred foods?
00:04:55    TR: I am. I mashing up things like avocado and bananas. Same with the oatmeal. The other foods – Earth's Best which I'm not that crazy about. The Palm Organics I really like that a lot. It takes good. I always taste things before I give them to him. Even though people say baby food is supposed to be gross. I don't really think that's true. It should just be normal food that we would eat.
00:05:48    RM: So are you doing organic formula too?
00:05:53    TR: Yes I am using Baby's Only. And it's --I did a lot of research about it. It's one of the brands that has the least amount of preservatives --no palm oil. It's marketed as a toddler brand but he
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<td>seems to be enjoying it. I feel a lot better giving him that. My pediatrician tried to give me Gerber Good Start to beef up his weight but the ingredients- corn syrup or something like that -I’m not too crazy about it.</td>
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<td>RM: Could you explain what your usual routines are for feeding and formula and solid food – stuff like that.</td>
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<td>00:08:59</td>
<td>TR: Yeah- on a good day ..typically he’ll get up between 6-7 and he’ll nurse for his first feeding. If I’m lucky he’ll go back to sleep. Then nurse a bit more. I try to hold off until noon to give him formula but it depends on his naps. Usually around noon he gets formula and a couple different foods. Earlier today he had peas and pears and a formula bottle. Then a nap. He gets another formula bottle around 6-7. I try to only do two formula bottles a day. I still nurse unless I go to work. I’m not really good at keeping schedules I just play every day by ear. I give him puree foods around the same time he gets his formula.</td>
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<td>00:11:00</td>
<td>RM: What do you think it is about your experiences that made you decide to choose organic and make some of your baby food yourself?</td>
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<td>TR: I guess I have a distrust of our food industry. I have a strong belief that with the right foods-vitamins and supplements, you can run your body like a well-oiled machine. I try to live clean myself. His father isn’t the best eater – he’s a junk food junky and drinks coke. I’m trying to get a cleaner cycle into this little one and for myself. It wasn’t really even a question. I knew that if I had to supplement I’d find an organic formula. And with the foods I knew I’d try to make some depending on the groceries I had. I wasn’t really planning on getting things extra to make into baby food but more like whatever I had on hand to make for myself I would just make extra for him, too.</td>
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<td>RM: Can you think of any experiences you’ve had positive or negative reactions from family or friends about how you feed him?</td>
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| 00:13:08 | RM: Oh yeah- I mean everything with my family is fine. My friends and even talking to you and the other women in our mom and baby group online- I’ve had really positive experiences. (boyfriend’s) mother is the only- My mom never breastfed me and my brother were both formula fed and none of the women in my family really breastfed so I didn’t really have any other women I could ask those questions to. But when it came to (boyfriend’s) mom- we’re still not talking it’s been 4 months and she still hasn’t seen him or asked to. It’s frustrating. She was a nightmare. She came over a few days after I had given birth and wanted to watch me nurse, which I was uncomfortable with but I felt like I couldn’t say no. But she made a big deal about me not returning her voicemails. She wanted to make sure I was doing it right. That started – all of the – she would make comments like I weighed him and he still weighs the same. I looked at the milk
you left for him and that’s not enough milk how can you think that would be enough. Maybe you should switch him to formula. I nursed three babies all my babies were very healthy and chunky and were fed every two hours. You should wake him up and feed him at night. Everything I was doing was wrong and everyone who agreed with me was wrong. She was really a nightmare. Unfortunately still is – now she doesn’t want anything to do with him. I don’t care if she talks to me or not – but it’s not fair that she decided not to have a relationship with her grandson. She’s really immature she hung up on me twice. Really childish. She caused me a lot of stress in my own personal life. She was watching the baby while I was working so it forced (boyfriend’s) and I to figure out working opposite schedules because we don’t have anyone else to help. He was well looked after with her. She soured a lot of my experience with breastfeeding. And then when I took him for his well visit and he wasn’t gaining weight- then basically –in a weird way she wasn’t right at the time she was saying those things but then she wound up being right.

00:18:28 RM: How do you think the food choices you make for him will affect him as he grows up?

00:18:38 TR: Healthier eating than his father- he seems to already be responding well to trying new foods. I hope he takes after me and is a little foodie- I hope he likes to eat good quality food. Be healthy really. Obviously I’m not crazy about our food system or our government and I don’t care for doctors. I think it’s better to focus on good quality food and supplements and make sure he is strong and healthy so we don’t need to run to the doctor all the time.

00:19:54 RM: So would you say you are the one that has the most responsibility over what to feed him?

00:19:59 TR: Oh yeah. (Boyfriend) doesn’t even try to feed him. He’s just like well he’s hungry so I give him a bottle and I’m like well why don’t you just sit with me and we will feed him together and he’ll choose to go to you for food and not just think mom feeds me. But we’ll work on that so that when I go to work he’ll have fruits and veggies too.

00:20:38 RM: I found that it’s a difficult transition for my partner as well – when you are breastfeeding they are used to you being the one who is responsible- but she’s eating real food now so you can feed her. If you know anything about how you were fed as a young kid- do you feel it was good or appropriate food?

00:22:36 TR: I don’t know too much about it. I’m pretty sure I was a Gerber baby. Back in the 80s I don’t think there was much of an emphasis on what you could be eating or should be eating- it’s like everyone does this so you’re just following suit. Typical in my family was you eat what’s on your plate. My mom was really good to make sure we had a vegetable and there was always fresh fruit in the house and we always had a salad for dinner. Maybe not the healthiest clean eating style like I do today but ….it was probably more about money than about health

00:23:56 RM: And you said before that your mom formula fed you and your brother?
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<td>00:23:59</td>
<td>TR: Yes – it’s funny everything I’d talk to her about breastfeeding she’d be like nope I have no idea never did that.</td>
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<td>00:24:34</td>
<td>RM: From what it sounds like we had similar eating as kids –basically good food just people weren’t really thinking much about chemicals and organic at that time.</td>
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<td>00:25:00</td>
<td>TR: Yeah there wasn’t any emphasis on organic foods. Luckily we grew up in upstate New York there was a lot of farm fresh food readily available. During different seasons – my mom wasn’t super into it or belong to CSAs. But we would get lettuce, tomatoes from the farm. I don’t think there was emphasis on it as much as there is today. Even bigger chains now have organic products. It’s cool to see that transition in stores now that cleaner eating is more of a mainstream thing.</td>
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<td>00:26:27</td>
<td>RM: What do you think it is about your experiences that made you make a change in your own eating habits?</td>
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<td>00:26:52</td>
<td>TR: Just becoming more aware. Working around food a lot more. Going to eat a lot more. A love for food. I don’t really like going to the doctors, I feel like they over-prescribe things – things like getting him vaccinated on a regular schedule – I do it but it still freaks me out every time. As he starts eating more- I just try to get the cleanest quality of food that I can get for him. I will throw junk food in there once in a while so he doesn’t grow up to think he has to eat junk food in secret because my mom won’t let me. That’s what happened with my cousin because her parents wouldn’t let her have any of that stuff- to this day I feel like she has really unhealthy eating habits. Because she would sneak things she wasn’t allowed to have. Getting more involved in the food industry is really what did it for me. And my fear of mainstream doctors.</td>
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<td>00:28:40</td>
<td>RM: Is (boyfriend) from the south?</td>
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<td>00:28:44</td>
<td>TR: Yeah he’s from Georgia and moved here when he was three or four.</td>
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<td>00:28:56</td>
<td>RM: So what do you think are the biggest differences between the way he grew up eating and the way you grew up eating?</td>
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| 00:29:03  | TR: Ironically enough when I was talking to his mom we seemed to have a lot of the same eating habits. A lot of the things she enjoys eating I enjoy eating as well. I think she breastfed (boyfriend) until he was three months old. I know she was really big on nursing. When she worked for a short period of time she gave him a soy-based formula. They are sweet tea drinkers. Sugar is kind of a big deal. It’s probably safe to say that he’s ingested more sugar in his lifetime than I have. There’s more of an emphasis here on fried chicken and macaroni and cheese- the first Thanksgiving we went to with his family – they had green beans with those onions on them- canned green beans. Sweet potatoes with marshmallows on them. Lots of butter. Me – I like sweet potatoes with honey and oranges. He’s a true southern boy… I don’t
want him (son) to feel like I’m depriving him of anything and eat a whole box of donuts one day. But I also want to make sure he gets vegetables and he will eat better and feel better. I’m hoping he’ll be a healthy eater.

RM: Do you guys have the opportunity to sit down and eat together?

TR: Right now I work at night when I do work – if I work three or four nights that’s three or four nights I’m not home for dinner. Depending on what I’m doing during the day. I always make sure there’s stuff available for him. His eating is really different from mine. I always have stuff to make a salad because when I was growing up there was always a salad with dinner. So I’ll say well there’s fish in the freezer to make that and throw it on top of your salad. He’ll just make two pieces of fish and just eat that. He’s just a lazy guy. But I am hoping that I’ll start working from home in the near future and that way I can be readily available to make sure we are all getting the proper nutrition. It’s really important to me because I want (boyfriend) to be around for a while. He says I’m fine, I’m thin and strong and I’m fine. I say your organs are probably rotting. I want you to eat vegetables on a daily basis not every other day.

End of conversation