

## On the Supposed Responsibility to Breastfeed from Moral Concerns

*Even the sea monsters draw out the breast, they give suck to their young ones: the daughter of my people is become cruel, like the ostriches in the wilderness. - Lamentations 4:3, KJV*

“Are you planning to breastfeed?”

Every pregnant person gets this question – from doctors, from friends and co-workers. I did. Those asking aren’t generally just making small talk. They often have very strong opinions about and reactions to one’s answer. And these opinions are not limited to individual busybodies. Well-funded government and non-profit campaigns publish blogs and books; scientific and popular journals continuously generate articles on breastfeeding’s effects; moms worldwide chronicle their views on forums like Babycenter.com; self-described “lactivists” stage nurse-ins; while other feminists rail against the shame and guilt they claim are used to pressure moms to nurse babies. The buzz over breastfeeding is pervasive, to say the least, prompting article titles like Emily Oster’s 2015 “Everybody Calm Down About Breastfeeding.”<sup>1</sup> But *why* all the buzz?

Clearly, breastfeeding is not “just” a lifestyle choice. Planning to breastfeed or not is not like planning to go to the beach vs. the mountains for your next vacation. People think it matters (a lot!) whether moms breastfeed. I want to suggest, along with some other philosophers who have written about the topic recently<sup>2</sup>, that people are abuzz about the *moral* status of breastfeeding – is it morally *required*? Do moms have a *duty* to try to breastfeed? Is breastfeeding morally *virtuous* – that is, is it a morally valuable and admirable practice if not strictly a required one? Can a truly good and loving mom use formula, even if she has the option of breastfeeding? People are also abuzz about the morality of our collective breastfeeding conversation – for example, is it morally okay to use shame to influence moms to make decisions that benefit society? But I’m going to focus for the most part on questions about the moral status of breastfeeding itself. I’m going to suggest that although society believes moms have a responsibility to breastfeed, we’re wrong about that. And some of the strongest objections to this supposed responsibility have historical roots in moral philosophy.

### 1. The dominant narrative

I’m going to refer to the claim that moms have a moral responsibility to try to breastfeed because it’s better for their babies, as the *dominant narrative*. I call it a narrative because it’s part of the story we tell each other about what being a good mom looks like. I call it dominant because, well, it is tacitly endorsed by all mainstream popular and professional organizations that inform parenting decisions, and it’s been pretty thoroughly internalized by millions of moms. But for those unfamiliar with the breastfeeding buzz, it may be helpful to review some of the messages moms receive and the impact those seem to have. The dominant narrative really is dominant.

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<sup>1</sup> <https://fivethirtyeight.com/features/everybody-calm-down-about-breastfeeding/>

<sup>2</sup> See, e.g., Overall and Bernard (2012) “Into the Mouths of Babes: The Moral Responsibility to Breastfeed,” *Philosophical Inquiries into Pregnancy, Childbirth, and Mothering*, eds. S. Lintott and M. Sander-Staudt, New York: Routledge; Woollard and Porter (2017) “Breastfeeding and defeasible duties to benefit,” *Journal of Medical Ethics*, 43(8): 515-518; REDACTED

Let's start with reputable medical and scientific organizations. The American Academy of Pediatrics<sup>3</sup> claims that "Breastfeeding and human milk are the normative standards for infant feeding and nutrition."<sup>4</sup> Why? The AAP policy continues: "Given the documented short- and long-term medical and neurodevelopmental advantages of breastfeeding, infant nutrition should be considered a public health issue and not only a lifestyle choice." After a lengthy review of available data supporting the benefits of breastfeeding for babies, the policy concludes:

Recently, published evidence-based studies have confirmed and quantitated the risks of not breastfeeding. Thus, infant feeding should not be considered as a lifestyle choice but rather as a basic health issue.

Here it is claimed not only does breastfeeding *benefit* baby, but not breastfeeding *risks harm* to the baby. Again we see affirmed that breastfeeding is not a lifestyle choice but rather a "basic health issue." It's a short step from these claims to the claim that breastfeeding is a *moral* issue.

Consider also the World Health Organization's introduction to "10 facts about breastfeeding":

Breastfeeding is one of the most effective ways to ensure child health and survival. If breastfeeding were scaled up to near universal levels, about 820 000 child lives would be saved every year. Globally, only 40% of infants under six months of age are exclusively breastfed. WHO actively promotes breastfeeding as the best source of nourishment for infants and young children.<sup>5</sup>

The first "fact" about breastfeeding presented, then, is that "Breastfeeding for the first six months is crucial." Indeed, the clear suggestion is that breastfeeding is crucial because breastfeeding could *literally save your child's life*. No mention is made in this passage about the relevance of access to clean water for mixing formula, or about where or from what the estimated 820,000 child lives would be saved. The 40% global rate of compliance – which we are presumably meant to lament – is about three times higher than the current U.S. rate, which suggests that moms in the U.S. are far from off the hook but rather a major part of the (moral) problem.

These messages are not isolated in think tanks or dusty clinical manuals. They make their way quickly to actual moms, in part via advice websites like babycenter.com, parents.com, whattoexpect.com, and americanpregnancy.com, each of which devote whole pages to the benefits of breastfeeding that focus mainly on benefits for the baby – clearly a morally weighty consideration. And these pale in comparison to the claims of more partisan pages that advocate breastfeeding, like kellymom.com, askdrsears.com, or La Leche League's site. For example, Kellymom publishes an astoundingly long list of the "many benefits of breastfeeding," including "cancer protection," "less SIDS" (sudden infant death syndrome), and higher "intelligence." And La Leche League incorporates the morality of breastfeeding into their "philosophy," excerpted here:

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<sup>3</sup> The American Academy of Pediatrics was founded in 1930 and is currently an organization of 66,000 pediatricians.

<sup>4</sup> "Breastfeeding and the Use of Human Milk," *Pediatrics* (2012), <http://pediatrics.aappublications.org/content/early/2012/02/22/peds.2011-3552>

<sup>5</sup> <http://www.who.int/features/factfiles/breastfeeding/en/> Updated August 2017

“Mothering through breastfeeding is the most natural and effective way of understanding and satisfying the needs of the baby...

In the early years the baby has an intense need to be with his mother which is as basic as his need for food.

Human milk is the natural food for babies, uniquely meeting their changing needs.”

From CDC “Healthy People” targets, to AAP “Health Initiatives,” to the advocacy of organizations like La Leche League and baby friendly hospitals, breastfeeding advocacy groups are vocal and powerful. And although the U.S. Preventive Services Task Force revised its 2016 recommendations to physicians, such that they now only ask physicians to “support,” rather than “promote and support” breastfeeding, many breastfeeding advocates are relatively unconcerned about even the explicit use of shame and guilt in campaigns. Consider an excerpt from “Breastfeeding and Guilt,” published on kellymom.com<sup>6</sup>:

One of the most powerful arguments many health professionals, government agencies and formula company manufacturers make for not promoting and supporting breastfeeding is that we should “not make the mother feel guilty for not breastfeeding”. ...

It is, in fact, nothing more than a ploy. ...

If a pregnant woman went to her physician and admitted she smoked a pack of cigarettes, is there not a strong chance that she would leave the office feeling guilty for endangering her developing baby? ...

Given that this is the sort of information available to new moms, it is perhaps unsurprising that many who do not breastfeed *do* in fact feel guilty – or rather, perhaps, ashamed<sup>7</sup> – having made that choice. One anonymous babycenter.com user writes:

I found it excruciatingly painful to breastfeed my baby even though three lactation consultants told me I was doing everything right and my baby was latching on correctly. After a few weeks of crying more than my infant, I finally switched to formula. But now I'm consumed with guilt. Everywhere I look, even on formula packages, breastfeeding is touted as best. How can I make peace with my decision? (2002)

Perhaps even more telling is the answer that babycenter.com ranks as second-“best,” which 473 users to date have found “helpful”:

With my first, I was determined to the point of lunacy to breastfeed. I knew I couldn't handle the guilt if I didn't nurse... My daughter initially couldn't latch on ... and as a result dropped down from 7 lbs to less than 5 1/2 lbs and was jaundiced. I refused to supplement, and somehow made it through her illness and my stress... With my second daughter, I endured cracked, sore bloody nipples, but managed to nurse her for a year...

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<sup>6</sup> <https://kellymom.com/blog-post/breastfeeding-and-guilt/>

<sup>7</sup> See Taylor and Wallace (2012) “For Shame: Feminism, Breastfeeding Advocacy, and Maternal Guilt,” *Hypatia*, 27(1): 76-98.

A chilling report, given that babies actually die when moms struggle to breastfeed and refuse to supplement.<sup>8</sup> Yet these are not isolated, anecdotal sentiments. A 2009 review of 23 studies involving over 13,000 participants, attempting to understand parents' experiences of bottle-feeding summarized: "Mothers who bottle-fed their babies experienced negative emotions such as guilt, anger, worry, uncertainty and a sense of failure."<sup>9</sup>

Both the information available to moms and their reported experiences of infant feeding decisions support the dominance of what I'm calling the dominant narrative. Our society believes that moms have a moral responsibility to breastfeed because it's better for babies.

## 2. Three objections

But we're wrong about that. There are at least three reasons why.

- i. The empirical objection: Data on benefits of breastfeeding for babies aren't adequate to support the dominant narrative.

This is an objection that already receives attention in the popular press, thanks to researchers like Emily Oster, whose popular 2015 article on [fivethirtyeight.com](http://fivethirtyeight.com) I cited above. Oster argues that many of the studies that seem to support significant benefits of breastfeeding suffer from poor experimental design, especially in that they fail to account for the social patterning of breastfeeding. (The AAP also admits that this is an issue for breastfeeding research.) Those studies that seem best positioned to overcome this obstacle don't actually support the kinds of massive benefits one might expect after reading the last section – at least, not for babies whose moms have access to clean water with which to mix formula. Rather, they show no or minimal benefits from breastfeeding.

I can't claim to be an expert in analyzing research statistics, so I'm not going to delve into the details of this objection. But I've read many studies on the effects of breastfeeding, and the empirical objection seems plausible. There seem to be both "first-order" reasons to doubt both the extent of breastfeeding's benefits, and also "meta" or "higher-order" reasons to be worried about the quality of our data.

*If that's right, what would it mean for the dominant narrative? The dominant narrative, remember, doesn't just say that moms have a moral responsibility to breastfeed their babies. It says they have this responsibility because breastfeeding is better for babies, that is – breastfeeding is *probably, significantly* better. But the empirical objection claims our data don't actually support this. For all we know, breastfeeding may well *not* be significantly better.*

However, even if we accept this, this would not be as crushing a blow to the dominant narrative as it might at first seem. First, sometimes we have moral obligations to do things even if we're not at all sure they will actually be helpful. Say you are running on a secluded beach and come upon an unconscious person. If you are trained in CPR, you may be morally obligated to perform it, even if it's very unlikely this will help (since it's very unlikely, let's suppose, that the person became unconscious recently enough for CPR to be effective). If the empirical objection is going to be

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<sup>8</sup> <http://people.com/bodies/mom-says-pressure-to-breastfeed-led-to-accidentally-starving-her-infant-son-we-were-so-brainwashed/>

<sup>9</sup> Lakshman, et. al. (2009) "Mothers' experiences of bottle-feeding: a systematic review of qualitative and quantitative studies," *Arch Dis Child*, 94(8): 596-601, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3697301/>

effective, it's got to be paired with a background moral view, of the kinds of moral responsibilities parents have to their kids when there's *some chance* that an action on the parents' part would be beneficial. (The next two objections will go some way toward suggesting such a view. Philosophical work on moral decision making under uncertainty is also relevant here.)

The second important limitation of the empirical objection is that it leaves the basic moral reasoning of the dominant narrative intact. Doubts about the data don't give us any reason to doubt the moral reasoning that says, "If breastfeeding really is significantly better for babies, *then* moms have a moral responsibility to try to breastfeed." This is important in part because future studies might show that breastfeeding really does have significant health benefits for babies. The empirical objection is vulnerable to empirical disconfirmation. The next two objections I will present are different ways of calling that moral reasoning into question, which are not similarly vulnerable.

- ii. The too-demanding objection: Moms don't have a responsibility to maximize the well-being of their children.

I've called this the "too-demanding" objection, which might make it sound a bit whiny. ("But breastfeeding is haaaaard!") That's not the idea. In fact, the spirit of this objection may be traced to the so-not-whiny Immanuel Kant. Kant argued that it is important to recognize different kinds of moral duties. While some of our duties – like, according to Kant, the duty not to commit suicide – don't allow for a lot of wiggle room or diversity in what counts as fulfilling them, there are other duties that clearly do allow for flexibility and freedom. Kant thought the duty to aid others is like this. For simplicity, let's focus on aiding others in the form of giving to charitable organizations. I arguably have a moral duty or responsibility to give to effective charities. But do I have a responsibility to give to *each* and *every* effective charity, at every opportunity, at least until I run out of money? Kant would say, rather, that it's up to me when precisely I give money (as long as it's not *too* infrequent), where exactly I give it (as long as I'm choosing reasonably effective organizations), and how much exactly I give (as long as it's not too paltry, in comparison with my means).

The too-demanding objection says that the responsibility to do things that benefit our kids is like the responsibility to give to effective charities. It's a real responsibility – we really should do things that benefit our kids. But it also allows for some freedom as to how exactly we benefit them. Think of it this way: there are all sorts of things that we have reason to believe would benefit our kids in various ways: plenty of fiber, limited screen time, violin lessons, organic produce, "better" schools – the list goes on. Do parents or moms in particular have a responsibility to secure all of these things for their children, or must they do literally everything they can to make their kids' lives go better? Surely not! For one thing, some ways of benefitting our kids are in tension with each other. Sometimes exposing your kid to diversity will mean a "worse" school. Sometimes a relaxed environment that fosters creativity and plenty of sleep will mean not doing violin lessons *and* soccer practice *and* math club. For another thing, we tend to think there's a limit to what parents can be expected to do for their kids. Say the only responsible way for a mom to afford fresh salmon for her kids is never to buy new clothes for herself and to forego ever having coffee or meals out with friends. It seems reasonable to think that although it might be morally *admirable* for a mom to do this, it is not morally required. There has to be some standard of doing *enough* for your kids, within your means. The kids will be fine eating canned tuna.

This is one upshot of some very interesting recent philosophical papers by Fiona Woollard, who argues that moms don't have duties (I might say, responsibilities) to do particular actions that benefit their kids.<sup>10</sup> Moms do have a very general responsibility to benefit their kids, but there's some freedom in how exactly they do that. Woollard doesn't use these examples, but her paper makes me think of various caricature moms that I find myself referencing as I make choices in my own parenting. There's the good crunchy hippie mom; the good fun, involved mom; the good working professional mom, etc. There seem to be a lot of good ways of being a mom that correspond to different attempts to benefit one's kids. Some kids grow up with the benefit of minimal exposure to phthalates and endocrine disrupters. Some kids grow up amidst plenty of laughter and goofiness, with a strong sense of play. Some kids grow up quickly acquiring verbal and math skills, experiencing school as a site of affirming success. Some kids grow up with a role model of a strong, professional woman.

Okay, but what does all this have to do with breastfeeding? Well, setting aside the empirical objection for a minute, breastfeeding seems to be just one more way of benefitting your kids. It's like violin lessons. The dominant narrative says that because breastfeeding benefits your kids, you have a responsibility to do it (at least, provided you can). But that seems to rely on a mistaken understanding of the duty to benefit our kids. The duty to benefit one's kids is pretty clearly the kind of duty that allows for freedom in how exactly we fulfill it. And a duty to benefit one's kids together with the fact that some act would be beneficial doesn't imply a duty to perform that act – any more than a duty to give to effective charities together with the fact that some charity is effective implies that I have a duty to give to that particular charity right now. Maybe it would be morally *admirable* for me to breastfeed my kid – just like it would be morally admirable for me to spend the evening after my toddler goes to bed tonight scrubbing down the surfaces of her play area with diluted vinegar, baking organic blueberry-chia seed muffins, and recreating the model for a famous still life alongside a picture of the painting, for us to discuss in the morning. (I really will get around to that last one soon!) But it's morally *acceptable* for me to use formula, just like it's morally *acceptable* for me to catch up on e-mail and watch a rerun of *The Office* tonight once I've finished basic cleaning and food prep.

I like this objection, but one thing worries me about it, and that is an assumption it leaves intact. Sure, we have said, it might well be morally *admirable* or *good* or *virtuous* to breastfeed your kids. It's just not morally *required*. It's not a *responsibility* or a *duty*. This lingering assumption, though – that breastfeeding is in general morally admirable – seems to me both false and dangerous. I'll explain why in the next section.

- iii. The other moral reasons objection: Benefits to babies aren't the only things that matter morally.

The dominant narrative says that moms have a responsibility to breastfeed because of benefits to babies. But even if we set aside any empirical worries about those benefits, it's worth asking: are benefits to babies the only morally relevant factors here? Compare: flying is clearly bad for the environment. But not many of us think people have a moral responsibility not to fly because of the detrimental effects on the environment. Rather, most of us accept that there are other kinds of

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<sup>10</sup> See Woollard (2018) "Motherhood and Mistakes about Defeasible Duties to Benefit," *Philosophy and Phenomenological Research*, 97(1): 126-149; see also Woollard and Porter (2017), referenced in fn. 2.

values – including moral values – achieved by flight, and it can routinely be morally permissible or even morally *good* for people to fly (say, to comfort an ailing relative).

Whereas the previous objection draws inspiration from Kant’s way of thinking about moral responsibilities, the present objection draws inspiration from *pluralist* traditions in ethics. Pluralists think there’s no simple recipe for deciding what the right thing to do is. We can’t *just* look at, for example, the way an action would impact overall utility, or whether it would respect fairness among free agents. Many pluralists – including, famously, W.D. Ross, the virtue ethicists, and the particularists – argue that knowing what’s right to do in a particular situation requires *wisdom*. It often requires the subtle weighing and balancing of multiple morally important considerations.

For example, whereas Kant famously claimed it is always wrong to lie, Ross held that although there’s always *some* moral reason not to lie (Ross called this a *prima facie* duty), this reason can be outweighed when a lie is what’s needed to avoid great suffering. Ross said that in situations like this, the act of saying something one knows to be false has two characteristics. Yes, it’s a lie (and that’s morally bad). But it’s also a way of helping people, or preventing their suffering (and that’s morally good). And deciding whether the lie is ultimately morally justified is, well, hard:

Where a possible act is seen to have two characteristics, in virtue of one of which it is *prima facie* right, and in virtue of the other *prima facie* wrong, we are (I think) well aware that we are not certain whether we ought or ought not to do it; that whether we do it or not, we are taking a moral risk. We come in the long run, after consideration, to think one duty more pressing than the other, but we do not feel certain that it is so.<sup>11</sup>

Ross wasn’t of course talking about breastfeeding. But I think, on reflection, it should be clear that benefits to babies are seldom the only morally relevant factors in infant feeding decisions. And deciding whether breastfeeding is morally better in a particular situation is consequently, well, *hard*. I’ve argued elsewhere that there are at least two obvious sources of moral reasons not to breastfeed.<sup>12</sup> These will apply only to some moms, and to different degrees in different cases. But they’re common enough to call into question the accuracy of both the dominant narrative and also the assumption that breastfeeding *in general* is the morally superior, morally admirable option.

What are these moral reasons not to breastfeed? First, there are reasons of fairness or justice. It is morally desirable for moms to have the real option of sharing or delegating parenting responsibilities.<sup>13</sup> In part, this is desirable to enhance moms’ freedom to engage in other kinds of work, including paid work. But it’s also desirable in making space for others who would be primary caregivers or equal co-parents to step in to those roles. I claim that breastfeeding limits the ways in which and the extent to which moms can delegate.

Why? Breastfeeding is hugely demanding, and it influences the bonding pattern for infants as well as the development of patterns of care. Consider first the demanding nature of breastfeeding. The recommended frequency for nursing a newborn is *at least* 12 times per day or

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<sup>11</sup> Ross (1930/2007) *The Right and the Good*, Oxford: Oxford, pp. 30-31.

<sup>12</sup> REDACTED.

<sup>13</sup> We may distinguish parental responsibilities from parental obligation, following Archard (2010). “The Obligations and Responsibilities of Parenthood,” *Procreation and Parenthood: The Ethics of Bearing and Rearing Children*, Oxford: Oxford, pp. 103-127. Moms would retain parental obligation – the “obligation to ensure *that* someone acts as a parent to the child (104),” despite sharing or delegating parental responsibilities, or “the responsibilities of *acting as a parent* (104).”

every two hours, more frequently “on demand” should the baby express interest. It can take babies 20-45 minutes to nurse. So, for many nursing moms, the newborn phase involves 30 minutes nursing, followed by 1.5 hours of being watchful for additional needs, in an ongoing cycle. Sources vary, but frequent, round-the-clock nursing is recommended for several weeks, depending on the preferences of one’s baby. Moms are exhorted not to introduce a bottle (of pumped breastmilk, that is) until three or four weeks of age, so that babies will be well-established in their ability to nurse. Even after a baby has learned to take a bottle or alternative feeding method (which some babies refuse), moms are exhorted to provide only pumped breastmilk until at least six months of age. By three months of age, the duration of a typical nursing session has generally shortened to ~15 minutes, and many babies are able to go for longer stretches overnight without feeding. Still, 4-12 sessions per day (of either nursing or bottle feeding with pumped milk) are common.

For a nursing mom to keep up with this schedule, she must be physically present with her baby almost continuously for weeks, at first with breaks of no more than 1-1.5 hours (including for sleep<sup>14</sup>). As weeks turn to months, she must still either be continuously present or else frequently pumping milk. (Pumping sufficient milk for a feeding equivalent to a nursing session can take 15 minutes – 1 hour.) She is additionally encouraged to observe various other restrictions on her lifestyle for the duration of her breastfeeding (up to several years), including e.g. limiting the consumption of alcoholic beverages and avoiding many medications. Furthermore, nursing moms are typically responsible for acquiring knowledge and understanding of proper breastfeeding techniques, as well as dealing with common complications and breastfeeding issues. This might require, for example, meeting repeatedly with lactation consultants, identifying and having a baby’s “tongue tie” surgically removed, managing painful conditions like mastitis or engorgement, etc.

Of course, there are other things a baby needs. Newborns need to have their diaper changed. They need to be comforted and rocked, lulled to sleep, bathed and clothed. Older babies especially need attentive adults to play with them, talk to them, expose them to appropriate experiences and watch closely for danger or illness. Still, in the first weeks and even arguably months of a baby’s life, nursing is pretty clearly the lion’s share of the work for a breastfed infant, especially since many babies associate nursing with comfort and sleep.

Moreover, I suggest that nursing often helps to entrench a broader pattern for fulfilling parental responsibilities, wherein moms assume them by default. This can happen in multiple ways. For one thing, many infants *love* nursing, they find it intensely comforting, and so they are bound to prefer mom’s presence to that of any other caregiver. This can be discouraging to other caregivers and also put pressure on mom. (Who finds it easy to walk out when the baby is wailing for *you*, in particular?) For another, moms who are used to meeting with lactation consultants and plumbing the depths of Babycenter.com and *What to Expect When You’re Expecting* for tips on how to overcome the latest nursing issue, are automatically experts when it comes to researching infant care generally. They also just have a lot of knowledge; they know about teething and infections and nap schedules and safe sleeping environments because all of these things are related to nursing. It makes sense that the person who knows everything and is best at comforting the baby becomes the primary caregiver.

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<sup>14</sup> Some moms “co-sleep” with their babies, although this is not recommended by the American Academy of Pediatrics. Anecdotally, some but not all moms find it possible to sleep while their babies are nursing.



Descriptions of the experience of *helping* care for a breastfed baby, from parents who were not the breastfeeding mom, confirm this hypothesis. Brown and Davies (2014) had 117 men in the UK whose partner had given birth in the previous 2 years and breastfed, complete a questionnaire about their experiences of breastfeeding.<sup>15</sup> Exclusion was a central theme in their responses – seemingly not just from feeding, but from being more broadly useful and helpful to the baby. The authors note, “A number of fathers also raised the idea that they felt incompetent in caring for their baby because they could not feed them. Breastfed babies often refused a bottle or only wanted to be comforted by the mom because of that special feeding relationship.” It seems reasonable, then, that such partners would feel less willing or able to step in and assume more responsibilities for direct care for the child even when they were more able. Some quotes from the men themselves:

*I was jealous at some points. He seemed to enjoy feeding. He either slept or cried the rest of the time but feeding was the happy bit. I couldn't do that.*

*When I said to a nurse I felt helpless she said enjoy the break and laughed like it was nothing to do with me.*

*He kept crying. All he wanted was feeding. Not much I could do which made me feel rubbish.*

*My partner was fed up and wanted to go out for a bit with out the baby but it was impossible. He wouldn't take a bottle. He wanted to feed every hour or so sometimes. I wanted to help but couldn't.*

Stepping back: I've suggested that there are reasons of fairness or justice not to breastfeed, since breastfeeding limits the morally desirable option for moms to share or delegate parental responsibilities. But there's another obvious source of moral reasons not to breastfeed, which we might call moral opportunity costs.

Consider again the sketch above, of what is required of a breastfeeding mom. Notice that fulfilling such duties is not easily or even possibly compatible, in the first weeks and months of a baby's life, with many activities that non-breastfeeding moms can engage in. Yet some moms have strong moral reasons to engage in activities that don't fit well with breastfeeding, and this gives those moms a properly moral reason not to breastfeed.

Popular discussion about breastfeeding certainly admits that moms may have to give up some activities in order to breastfeed. They won't have as much time or energy for nights out with friends, for example. But we tend to assume such reasons not to breastfeed are always just pragmatic, or even selfish. This suggestion relies on an overly narrow conception of the kinds of activities moms might need to give up. Consider a mom with other children, who would have less energy and time for them if she breastfeeds. Or a social worker who finds she can no longer make long car trips to spend time with her clients. There are some moms, some babies, and some morally valuable projects, such that it would not be possible for those moms to breastfeed while pursuing those projects.

The overall contention of the other moral reasons objection, remember, is that breastfeeding is not in general morally best or admirable (much less morally required), because there are routinely other kinds of moral considerations that count against breastfeeding. A mom

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<sup>15</sup> Brown and Davies (2014), “Fathers' experiences of supporting breastfeeding: challenges for breastfeeding promotion and education,” *Maternal and Child Nutrition*, 10(4): 510-26.

and her co-parent may decide that the co-parent should be the primary caregiver, and it's morally good that they give themselves the freedom to seriously pursue that option. Or a mom may see that other morally valuable projects in her life would suffer, were she to breastfeed. It's morally good for her to recognize this and accordingly decide not to breastfeed.

If this is right, then we shouldn't think of breastfeeding as going "above and beyond," as a good mom. Because sometimes, going above and beyond – to pursue a more fulfilling and just distribution of care responsibilities, or to engage in other morally valuable projects – looks like not breastfeeding. It's important that we accurately recognize some moms' choices to use formula as morally admirable. They deserve not only to be free from our guilt trips but to be celebrated. And it's also important that we enable moms to make good decisions about whether to breastfeed, by not obscuring the complexities of the moral issues involved. Yes, breastfeeding may benefit your baby. But think about what else it will mean – for your family, for the way in which you and other caregivers will relate to the child, and for other projects and relationships in your life. We do moms a disservice by acting like it's clear that breastfeeding is morally the best option.

### 3. Concluding reflections

I became interested in breastfeeding and its moral status after I had a baby. Initially I accepted, like everyone around me seemed to accept, that breastfeeding was important and the right thing to do. Now, having breastfed for 22 months (and counting), I know I was wrong to accept the rightness of breastfeeding uncritically. I was probably also mistaken about what was best given my particular situation and family.

I'm still proud of the way I've breastfed my daughter. It's been difficult, and I've had to exercise many virtues to make it happen. I've made it through a tongue-tie (now surgically repaired) that required waking my newborn up to nurse round the clock with only thirty-minute breaks, new teeth, far too much unwanted public exposure, and complications it doesn't feel polite to mention in mixed company. I've lugged my pump around to public bathrooms and professional philosophy conferences. I've repeatedly asked senior men in my competitive profession for lactation space, which always makes me uncomfortable. And doing something that hard, for the sake of my daughter, certainly *feels* like an achievement. I'd like to think it a morally admirable sacrifice of love.

On the other hand, though, I see how it has been hard on my family. There was a point when we wanted to change our childcare arrangements, such that my partner would take over primary responsibility from myself and the nanny. But – among other issues with the plan – it became clear that it was not going to be easy on anybody for me to be less present. Our daughter's demands to nurse upon even seeing me increased dramatically. I also see that my intense stress around going back to work was exacerbated by the constant demands of breastfeeding. That stress in turn has hurt my family. I even see now that I was mistaken, in following the aforementioned wake-up-the-newborn-every-30-minutes routine, rather than simply giving formula. For such a tiny baby, it can be dangerous to go without enough food for even a little while. I may have risked the health of my daughter, and I certainly made her first few weeks in the world fairly unpleasant, all because I irrationally accepted that formula should be avoided at nearly all costs because breastfeeding is the right thing to do.

I've argued here that the dominant narrative is false. It also hurts people. Sure, breastfeeding may be morally admirable *in a respect*, and it may be admirable overall for many

moms, given the kinds of care arrangements and other projects they want. Breast may really be best for many moms and their babies. But we should keep in mind that (i) maybe it's not – honestly, the data don't seem that strong at the moment. Moreover, (ii) breastfeeding certainly isn't a responsibility – what's best isn't the same as what we're obligated to do. And finally, (iii) I've suggested that at least some moms have good, properly moral reasons to reach for formula.

How do we change the dominant narrative? That question deserves its own paper, but here I'm going to mention just three changes I think we need, in the interest of space. First, we need to erase the broad, overly simple endorsements of the responsibility to breastfeed or the goodness of breastfeeding, in our public and private conversations. No more “breast is best.” Second, breastfeeding advocates should stop employing shame and guilt. They're especially inappropriate, given that breastfeeding *isn't* morally required. We don't know what's going on in the lives and families of the moms around us, and we shouldn't assume that breastfeeding is right for them. Finally, we should try to enable moms to make better, informed decisions, by enabling them to both think more broadly about the kinds of moral factors that might be important in their circumstances, and also involve others who will be responsible for helping care for the child in the decision. This last point may be more controversial, but it's worth talking about. In many situations, it's not fair or appropriate for moms alone to bear the responsibility for deciding how to nourish an infant. Many moms will be sharing parental responsibilities, and we should encourage them to engage in collective conversations about how *we* want the child to be cared for. Is breastfeeding important to us, or is a more ecumenical or even nontraditional bonding pattern desirable? I don't say changing this conversation and the dominant narrative will be easy. But, then, breastfeeding isn't easy either.