

AUSTRALIAN CATHOLIC UNIVERSITY

A HISTORY OF THE AUSTRALIAN BREASTFEEDING ASSOCIATION, AND A
CONSIDERATION OF ITS CONTRIBUTION TO HEALTH LITERACY OVER ITS
FIRST 37 YEARS AS AN ADULT EDUCATION PROVIDER.

A THESIS SUBMITTED IN FULFILMENT OF THE REQUIREMENTS FOR THE
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To my husband Anthony David Carmody

26 May 1945 – 30 December 2015

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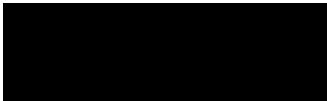
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Signature: Margaret Mary Carmody

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Abstract

The Nursing Mothers' Association, founded in 1964, changed its name to the Nursing Mothers' Association of Australia in 1969 and it has been known as the Australian Breastfeeding Association since 2001. The Association introduced a highly effective program for educating mothers about breastfeeding. Its progressive adult education aimed to assist the mother to function in society, to learn by experience, reflect on that experience and thus attain a high level of critical health literacy in relation to infant nutrition. This thesis investigates how this program operated in the wider context of modern adult education principles. Using a qualitative approach to archival and oral history sources, this thesis identifies the education model devised by the Association and establishes its effectiveness in terms of health literacy in the mother-to-mother education about breastfeeding, in the training of Association counsellors and in the education of the community. It argues that the key to the success of the Association was that the Foundation Members, led by Mary Paton, devised a new model of educating mothers about infant nutrition and particularly breastfeeding: specifically, they simultaneously established a community of learners and a community of practice. The core principles of the Association's maternal educational model were first, mother-to-mother education; second, valuing the experience of the learner; and third, encouraging a critical view of mothering and breastfeeding. The thesis establishes that the Foundation Members were particularly influenced by Winnicott's concept of the "good enough" mother, and the identification of the state of late pregnancy and the post-partum period as a time of "primary maternal preoccupation", when mothers most needed the support of other mothers. They questioned the prevailing views about the "scientific mother" and they were vehemently opposed to the minimalist mothering implicit in the modernist approach to infant nutrition. The Association gave voice to mothers' intuitive knowledge of a baby's well-being and provided them with information that was not only correct, but understandable. It used the authentic voice of the Australian mother in its fully researched publications allowing the mother to choose for herself approaches that suited her own circumstances. Regarding knowledge as fluid and ever changing, its publications were constantly under revision. There were the training of the volunteer counsellors to facilitate the maternal education, the dedifferentiation and simplification of the program, a new understanding of how groups can support their members and the development of a new discourse of infant nutrition which have empowered mothers not only to successfully breastfeed, but also to change society's attitudes to breastfeeding. This education model has successfully fostered mothers' interactive and critical health literacy in infant

nutrition, specifically in the area of breastfeeding, contributing to increased breastfeeding rates, and a wide acceptance of breastfeeding in the Australian community.

Chairperson of the Supervisory Committee: Professor Shurlee Swain AM

Co-Supervisor: Associate Professor Carolyn Broadbent

1: Introduction

“Discovering the delights and benefits of natural feeding”¹

This chapter begins with a description of the foundation of the Nursing Mothers’ Association of Australia (now known as the Australian Breastfeeding Association, and hereafter referred to as “the Association”), and its major features are identified. This research study adopts a qualitative methodological approach using archival and oral history sources. Copies of letters, information sheets and consent forms are included in Appendix A. The review of literature examines the maternal education offered by the Association, adult education theory, communities of practice, health literacy, and histories of infant welfare in Australia, New Zealand and the United Kingdom. This thesis argues that maternal education is informal adult education and that the Association developed a new model with important implications for both adult education and critical health literacy.

This thesis identifies the three primary facets of the Association’s model of maternal education which was for mothers, the Association counsellors and the community.

¹ Glenise Francis, "Interview by Jan Hodge," in *Nursing Mothers' Association of Australia Oral History Project* ed. Nursing Mothers' Association of Australia (Brisbane QLD: John Oxley Library State Library of Queensland Australia, 1999).

Aims of this project

This thesis seeks to broaden previous analyses of the activities of Members of the Association and the Association itself to include maternal education as a distinct part of the broad movement of informal adult education. To understand the approach of the Association, it is necessary to establish the core principles and identify the innovative educational practices provided to mothers and counsellors by the Association, and where those principles differ from other providers. It is also necessary to evaluate the Association's research and its interaction with other providers of maternal education in Australia and internationally, and to gauge who the members were. Critiques of the Association were examined, along with the Association's response to those criticisms and finally, how the Association managed its own power structure for the diverse purposes of educating mothers while seeking social and political change.

Thesis statement

This study argues that maternal education is informal adult education and that the model developed by the Association constitutes a new method with important implications for both adult education and critical health literacy. The study seeks to contribute to the current cross disciplinary conversation about

maternal education involving community groups and maternal education providers, along with researchers in maternal health, health literacy, women's history and adult education.²

This study is unique as it views the activities of the Association as part of the vast network of informal adult education, rather than as a social support group or a self-help group for mothers. It considers the Association and its activities as primarily educational and identifies the important concepts about breastfeeding and motherhood which underpin that education. The findings of this thesis increase knowledge of how adults are educated and contributes to our understanding of adult education, particularly maternal education and critical health literacy. The thesis is limited to a consideration of the Association as a provider of education to mothers in the period 1964 -2001, after which it changed its name and to some extent, its direction. Those first 37 years were the crucial time when the Association established itself as a major influence on mothers and on both professional and public thinking about educating mothers about breastfeeding. The thesis argues that the key to the Association's success was that

² E. Burns et al., "Liquid Gold from the Milk Bar: Constructions of Breastmilk and Breastfeeding Women in the Language and Practices of Midwives " *Social Science & Medicine* 75, no. 10 (2012).
Pisake Lumbiganon et al., "Antenatal Breastfeeding Education for Increasing Breastfeeding Duration," *The Cochrane database of systematic reviews* 12 (2016).

Mary Paton, together with the five other Foundation Members, devised a new method of educating mothers; establishing simultaneously a community of learners and a community of practice with health literacy implications.³

This first chapter reviews the literature, describes the methodology, and concludes with a list of questions that this thesis addresses. Chapters 2 and 3 discuss maternal education provided in the UK, New Zealand and Australia prior to 1964. Chapters 4, 5, 6 and 7 analyse the educational methods of the Association in relation to the education of mothers, training of counsellors and education of the community.

Founding the Association

In 1964, Natalie Mary Paton, a young mother living in Melbourne, Australia, founded the Nursing Mothers' Association (NMA) with the help of five of her friends.⁴ The friends were Jan Barry, and Glenise Francis, both of

³ Jean Lave and Etienne Wenger, *Situated Learning: Legitimate Peripheral Participation* (Cambridge UK: Cambridge University Press, 1991). 10, 849 – 850.

⁴ Note: The Nursing Mothers' Association (NMA) was renamed the Nursing Mothers' Association of Australia (NMAA) in 1969 and since 2001 has been known as the Australian Breastfeeding Association (ABA). It is referred to generally as the Association in this thesis. Note: Natalie Mary Paton AM was known as "Mary" from the age of 20 months, the time of the death of her mother Natalie Paton. Sources: Mary Paton, "Interview by Trisha Edgoose" in *Nursing Mothers' Association of Australia Oral History Project* (Brisbane, QLD: John Oxley Library, State Library of Queensland, Australia, 2000). 4. "Interview by Margaret Carmody," (Darling Point NSW2016).

whom had worked as occupational therapists with Paton at the Royal Park Psychiatric Hospital; Sue Woods, a physical education teacher; Pauline Pick, a triple certificated nurse; and Pat Patterson, a physiotherapist (Figure 1).⁵

Henceforth, Paton is referred to as “the Founder” and the original group of six as “the Foundation Members”. The Foundation Members held executive positions, firmly establishing the Association and its groups, counselling, research and publications in the period till 1971.⁶ Paton continued to be an Advisor for many years, giving talks⁷, visiting groups and running discussions across Australia.

⁵ Jill Barnard and Karen Twigg, "'Mother to Mother': Mary Paton's Leadership in the Nursing Mothers' Association of Australia, 1964 - 1975," in *Seizing the Initiative: Australian Women Leaders in Politics, Workplaces and Communities* (2012); Janice Barry, "Interview by Frances Fiddian," in *Nursing Mothers' Association of Australia Oral History Project* (Brisbane QLD: John Oxley Library State Library of Queensland Australia, 2000); Francis, "Interview by Jan Hodge." Jill Barnard, Karen Twigg, and Australian Breastfeeding Association, *Nursing Mums: A History of the Australian Breastfeeding Association - 1964 - 2014* (Glen Iris VIC: Australian Breastfeeding Association, 2014). 24 – 28. Paton, "Interview by Margaret Carmody." 10. "The Strength of NMAA and Its Role in the Community: Talk to Vic Branch Conference," (Darling Point NSW: Mary Paton Private Archive, 1982). 3

⁶ Barnard, Twigg, and Australian Breastfeeding Association, *Nursing Mums: A History of the Australian Breastfeeding Association - 1964 - 2014*. 77.

⁷ Note: Paton attended the 50th Anniversary Celebrations for the Association in Canberra in October 2019 and was a keynote speaker at the ACT/NSW ABA Conference in November 2019.



Figure 1. "Founding Members of NMA." 1969. Back: Glenise Francis, Jan Barry, Mary Paton, Pauline Pick. Front: Pat Paterson and Susie Woods. Front Cover. *Nursing Mothers' Association Newsletter* 3, no. 5 (July - August 1969).

Francis recalls the Foundation Members' description of themselves in the first brochure, "We are a group of young mothers who have discovered the delights and benefits of natural feeding and wish to help other mothers who wish to breastfeed and desire assistance and support".⁸ The problem they sought to address, as they saw it, was the lack of information in the community about breastfeeding and a poor understanding of its importance. Paton explains, "I realised how important breastfeeding was, so I knew my first baby really rejected me when I weaned her at four and a half months and I thought, 'What have I

⁸ Francis, "Interview by Jan Hodge." 12.

done?"⁹ According to Paton, there was "Apathy from the community, from the medical profession and allied professionals ... Lip service, but no practical help or support".¹⁰

The Foundation Members met on 15 February 1964 in Paton's home in the Melbourne suburb of Balwyn and determined to set up an association with a firm legal base and structures, as Barry remarks, "thoroughly organised ... in a business-like fashion".¹¹ Francis recalls:

We were all middle class educated people with husbands who were out building their own careers, setting themselves up.... You married, raised children, you stayed at home and you supported your husband We were all in our mid to late twenties ... Our place was to be the caretaker of the home and the husband Our husbands were affluent enough to be able to support us We had cars, we had telephones.¹²

The Foundation Members, particularly Paton and Barry were examples of female leaders, and like most in their time were primarily in "fields in which women were able to exercise influence ... predominantly voluntary and focused on philanthropic, religious, political and cultural objectives".¹³ They were typical

⁹ Mary Paton, "Past and Future of NMAA," in *Drawing on 30 Years' Experience* (Cooma NSW: Nursing Mothers' Association ACT/Southern NSW Branch, 1994).

¹⁰ "Interview by Trisha Edgoose ". 4

¹¹ Janice Barry, "Interview by Frances Fiddian," *ibid.* (Brisbane QLD: John Oxley Library State Library of Queensland Australia). 2.

¹² Francis, "Interview by Jan Hodge."

¹³ Shurlee Swain and Judith Smart, "Introduction," in *The Encyclopedia of Women and Leadership in Twentieth Century Australia* (Melbourne VIC: Australian Women's Archives Project, 2014).

of leaders born in the twentieth century as they had tertiary education, worked in a voluntary capacity and asserted “their right to speak vested in them by virtue of their class position”.¹⁴ They were members of the middle class by virtue of their husband’s occupations as professionals, doctors, engineers and by their own professional education, but rather than becoming careerists in their professions, they worked voluntarily. They had what Swain and Smart describe as “redoubtable organisational skills, bringing meaning to their lives through their community involvement” and because their field was breastfeeding, it was necessarily a “gendered sphere”.¹⁵ However, they were exceptional in that they were in their twenties and married with young families. Francis comments:

Jan [Barry] and Mary [Paton] particularly felt ... they had a vision to share. They were fortunate people and thought with their fortunate upbringing ... they should be sharing and doing something for the community. They had great community spirit.¹⁶

The Association was in some senses typically middle class as the social origins of the Foundation Members gave them access to time and money.

Another feature of middle-class organisations was ownership of property by the

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Francis, "Interview by Jan Hodge."

organisations themselves, such as the Country Women's Association and, in this respect, the Association did not conform.

The Foundation Members based their Association loosely on the La Leche League in the USA using some of its written resources, following the pattern of discussion groups and seeking medical endorsement for their ideas.¹⁷ They ran trial discussions, reviewed, reflected, assembled their resources and made contacts.¹⁸ In September 1964 they held their first Annual General Meeting and by early 1965 they began meetings featuring guest speakers, films or specific topics alternating monthly with discussion groups.¹⁹ Francis reflects, "[we] really worked with great enthusiasm at that time".²⁰ The Foundation Members held key positions in the 15-member Executive for 1965 – 1966 when the membership was 54. Paton was the first President, Barry was Treasurer and Assistant Secretary, Pick was Librarian, Woods was the Secretary and Research Officer, and Francis

¹⁷ Paton, "Interview by Margaret Carmody." 9. La Leche League International, *The Womanly Art of Breastfeeding*, 2nd ed. (Franklin Park, ILL: La Leche League International, 1963); "Brief History of La Leche League International," <http://www.llli.org/llihistory.html>.

¹⁸ Mary Paton, "President's Address," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne VIC: State Library of Victoria, Australia, 1965).

¹⁹ Nursing Mothers' Association of Australia, "Newsletter: NMA ? September 1965," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, 1965).

²⁰ Francis, "Interview by Jan Hodge." 15.

and Patterson were Committee Members with responsibility for publicity and the *Newsletter*.²¹ Paton states in the President's Address 1965:

What is important is that we help as many mothers nurse their babies happily as we possibly can – we carry out our aims to encourage and support, whether the recipient joins or not. As long as a solid core remains to make a strong executive, group leaders and sub-committee, our aims can be realised.²²

Paton describes the training for counsellors, originally called “group leaders”, as apprenticeship style training with the trainees “apprenticed” to the Association.²³ Apprenticeship is a training period where the student is initiated into a profession by a combination of learning in the workplace from skilled, experienced people and formal study. Strongly influenced by their professional backgrounds,²⁴ the training devised by the Foundation Members was similar to the education traditionally offered in arts and crafts by institutes and organisations such as the Red Cross and the Craft Training School.²⁵

²¹ Barry, "Interview by Frances Fiddian." 2. Nursing Mothers' Association of Australia, "Newsletter: NMA ? September 1965." 5. Note: Other Executive positions were held by early members Maree Ahearn was Vice-President, Rita Keenan was Secretary, Gay Skinner was Public Relations Officer, Alison Macfarlane was Director of Groups, Marj Spicer was Social Secretary Hilary McKelvie was Newsletter Editress [sic] and Merle Sloan and Sandra Champion were Committee Members.

²² "Newsletter: NMA ? September 1965." 4.

²³ Paton, "Interview by Margaret Carmody." 11.

²⁴ *Ibid.* 4.

²⁵ Noel Barrow and Penny Robson, "Australian Red Cross," in *The Australian Women's Register* (Melbourne VIC: The University of Melbourne, 2013).

Occupational therapy as practised by Paton, Barry and Francis had become an important part of psychiatric care. Researcher Lynne Adamson states, “Occupational therapists implemented their craft-based practice within the psychiatric institutions of the 1940s and 1950s”.²⁶ The apprentice-style education of the counsellors with distance education has been similar to the historical “pupil teacher” system of training, and the widespread external study available to teachers and others across Australia.²⁷ Such apprentice style training is typical of communities of practice, as discussed by Lave and Wenger.

The power of the Foundation Members lay in their organisational abilities and the expertise which they used to create their training program. Nevertheless, according to Lave and Wenger, such apprentice style programs have been dismissed by some as “an anachronistic irrelevance” and an example of middle-class activity.²⁸ Critics take issue with and condemn apprenticeship “as if it were always and everywhere organised in the same ways as in feudal Europe”.²⁹ Thus,

²⁶ Lynne Maree Adamson, "Towards an Understanding of Occupational Therapy Professional Practice Knowledge in Mental Health Services " (University of Sydney, NSW Australia, 2011). iii.

²⁷ Anthony McGuire, "Junior Teachers. South Australia, 1913 - 1945," in *Dictionary of Educational History in Australia and New Zealand (DEHANZ)*, ed. Craig Campbell, Dorothy Kass, and Jennifer Collins (Australian and New Zealand History of Education Society, 2014); Colin Milton Thiele, *Grains of Mustard Seed* (Adelaide SA: Education Department South Australia, 1975). 84. Michael White, "Distance Education in Australian Higher Education — a History," *Distance Education* 3, no. 2 (1982).

²⁸ Lave and Wenger, *Situated Learning: Legitimate Peripheral Participation*. 62.

²⁹ *Ibid.* 62 – 63.

when Kerreen Reiger criticises the Association for being “Anglo middle class”, she is criticising the counsellor training system along with other aspects of the Association such as its “small-group format and direct one-to-one counselling”.³⁰ Reiger’s concern was that this middle class model excluded some sections of the community. She comments “Whether this was appropriate to other class or ethnic groups was not seriously challenged until later years ... The whole concept of such voluntary women’s organisations has firm roots in the Anglo-Saxon philanthropic/welfare tradition”.³¹

Outstanding features of the Association

The Association had five outstanding features. It was a voluntary organisation of mothers guided by a Code of Ethics; it sought to support, encourage and teach mothers through discussion groups and the provision of counselling using its own trained volunteers and written materials; it sought to change community attitudes through education, taking a “softly, softly”

³⁰ Kerreen Reiger, "Sort of Part of the Women's Movement, but Different': Mothers' Organisations and Australian Feminism," *Women's Studies International Forum* 22, no. 6 (1999). 585. *Our Bodies, Our Babies: The Forgotten Women's Movement* (Carlton South VIC Melbourne University Press, 2001). 6, 55, 287

³¹ *Our Bodies, Our Babies: The Forgotten Women's Movement*. 55 – 56.

approach to the health care providers; it was an independent Australian organisation; and it needed to engage in fundraising to support its activities.³²

This thesis views the Association as a community of practice³³ and considers its contribution through adult education to health literacy, specifically in the areas of maternal education and breastfeeding. There are three alternative approaches to maternal education which are relevant to this study. The first, from the late nineteenth and early twentieth centuries, was driven by the perceived need to “Save the babies”. This approach argued that, in a time of high infant mortality, declining population growth and changing scientific knowledge about nutrition, infection and hygiene, it was essential for mothers to be supervised and taught by experts how to efficiently and safely care for their babies. The second argued that mothers should be taught nothing, as caring for babies was instinctive and hence required no intervention from experts. The third, advanced by the Association is that mothers learn by observation and experience and should therefore teach each other.

³² Nursing Mothers' Association of Australia, "Introducing Nursing Mothers' Association of Australia," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, 1981).

³³ Lave and Wenger, *Situated Learning: Legitimate Peripheral Participation*.

There are significant research trends which are relevant to this study. The statistical research done by early providers of maternal education sought to ascertain the best way of feeding infants. Later studies justified the methods used by the early providers in terms of measurements of children's growth and health and improvements in infant mortality. However, as researchers Taylor, Lewis and Powles point out, the "legendary" decline in infant mortality in Australia and New Zealand in the period 1900 – 1905 was before such programs began and no one factor can be credited with the decline.³⁴ More recently, the methods of feeding and the style of provision of maternal education, whether in a hospital or community setting have come in for severe criticism and the outcomes of this education in terms of breastfeeding rates, quality of education and the rights of both the mother and the child have been questioned.³⁵ Given the nutritional and psychological importance of breastfeeding, the failure to ensure that all babies have been breastfed could be cause for accusations of systematic neglect by

³⁴ Richard Taylor, Milton Lewis, and John Powles, "The Australian Mortality Decline: All-Cause Mortality 1788-1990," *Australian and New Zealand Journal of Public Health* 22, no. 1 (1998). 32.

³⁵ George Kent, "Child Feeding and Human Rights," *International Breastfeeding Journal* 1 (2006); International Baby Food Action Network, "Breastfeeding and the Right of the Child to the Highest Attainable Standard of Health: Contribution to the General Comment on the Child's Right to Health," (Geneva IBFAN, 2012); Commonwealth of Australia: Department of Health, "Australian National Breastfeeding Strategy - Report on Stakeholder Consultation," (Canberra ACT: Department of Health, 2017).

governments and health care providers of the rights of infants and failure to effectively educate and support mothers.

Many teaching programs are developed intuitively by experts experienced in their field and refined through trial and error. Consequently, the methodology and theory underpinning these practices are often not explicitly articulated or explored, leaving a clear intellectual gap between theory and practice. In particular, very little literature discusses specifically the theory of maternal education. To seek an understanding of the educational approaches that have been employed it is necessary to consider the history of maternal education, to review the work of theorists about adult education, communities of practice and health literacy, and then examine the writings of those health professionals who provided the education, including the Association, to characterise their underlying methodology and theoretical base.

This thesis has identified a gap in the research between theory and practice identified above and specifically, a gap in the research on how the Association educated mothers. This is an important area to address in Australia's provision of adult education, its critical health literacy and the resulting development of Australia's social capital.

Literature Review

There are two strands of literature relevant to the study of the maternal education model developed by the Association. The first relates to the histories of the providers of maternal education, including the Association itself. These histories address the key issues of educating and supporting individual mothers, training those who help them and educating the community. The second strand focuses on the theories of adult education, of communities of practice and of critical health literacy: these will be used to analyse the approach to maternal education taken by various significant providers and by the Association.

Brief history of breastfeeding and how mothers learnt about it

Breastfeeding has always been highly regarded as beneficial and even magical to both the infant and the mother, as demonstrated by artefacts and writings of scholars across cultures.³⁶ Until the development of baby formulas and “humanised milk” in the nineteenth century, breastmilk, either from the infant’s mother or a wet nurse was essential for the infant’s survival. But even

³⁶ Stevens, Emily E., Thelma E. Patrick, and Rita Pickler. "A History of Infant Feeding." [In eng]. *The Journal of perinatal education* 18, no. 2 (Spring 2009): 32-39. <https://doi.org/10.1624/105812409X426314>. <https://www.ncbi.nlm.nih.gov/pubmed/20190854>.

with these developments, it was still apparent that breastmilk gave superior benefits to the child and the mother and by implication to the community.³⁷

There has been very little written or told about breastfeeding, compared with other human activities. Its history, like that of pregnancy has been largely unrecorded and uncontroversial and can be seen chiefly in terms of social, cultural, theological and medical frameworks, thus it is impossible to have precise details or ascertained facts about the practices or how mothers learnt about it. Peter Hartmann has described learning to breastfeed as “a learned behaviour normally acquired in childhood by osmosis learning” and cites anthropologist Donald Thomson’s records of Aboriginal girls playing with clay dolls and clay breasts hung around their necks.³⁸

Breastfeeding in literature and art

Breastfeeding is mentioned in cultural legends and traditions and depicted in artworks as the ultimate symbol of love and devotion. There are

³⁷ Wickes, Ian G. "A History of Infant Feeding. Part V - Nineteenth Century Concluded and Twentieth Century." *Archives of Disease in Childhood: BMJ Journals* 28, no. 142 (1953): 495-502. 500 – 501.

³⁸ Peter Hartmann, "The Lactating Breast: An Overview from Down Under," *Breastfeeding medicine : the official journal of the Academy of Breastfeeding Medicine* 2 (2007). 7 - 8. Donald Thomson, *Aboriginal Girls Play at Being Adults in 1935*, 1935. Bela (second from left) and friends in 1935 playing at being mothers with clay dolls and breasts made by them at Millingimbi, NE Arnhem Land. Australian Broadcasting Commission.

many depictions of mothers breastfeeding in the arts and literature of cultures across the world. Two things need to be said about those depictions. First it was assumed that the breastfeeding mother and child was a familiar scene and that it symbolised love and devotion and the good health of the growing child. Mothers were regarded as beautiful and specifically the full, lactating breast was the epitome of beauty. Breastfeeding is mentioned many times in the Bible and scholars such as St Jerome wrote about it and the times for weaning.³⁹ Shakespeare wrote of breasts as “the pleasant fountains”⁴⁰ and as “like ivory globes circled with blue”.⁴¹ Breastfeeding was referred to without any qualms and with clear knowledge of its features, such as,

“She wildly breaketh from their strict embrace,
Like a milch doe, whose swelling dugs do ache,
Hasting to feed her fawn hid in some brake”.⁴²

In these lines from *Venus and Adonis*, Shakespeare clearly described the discomfort of full breasts and at the same time, the mother’s determination to

³⁹ Prov. 5:18 – 19 RSV. Ps. 22:9. Luke 11:27. (NRSV). Clarke, Adam, and G. B. King, eds. *The Holy Bible: Containing the Old and New Testaments. The Text Carefully Printed from the Most Correct Copies of the Present Authorized Translation. Including the Marginal Readings and Parallel Texts. With a Commentary and Critical Notes, Designed as a Help to a Better Understanding of the Sacred Writings. By Adam Clarke, LL.D. F.S.A. M.R.I.A.*, Early American Imprints. Second Series; No. 22353. New York: Ezra Sargent, 1811.

⁴⁰ William Shakespeare, “Venus and Adonis,” in *The Complete Works of William Shakespeare* (Hertfordshire: Wordsworth Editions, 1996). Line 232.

⁴¹ “The Rape of Lucrece,” in *The Complete Works of William Shakespeare* (Hertfordshire: Wordsworth Editions). Line 408.

⁴² “Venus and Adonis.” Lines 874 – 876.

feed her young, as indicators of strength of resolve. Of mother nature, as a source of food for all, Shakespeare wrote “Common mother ... whose infinite breast teems”.⁴³

When mothers and infants of religious importance, such as the Blessed Virgin and the infant Jesus are depicted breastfeeding, it has the additional meaning of emphasising his humanity. Images of breastfeeding mothers, including classical art such as Solario’s *Madonna with the Green Cushion*⁴⁴ have had the effect of reinforcing particular views about mothers and their dutiful relationship with their infants when they have been used to promote breastfeeding and by implication adoption of the same “distorted posture”, according to researcher Valerie Fildes.⁴⁵ When they have also been depicted with Saint Anne, the grandmother of the Christ Child, there is some indication of how mothers learnt about feeding and caring for infants.⁴⁶

⁴³ "Timon of Athens," in *The Complete Works of William Shakespeare* (Hertfordshire: Wordsworth Editions, 1996). Iv.iii.177. References are to act, scene, and line.

⁴⁴ Solario, *Madonna with the Green Cushion*, 1507-10 Musée du Louvre. Valerie Fildes, "Mothers and Medicine. A Social History of Infant Feeding, 1890–1950," *Medical History* 34 (1990).

⁴⁵ Fildes, "The History of Infant Feeding 1500-1800." Chapter 2. Note: there are no page numbers in Fildes' thesis. Footnotes cite chapter numbers only. Solario, *Madonna with the Green Cushion*, 1507-10 in Frederic Truby King, *Feeding and Care of Baby*, Revised ed. (Christchurch, NZ: Whitcombe & Tombs, 1940). 72. Note: Fildes said, "Only Brown (1777) gave detailed (and accurate) instructions on position [for breastfeeding]". Chapter 2.

⁴⁶ Da Vinci, Leonardo. "The Virgin and the Child with Saint Anne." Paris: Louvre, c. 1499.

Breastfeeding in the medical context

Breastfeeding itself has been regarded as unremarkable. Most of what is written about breastfeeding in the medical context is about not breastfeeding. As researcher Ian Wickes stated, "Those who have heeded nature any way, namely the nursing mothers, have seldom found it necessary to put pen to paper".⁴⁷

Wickes has provided a comprehensive medical history of infant nutrition, documenting the practices that have been used across cultures, internationally since the earliest times by examining the writings of physicians, paediatricians and obstetricians.⁴⁸ More recently, Fildes has provided an account of feeding practices from 1500 – 1800.⁴⁹ Fildes argued that during the period until 1670, there was very little change in ideas or practices about feeding infants and classical ideas prevailed with a focus on the child. This was followed by a period

⁴⁷ Wickes, "A History of Infant Feeding. Part V - Nineteenth Century Concluded and Twentieth Century." 495.

⁴⁸ Wickes, Ian G. "A History of Infant Feeding Part I. Primitive Peoples: Ancient Works: Renaissance Writers." *Archives of Disease in Childhood: BMJ* 28, no. 138 (1953): 151 - 58.; Wickes, Ian G. "A History of Infant Feeding. II. Seventeenth and Eighteenth Centuries." [In eng]. *Archive of Diseases of Childhood: BMJ* 28, no. 139 (Jun 1953): 232-40.; Wickes, Ian G. "A History of Infant Feeding. III. Eighteenth and Nineteenth Century Writers." [In eng]. *Archive of Diseases of Childhood: BMJ* 28, no. 140 (Aug 1953): 332-40.; Wickes, Ian G. "A History of Infant Feeding. IV. Nineteenth Century Continued." [In eng]. *Archive of Diseases of Childhood: BMJ* 28, no. 141 (Oct 1953): 416-22.; Wickes, "A History of Infant Feeding. Part V - Nineteenth Century Concluded and Twentieth Century."

⁴⁹ Fildes, "The History of Infant Feeding 1500-1800."

of experimentation and the beginnings of publications on child-care and a new focus on the mother as well as the child.⁵⁰ As an example, until the eighteenth century, folklore forbade putting the baby to the breast during the colostrum period and once this practice was stopped, there was a great improvement in infant survival. ⁵¹ In addition this early feeding was critical to maternal and infant bonding.⁵²

During the eighteenth century, physicians began to claim expertise in the area of child rearing. Fildes identifies this as a major change with attention focused on the mother rather than the child. This shift is evident in William Cadogan's treatise which argued,

In my opinion, this business has been too long fatally left to the management of women, who cannot be supposed to have proper knowledge to fit them for such a task, notwithstanding they look upon it to be their province ... They may presume upon the examples and transmitted customs of their great grand-mothers, who were taught by the physicians, as appears by late discoveries, were mistaken in many things, being led away by hypothetical reasonings to entertain very wild conceits, in which they were greatly bewildered themselves.⁵³

⁵⁰ Fildes, "The History of Infant Feeding 1500-1800." Chapter 1.

⁵¹ Wickes, "A History of Infant Feeding. III. Eighteenth and Nineteenth Century Writers." 332. Fildes, "The History of Infant Feeding 1500-1800." Chapter 2.

⁵² Derrick B. Jelliffe, *Human Milk in the Modern World : Psychosocial, Nutritional, and Economic Significance* ed. E. F. Patrice Jelliffe, Oxford Medical Publications (Oxford Oxford University Press, 1978). 147, 148, 162.

⁵³ A Physician [William Cadogan], *An Essay Upon Nursing and the Management of Children from Their Birth to Three Years of Age* (London: J. Roberts, 1748). 3 – 4.

The first prototype of the modern mothercraft manual was written in 1792 by Hugh Smith. It strongly recommended breastfeeding but also introduced a preoccupation with regulating the time and size of feeds and compared various alternative milks with breastmilk.⁵⁴ The writers of manuals were “directing their views mainly towards the wealthier and more educated classes” according to Fildes.⁵⁵

By the end of the eighteenth century, there were four principal methods of infant feeding: breastfeeding by the mother, breastfeeding by wet nurses, the use of animal milks, and pap and pandana.⁵⁶ Allowing for unreliable statistics, Wickes argues that the death rate for handfed infants was as high as 66% whereas for infants breastfed by their mothers it was 2%.⁵⁷

Attitudes to infants changed in the late eighteenth century due to philanthropic activity, establishment of foundling hospitals and legislative changes regarding registration of births. Results from the foundling and lying in hospitals were published and women observed for themselves that foundlings who were “dry fed” did not survive and that early breastfeeding at the lying in

⁵⁴ Wickes, "A History of Infant Feeding. III. Eighteenth and Nineteenth Century Writers." 335.

⁵⁵ Fildes, "The History of Infant Feeding 1500-1800." Chapter 1.

⁵⁶ Wickes, "A History of Infant Feeding. III. Eighteenth and Nineteenth Century Writers." 336.

⁵⁷ Wickes, "A History of Infant Feeding. II. Seventeenth and Eighteenth Centuries." 236 – 238.

hospitals resulted in better health for mothers and babies.⁵⁸ Wickes concluded that the social conditions and the popular methods of feeding infants were responsible for the high death rate.

Wickes detailed the problems of wet nurses and the difficulties caused by infants being fed “wines, spirits and opiates”.⁵⁹ Fildes has discussed the lucrative occupation of wet nursing and attacked the “biased and probably false picture of the majority of these women” and emphasised the differences between wet nurses who were privately employed and those who were employed by the parishes.⁶⁰ Ironically, the wealthy who used wet nurses and handfeeding were likely to experience high infant mortality whereas “in the most humble of homes ... poor mothers successfully reared their offspring at the breast”.⁶¹ The practice of using wet nurses contributed to high fertility among aristocratic mothers and also contributed to limited fertility of the wet nurses, demonstrating mothers’ knowledge of lactational amenorrhoea.⁶²

⁵⁸ Fildes, "The History of Infant Feeding 1500-1800." Chapter 5.

⁵⁹ Wickes, "A History of Infant Feeding. II. Seventeenth and Eighteenth Centuries." 236.

⁶⁰ Fildes, "The History of Infant Feeding 1500-1800." Chapter 3.

⁶¹ Wickes, "A History of Infant Feeding. II. Seventeenth and Eighteenth Centuries." 238.

⁶² Fildes, "The History of Infant Feeding 1500-1800." Chapters 1, 2.

There were various methods of artificially feeding infants and paraphernalia of that feeding, which in the nineteenth century saw the development of glass bottles and rubber teats, replacing other utensils such as cows' horns with chamois teats, the pewter pap boat and the bottle with a long syphon tube, all of which posed risk of infection.⁶³

Underlying the medical involvement in the problem of insufficient milk was what researcher Jacqueline Wolf described as "misogynist theories of lactation failure [that] portended a mistrust, which lingers even today, of lactation as a reliable body function".⁶⁴ Moreover, as the century progressed, the debate between the bottle and the breast moved from questions about health to questions about efficiency and was coloured by considerations of proper behaviour, modernity and science in opposition to ignorance.⁶⁵ Part of this response was attempts to teach mothers how to care for infants and thus the handbooks, clinics and classes arose, all in response to concerns about high infant mortality and with the stated intention of promoting breastfeeding.

⁶³ Wickes, "A History of Infant Feeding. IV. Nineteenth Century Continued." 420

⁶⁴ Jacqueline H. Wolf, "What Feminists Can Do for Breastfeeding and What Breastfeeding Can Do for Feminists," *Signs* 31, no. 2 (2006).

⁶⁵ Jacqueline H. Wolf, "'Don't Kill Your Baby': Feeding Infants in Chicago, 1903–1924," *Journal of the History of Medicine and Allied Sciences* 53, no. 3 (1998). 250.

Artificial milks and patent foods, particularly dried milk and sweetened condensed milk were manufactured in Europe and the UK, as well as Australia and available world-wide, but due to lack of understanding of vitamins, these products caused a rise in the incidence of scurvy and rickets.⁶⁶ Wickes documented the medical breakthroughs such as analysis of various milks, understanding of vitamins and bacteria, which led to satisfactory artificial feeding of babies. But, as obstetrician James Smibert lamented,

Civilisation might be described as the attempt by intelligent individuals to improve on Nature: and for breastfeeding this is where the trouble started. Like all attempts to improve on Nature and to “advance”, the story is one of ambition, selfishness and, in this case, appalling cruelty to children.⁶⁷

Similarly, Wickes attributed much of the mistreatment of infants to their social value being comparable to a modern pet dog.⁶⁸

The nineteenth century saw an increased value on infant life, the beginning of child allowances and the formation in the UK, Australia and New Zealand of organisations to protect infants.⁶⁹ However, as Wickes concluded

⁶⁶ Ibid. 422. Nestle Company Australia, "History," Nestle Australia, <https://www.nestle.com.au/en/aboutus/history>.

⁶⁷ Smibert, James. "A History of Breastfeeding with Particular Reference to the Influence of Nmaa in Victoria. Breastfeeding Review 12 May 1988 " *In Records, 1964-1997 [Manuscript]*, edited by Nursing Mothers' Association of Australia. Melbourne, VIC: State Library of Victoria, Australia, 1988. 14.

⁶⁸ Wickes, "A History of Infant Feeding. II. Seventeenth and Eighteenth Centuries." 236.

⁶⁹ Wickes, "A History of Infant Feeding. IV. Nineteenth Century Continued."

“The relative importance of feeding, even when other social factors are known to be bad, is amply demonstrated”.⁷⁰ By the end of the nineteenth century there were many books published for mothers and for medical staff which included infant feeding guidelines.⁷¹ However, as Fildes argued, “Neither literary sources nor medical texts can be used in isolation to construct a reliable history of infant feeding practices since many aspects of parental practice differed from medical discussion on infant nutrition”.⁷²

Breastfeeding: decline and rise

During the first half of the twentieth century, breastfeeding steadily declined to an all-time low in the early seventies. Researcher Rima Apple stated, “Globally, infant feeding practices have changed dramatically in this century as women in areas as different as the United States and New Zealand turned with great speed from breastfeeding to medically directed bottle-feeding”.⁷³ Smibert said “the blame for this state of affairs must be shared by all involved viz. doctors, nurses, formula manufacturers and mothers themselves, but not their

⁷⁰ Ibid. 418

⁷¹ Wickes, "A History of Infant Feeding. III. Eighteenth and Nineteenth Century Writers."

⁷² Fildes, "Mothers and Medicine. A Social History of Infant Feeding, 1890–1950."

⁷³ Rima D. Apple, "The Medicalization of Infant Feeding in the United States and New Zealand: Two Countries, One Experience," *Journal of Human Lactation* 10, no. 1. 31.

babies – the ones at risk”.⁷⁴ Wolf has argued that doctors have seen breastfeeding as an “inconsequential lifestyle choice, not as a vital public health issue”.⁷⁵ Like Apple, Smibert argued that there was a relationship between place of birth and breastfeeding with the decline due to hospital feeding schedules, the science of weighing babies before and after feeding with complementary feeding and placing babies in nurseries. He said, “No one would be game to take a kitten from a cat (unless wearing leather gauntlet gloves), yet we have happily separated mothers and babies for the last half century”.⁷⁶ Apple attributed the “new infant feeding” to the influence of advertising on medical professionals and on mothers through magazines and claimed that this amounted to a “gradual redefinition of motherhood, a refinement of the ideology of scientific motherhood, influenced by infant feeding practices”.⁷⁷ Wolf attributed mothers’ choosing to artificially feed to “lower-class ignorance and middle-class narcissism”.⁷⁸ Smibert explained the preference for bottle feeding as the desire to

⁷⁴ Smibert, "A History of Breastfeeding with Particular Reference to the Influence of NMAA in Victoria. *Breastfeeding Review* 12 May 1988 ". 16.

⁷⁵ Wolf, "What Feminists Can Do for Breastfeeding and What Breastfeeding Can Do for Feminists." 414.

⁷⁶ Smibert, "A History of Breastfeeding with Particular Reference to the Influence of NMAA in Victoria. *Breastfeeding Review* 12 May 1988 ". 16.

⁷⁷ Apple, "The Medicalization of Infant Feeding in the United States and New Zealand: Two Countries, One Experience." 32.

⁷⁸ Wolf, ""Don't Kill Your Baby": Feeding Infants in Chicago, 1903—1924."

know how much the infant is getting, "It is much easier to take control when you know what is happening".⁷⁹ There was also a fear of overfeeding.⁸⁰ More recently there has been severe criticism of the infant formula manufacturers. Wolf argued,

There is no question that formula companies provide a necessary product. But a product originally invented in the nineteenth century, largely to save the orphaned and abandoned infants dying of diarrhoea in foundling homes due to the ingestion of spoilt and adulterated cow's milk should not be a growth industry.⁸¹

Smibert considered the role of baby health clinics in assisting mothers with their babies and keeping useful records which showed a rise in breastfeeding in the early 1970s. He argued that the rise of breastfeeding had been brought about by the mothers themselves and he described the La Leche League and the Nursing Mothers' Association of Australia. Hartmann maintained that the improved breastfeeding rates in Australia were due to "experienced based" advice to mothers, but like Wickes decried the evidence-based advice and lamented the low scientific and medical status of the breast.⁸²

⁷⁹ Smibert, "A History of Breastfeeding with Particular Reference to the Influence of NMAA in Victoria. *Breastfeeding Review* 12 May 1988 ". 16.

⁸⁰ Wolf, "'Don't Kill Your Baby': Feeding Infants in Chicago, 1903—1924." 243, 251.

⁸¹ Wolf, "What Feminists Can Do for Breastfeeding and What Breastfeeding Can Do for Feminists."

⁸² Hartmann, "The Lactating Breast: An Overview from Down Under." 8

With increasing research over the twentieth century, it has become clear that breastfeeding protects the infant and promotes optimal physical and emotional growth. It enhances the bond between the mother and infant and for the mother, it aids weight loss, has a contraceptive effect and lowers the risk of some cancers. It is also convenient, safe and low cost.⁸³ It is clear that infants who are not breastfed have higher mortality and morbidity rates in both developed and developing countries.⁸⁴ Australia is the only country to include breastfeeding in nutritional guidelines for children and adults.⁸⁵ This may be reflective of or perhaps contributory to the comparative incidence of breastfeeding rates in Australia and other countries such as the UK.⁸⁶ The benefits of breastfeeding were endorsed by the National Health and Medical Research Council in 1979 and

⁸³ Allen, Jane, and Debra Hector. "Benefits of Breastfeeding." *New South Wales Public Health Bulletin* 16, no. 4 (2005): 42-46. <https://doi.org/10.1071/NB05011>.

⁸⁴ Bhargava, S. K. "Breast Feeding Best for the Babies." [In eng]. *Yojana* 27, no. 3 (Feb 16-28 1983): 29-30.

⁸⁵ National Health and Medical Research Council. *Literature Review: Infant Feeding Guidelines*. Canberra ACT: National Health and Medical Research Council., 2012. [file:///C:/Users/marga/Downloads/literature-review-infant-feeding-guidelines%20\(1\).pdf](file:///C:/Users/marga/Downloads/literature-review-infant-feeding-guidelines%20(1).pdf).

⁸⁶ Keith Bolling et al., "Infant Feeding Survey 2005," ed. The Information Centre for Health and Social Care (London: NHS, 2007). 25. NCT, *Key Baby Feeding Statistics from the 2005 UK Infant Feeding Survey*. (London: NCT, 2008). Susan Donath and Lisa H. Amir, "Rates of Breastfeeding in Australia by State and Socio-Economic Status: Evidence from the 1995 National Health Survey," *Journal of Paediatrics and Child Health* 36, no. 2 (2001). Note: The incidence of breastfeeding in Australia in 1995 at birth was 81.8%, at 6 months 46.2% (18.6% fully). The incidence of breastfeeding for the UK in 2000 at birth was 68% (45% exclusive), at 6 months 21% (exclusive 1%).

the World Health Organisation in 1981.⁸⁷ This thesis makes a contribution to understanding how mothers have learnt about infant nutrition, who has taught them and what they were taught as well as what they actually did. To further achieve increases in the incidence of breastfeeding, understanding how best to assist mothers to learn about it and identifying a successful, progressive model of maternal education as a community of practice has significant potential with regard to growth in health literacy about infant nutrition.

Histories of the providers of maternal education

While there has been no consistent view of what constitutes maternal education, a key distinction between the maternal education provided by the Association and by other organisations has been the stated purpose and the desired outcomes, both for individual mothers and their infants and for society. In the period up to the mid twentieth century, the term “maternal education” has been widely used with breastfeeding being the essential principle on which a larger set of beliefs has been based, beginning with the aim of infant survival. In contrast the Association had “A simple, uncomplicated breastfeeding objective”

⁸⁷ World Health Organisation. "Breastfeeding." (2010). National Health Medical Research Council. *Infant Feeding Guidelines for Health Workers*. Canberra, ACT: AusInfo, 1996. http://www.who.int/child_adolescent_health/topics/prevention_care/child/nutrition/breastfeeding/en/index.html.

with the aim of raising breastfeeding rates.⁸⁸ The history of the infant welfare movement in Australia deals with the attempts by various levels of government to address problems of infant mortality, associated poverty and poor housing. It demonstrates that the characteristics of maternal education have varied considerably depending on the practices of health professionals and the organisations involved in maternal and child health. They explain how organisations established by charitable interests were gradually taken over by departments of health, and how film, radio talks, newspaper and magazine campaigns began from the 1920s with major publications distributed to mothers (Figure 2).⁸⁹

⁸⁸ Mary Paton, "25th Birthday Melbourne," in *Mary Paton's talks* (Mary Paton Private Archive, 1989). 2.

⁸⁹ New South Wales Department of Public Health Maternal and Baby Welfare Division, *Our Babies* (Sydney, NSW: New South Wales Department of Public Health, 1951). Paul. Cliff, ed. *The Endless Playground: Celebrating Australian Childhood* (Canberra, ACT: National Library of Australia, 2000). William George Armstrong, "The Infant Welfare Movement in Australia " *The Medical Journal of Australia* (1939).



Figure 2. Gibbs, May. "I Hardly Like Delivering the Goods Mrs Kookaburra Them Humans Is So Gum Careless of 'Em'." Colour Lithograph,. Poster Powerhouse Museum, 1920. <http://www.powerhousemuseum.com/collection/database/?irn=147580#ixzz1MUK6bXMV>.

Historically, much of the writing on maternal education and infant welfare is written from the point of view of the great and powerful, in this case, health professionals, philanthropists, bureaucrats and business. Much archival

and historical material regarding the area of maternal education depicts the mothers and their babies as objects to be instructed, rather than participants in the process of education. This is especially so with midwifery and medical texts.⁹⁰ In contrast, writers such as Kerreen Reiger, Jan Kociumbas, Linda Bryder, Philippa Mein-Smith and Jill Barnard and Karen Twigg have used the voices of the women themselves.⁹¹ General histories provide an overview of the lives of women and children in Australasia including the growth of baby health clinics and the medicalisation of birth.⁹²

In the work of authors Kociumbas, Bryder, Mein-Smith and Reiger, women's organisations are depicted as playing an important role in supporting mothers in their daily lives.⁹³ However, none of these histories places the work of

⁹⁰ Wilfred Sheldon, *Diseases of Infancy and Childhood* (London: Churchill, 1941). Vera Scantlebury-Brown, Kate Campbell, and Victoria Maternal Infant and Pre-School Welfare Division, *A Guide to the Care of the Young Child, Infant and Pre-School Ages: For Students of Infant Welfare* (Melbourne, VIC: Dept. of Health Division of Maternal, Infant and Pre-School Welfare 1947); Wilfrid Gaisford and Reginald Lightwood, *Paediatrics for the Practitioner* (London: Butterworth, 1953); Bruce Mayes, *Practical Obstetrics* ed. Vergil Lo Schiavo (Sydney NSW: The Australasian Publishing Co, 1947); *A Textbook of Obstetrics* (Sydney NSW: Australasian Publishing Company, 1950).

⁹¹ Kerreen Reiger, *Of Pots and Pans and Babies: The Challenge to History of the "Personal Is Political"* (Ringwood, VIC: McPhee Gribble, 1991). Jan Kociumbas, *Australian Childhood - a History* (St Leonards, NSW: Allen & Unwin, 1997); Linda Bryder, *A Voice for Mothers; the Plunket Society and Infant Welfare 1907- 2000* (Auckland NZ: Auckland University Press, 2003); Philippa Mein-Smith, *Mothers and King Baby. Infant Survival and Welfare in an Imperial World Australia 1880 - 1950* (Houndmills, UK1997).

⁹² Cliff, *The Endless Playground: Celebrating Australian Childhood*. 120-123.

⁹³ Kociumbas, *Australian Childhood - a History*. Bryder, *A Voice for Mothers; the Plunket Society and Infant Welfare 1907- 2000*. Mein-Smith, *Mothers and King Baby*. Kerreen Reiger, *The Disenchantment of the Home: Modernizing the Australian Family 1880 - 1940* (Melbourne VIC: Oxford University

the various organisations and the individuals within the broad context of adult education and, in particular, maternal education. In addition, none of them considers them as communities of practice, nor do they indicate any impact on health literacy: neither that of the individual nor the community.

Australian organisations to support mothers

Kociumbas has closely examined the world of Australian children from pre-colonial days to mid-twentieth century. It was a world where “infants reigned supreme”.⁹⁴ She has documented that sense of innocence and freedom, evident in Australian children’s lives, captured by writers such as Colin Thiele.⁹⁵ She has placed this description within the views of contemporary education philosophers such as John Locke, who advocated leaky shoes and plenty of fresh air and exercise for children; Jean Jacques Rousseau who recommended breastfeeding for children’s health, loose clothing to allow unrestricted movement and a tutor for their education; and John Wesley who advised parents about their children, “From their very infancy sow the seeds of justice in their

Press, 1985). *Our Bodies, Our Babies: The Forgotten Women’s Movement* (Carlton South VIC Melbourne University Press, 2001).

⁹⁴ Kociumbas, *Australian Childhood - a History*. 95.

⁹⁵ Thiele C.M. & Lennox J., *Sun on the Stubble*, Delux ed. (Montville, Qld: Walter McVitty Books, 1996).

hearts, and train them up in the exactest [sic] practice of it".⁹⁶ As her sources, Kociumbas has used people's memories of their own childhood and what adults have said about children in their writing, along with artefacts of childhood.

Kociumbas has listed the various influences on child survival, from smaller families to medical intervention, and she has outlined the growth of the infant welfare movement.⁹⁷ Even so, Kociumbas was critical of the various organisations which sought to enhance and control childhood in Australia, including philanthropists, medical experts and clergy, who compared children with "little savages, prey to all sorts of predatory instincts, so complex that mere mothers ... must from now on seek expert advice".⁹⁸ She has analysed the debates about childhood and the various advocates who all defined themselves as experts and therefore qualified to solve problems such as homelessness and poor health.

⁹⁶ John Locke, *Some Thoughts Concerning Education*, (New York: P. F. Collier & Son, 1909-14), [www.bartleby.com/37/1/](http://www.bartleby.com/37/1/http://www.bartleby.com/37/1/) <http://www.bartleby.com/37/1/>. Jean Jacques Rousseau, *Emile or Education*, trans. Barbara Foxley (London: Dent, 1921). 15, 86, 19 John Wesley, "On the Education of Children: Sermon 95," ed. Thomas Jackson (1872). G. M. Best, "Education from a Methodist Perspective," Methodist Church <https://www.methodist.org.uk/our-work/our-work-in-britain/education/methodists-and-education/>.

⁹⁷Jan Kociumbas, "'Bless This House ...': Family Religious Culture in Nineteenth Century Australia.," *Women-Church: an Australian Journal of Feminist Studies in Religion* 24 (1999). 28. Kociumbas, *Australian Childhood - a History*. 150, 151.

⁹⁸ *Ibid.*

Kociumbas has consistently taken a generous, sympathetic view of women's lives as they brought up their families, typically in difficult circumstances. She has described accurately the experience of mothers and their children in situations ranging from the bush to the back streets of Sydney or the drawing rooms of Melbourne. Kociumbas was critical of the information given to mothers and of the close supervision to which they were subject. Regarding breastfeeding she said, "Ironically breast-feeding [hyphenated in original] may have in fact declined over this period [the inter-war years] owing to the experts' anxiety-arousing insistence on charting the weight gain of infants and the pressure on mothers to supplement breast milk with approved commercial substitutes".⁹⁹ She has expressed concern that the expert was taking over the domestic scene and the power and knowledge of the mother was being consciously undermined, especially among the poor and marginalised.

Infant welfare in New Zealand and Australia

The history of infant welfare in New Zealand has been extensively written about by Bryder. Her accounts have identified the force that dominated Australian thinking about how to look after babies: the Society for Promoting the

⁹⁹ Ibid. 151.

Health of Women and Children, subsequently known as the Royal New Zealand Plunket Society which was “a society run by and for women” and “medically inspired” by the charismatic psychiatrist and Director of Child Health, Dr Sir Frederic Truby King.¹⁰⁰ She has described the establishment of the Plunket Society, its training program for Plunket Nurses and its provision of six Karitane baby hospitals and many baby health clinics across New Zealand and explained that a major feature of Plunket was the concept of “supervision” of mothers by Plunket Nurses. In her major work, *A Voice for Mothers, the Plunket Society and infant Welfare 1907 – 2000*, Bryder sets out to place the Society as a provider of infant welfare, within three themes: “the relationship between the voluntary

¹⁰⁰ Linda Bryder, *A Voice for Mothers; the Plunket Society and Infant Welfare 1907- 2000* (Auckland NZ: Auckland University Press, 2003). ix. *Not Just Weighing Babies: Plunket in Auckland, 1908-1998* (Auckland, NZ: Pyramid Press, 1998); "Plunket's Secret Army: The Royal New Zealand Plunket Society and the State," in *Past Judgement : Social Policy in New Zealand History*, ed. Bronwyn Dalley and Margaret Tennant (Dunedin NZ: University of Otago Press, 2004); "New Zealand's Infant Welfare Services and Maori, 1907-60," *Health and History* 3, no. 1 (2001); "Two Models of Infant Welfare in the First Half of the Twentieth Century: New Zealand and the USA," *Women's History Review* 12, no. 4 (2003); "Breastfeeding and Health Professionals in Britain, New Zealand and the United States, 1900 - 1970," *Medical History* 49, no. 2 (2005); "The Plunket Society: Part of the New Zealand Way of Life?," *Australian Historical Studies* 39, no. 2 (2008); "Challenging New Zealand's Icon, Sir Frederic Truby King," *Social History of Medicine* 33, no. 1 (2018). Frederic Truby King, "Clock Face for Four Hourly Feeding " in *Feeding and Caring for Baby* (Auckland, NZ: Whitcombe & Toombs, 1942); "Welfare of Mothers and Babies: Lecture by Dr Truby King. Education Buildings, Sydney Nsw," in *Miscellaneous letters and papers (1907-1930)* (Dunedin NZ: Hocken Library New Zealand. Hocken Collections Archives and Manuscripts. , 1919).

sector and the state ... the development of paediatrics as a speciality ... the relationship between health providers and their clients, the mothers".¹⁰¹

Considering the Plunket Society, Bryder stated that it was "generally organised and maintained by volunteer groups of women, sometimes with government support".¹⁰² She compared the Society and its continuing place in the care of mothers and babies in New Zealand with the approaches in the UK and the USA, but did not elaborate on a comparison with Australia, where there were similar professional rivalries between infant welfare nurses and the medical profession and most of those nurses were trained under the same system as Plunket.¹⁰³ The disputes about feeding regimes in the 1930s related to the advice given and the distribution of "humanised milk" at the Plunket clinics were attributed by Bryder to issues of power and control between the Plunket Society and the rising profession of paediatrics.¹⁰⁴

¹⁰¹ Bryder, *A Voice for Mothers; the Plunket Society and Infant Welfare 1907- 2000*. xii.

¹⁰² Bryder, *A Voice for Mothers; the Plunket Society and Infant Welfare 1907- 2000*. ix.

¹⁰³ Bryder, "Two Models of Infant Welfare in the First Half of the Twentieth Century: New Zealand and the USA." Claire Ashton, "Karitane's Contribution to Public Health in New South Wales 1923 - 2000" (University of Sydney, 2009); Tweddle Child and Family Health Service, "Our History," Tweddle Child and Family Health Service, <https://www.tweddle.org.au/about-us/our-history/>.

¹⁰⁴ *A Voice for Mothers; the Plunket Society and Infant Welfare 1907- 2000*. xiv. L. Bryder, "From Breast to Bottle: A History of Modern Infant Feeding," *Endeavour* 33, no. 2 (2009). Bryder, "Challenging New Zealand's Icon, Sir Frederic Truby King."

The Plunket Society has been used by Bryder for a case study of the relationship between voluntary organisations and the state over the twentieth century.¹⁰⁵ In her view, links between Plunket and the Empire builders were a deliberate attempt on the part of those organising the Society to align the Society with those views in order to obtain endorsement and government funding.¹⁰⁶ She has sought to demonstrate that the Plunket Society was an organisation of volunteers run by and for women and that it was not synonymous with Truby King. But she also described the publications of the Society, written by Truby King and elaborated on the nature of the volunteer activity which did not include providing assistance and advice to mothers, except in the very early days when there was a shortage of nurses.¹⁰⁷ In her assessment, "Plunket was very much a monocultural organisation run by European women who raised funds and met".¹⁰⁸ Such was the voluntary nature of the Plunket Society, that the Council of the Society did not include the nurses it employed, "The Council did

¹⁰⁵ Bryder, "The Plunket Society: Part of the New Zealand Way of Life?."

¹⁰⁶ *A Voice for Mothers; the Plunket Society and Infant Welfare 1907- 2000*. Ix. Katie Pickles, "A Link in 'the Great Chain of Empire Friendship': The Victoria League in New Zealand," *The Journal of Imperial and Commonwealth History* 33, no. 1 (2005). Note: Pickles argues, the Plunket Society "made the connection between childbirth, nation and Empire". *Immigration Restriction 1899* (63 Vict 1899 No 33), ((NZ)); *Undesirable Immigrants Exclusion Act 1919* (10 Geo V 1919 No 44), ((NZ)). *Immigration Restriction Amendment Act 1920* (11 Geo V 1920 No 23), ((NZ)).

¹⁰⁷ "Plunket's Secret Army: The Royal New Zealand Plunket Society and the State." 116.

¹⁰⁸ "New Zealand's Infant Welfare Services and Maori, 1907-60."

not want to forfeit power to paid professionals [nurses]".¹⁰⁹ Those working on the Society's committees were "socially conservative".¹¹⁰

Not only was there tension with the rising profession of paediatrics there was also the effect of the new child psychology in the 1950s which saw the Plunket Nurses "accused of being old-fashioned in their promotion of routines in childcare and breastfeeding".¹¹¹ The reasons for New Zealand falling behind other Organisation for Economic Co-operation and Development countries in infant mortality in the second half of the twentieth century were described.¹¹² The continual opposition by the Health Department because it felt its "budget was going to a nursing service over which it had no control" has been detailed, including the Salmond Report.¹¹³ But the reality was substantial government funding for the Society so that by the 1970s, 70% of the Society's funding was from the government.¹¹⁴ It is worth noting that, in contrast to the arrangements

¹⁰⁹ "Plunket's Secret Army: The Royal New Zealand Plunket Society and the State." 117.

¹¹⁰ Ibid. 118, 120.

¹¹¹ *A Voice for Mothers; the Plunket Society and Infant Welfare 1907- 2000*. Xii.

¹¹² Bryder, *A Voice for Mothers; the Plunket Society and Infant Welfare 1907- 2000*. 203. "Plunket's Secret Army: The Royal New Zealand Plunket Society and the State." 118.

¹¹³ *A Voice for Mothers; the Plunket Society and Infant Welfare 1907- 2000*. xii, 153. Bryder, "Plunket's Secret Army: The Royal New Zealand Plunket Society and the State." 118.

¹¹⁴ "Plunket's Secret Army: The Royal New Zealand Plunket Society and the State." 118. Note: The subsidies for the Plunket Society were one third of its costs in 1914, rising to 78% by 2001. Linda Bryder, *A Voice for Mothers; the Plunket Society and Infant Welfare 1907- 2000* (Auckland NZ: Auckland University Press, 2003). X.

for infant welfare, the school Dental Service was run by local committees but employed Health Department staff.¹¹⁵ Similarly, Health Camps for children were run by local committees, with the Health Department supplying school nurses as matrons to approved health camps and school doctors to assist with organisation of camps.¹¹⁶

The Plunket Society, with its strong commitment to breastfeeding, has not primarily been considered by Bryder as a provider of maternal education. However, she has defended its supervisory approach to mothers, stating that the Plunket Nurses “had considerable independence and very little supervision”¹¹⁷ and by demonstrating that some of the mothers surveyed did not follow the advice they were given, and arguing that these results were indicators of mothers “agency”.¹¹⁸ This mitigating view is disputed by Apple who stated that the Plunket Nurses “believed in and enforced the rules of medicalised infant feeding most stringently”.¹¹⁹ Bryder has not reviewed the information in the text books and manuals of the Society in any depth in *A voice for Mothers*, however, she

¹¹⁵ Statistics New Zealand, "The New Zealand Official Year Book," ed. Census and Statistics Office (Wellington NZ: New Zealand Government, 1935). 124

¹¹⁶ Margaret Tennant, "Children's Health Camps in New Zealand: The Making of a Movement, 1919–1940," *Social History of Medicine* 9, no. 1 (1996). 82.

¹¹⁷ Bryder, *A Voice for Mothers; the Plunket Society and Infant Welfare 1907- 2000*. 71.

¹¹⁸ *Ibid.* Xv.

¹¹⁹ Rima D. Apple, "The Medicalization of Infant Feeding in the United States and New Zealand: Two Countries, One Experience," *Journal of Human Lactation* 10, no. 1 (1994). 34.

conducted a detailed analysis more recently in "Challenging New Zealand's Icon, Sir Frederic Truby King", where she itemised Truby King's statements about play, exercise, and maternal love, and conducted a detailed defence of Truby King and his ideas against the accusations of strict austerity.¹²⁰

The social aspect of the Society including opportunities for incidental conversations was beneficial to mothers according to Bryder, "mothers waiting to see the Plunket Nurse had plenty of time to exchange their views" and she also discussed the Mothers' Clubs that some branches ran, describing these as an important part of women's social life in small communities.¹²¹ Thus, the Society provided women with a "collective identity" and "the support of 'ordinary' mothers and fathers who had no previous experience of childrearing because they themselves came from small families was a feature that ensured loyalty to the Society from a large proportion of the public".¹²²

The late twentieth century criticism of Truby King and the Society was detailed by Bryder, the most vehement of which was Erik Olssen's description of

¹²⁰ Bryder, "Challenging New Zealand's Icon, Sir Frederic Truby King."

¹²¹ *A Voice for Mothers; the Plunket Society and Infant Welfare 1907- 2000*. 143, 150, 176.

¹²² *Ibid.* xi.

the Society as a “straight jacket” with its “prescriptive ideology”.¹²³ After World War Two, there was a steady decline in breastfeeding in New Zealand.¹²⁴ In apparent support of the Plunket approach of scheduled feeding, Bryder has attributed the declining breastfeeding in the 1950s to the “demanding nature” of demand feeding, “Ironically, the greater stress on meeting the baby’s emotional needs might have contributed to a decision to bottle feed”.¹²⁵ Another explanation is offered by Apple, that the decline coincided with the advent of large maternity hospitals in New Zealand where until the 1950s, most maternity hospitals were not large, medicalised institutions and did not follow the strict practices of separation of mother and baby and scheduling of feeds.¹²⁶

Bryder referred often to the role of breastfeeding in relation to the prevention of diarrhoeal disease, a major cause of infant mortality at the time the Society was established and outlined the international reputation of the Plunket Society based on the rapid decline in infant mortality attributed to its work but

¹²³ Erik Olssen, "Truby King and the Plunket Society: An Analysis of a Prescriptive Ideology," *NZ Journal of History* 15, no. 1 (1981). Bryder, *A Voice for Mothers; the Plunket Society and Infant Welfare 1907- 2000*. 260. "Plunket's Secret Army: The Royal New Zealand Plunket Society and the State." 120. "Challenging New Zealand's Icon, Sir Frederic Truby King."

¹²⁴ Linda Bryder, "Breastfeeding and Health Professionals in Britain, New Zealand and the United States, 1900 - 1970," *Medical History* 49, no. 2 (2005). 188.

¹²⁵ *Ibid.* 124.

¹²⁶ Apple, "The Medicalization of Infant Feeding in the United States and New Zealand: Two Countries, One Experience." 35.

she also discussed other contributing factors such as smaller families, a rise in women's general education and availability of good food and uncrowded housing in New Zealand,

It is probable that ready access, via the Plunket Society to advice on breastfeeding and hygiene in the home contributed to New Zealand maintaining its record of the lowest infant mortality in the world at a time when the major cause of infant death was of digestive origin.¹²⁷

The Plunket Society made changes in the late twentieth century, which Bryder lists as signs of its moving with the times, when it closed its Karitane hospitals, became more involved in research, immunisation, accident prevention and parentcraft, opened "Plunketline" and actively promoted a multicultural image to accommodate Maori mothers.¹²⁸ There were also changes to the Plunket Nurse training with an emphasis on practicums which Bryder described as "A conscious effort ... to 'de-professionalise' the nurses".¹²⁹ The changed approach can be observed in the Plunket-endorsed publication by Trish Gribben *Pyjamas Don't Matter*, which recommended a relaxed attitude to parenting, including baby slings, however, a close examination reveals that many of the traditional Plunket ideas were still advocated particularly regarding night feeds and there

¹²⁷ Bryder, *A Voice for Mothers; the Plunket Society and Infant Welfare 1907- 2000*. X, Xi.

¹²⁸ Ibid. Xvi, 134 – 135. Bryder, "Plunket's Secret Army: The Royal New Zealand Plunket Society and the State." Xi, 121, 234.

¹²⁹ Bryder, *A Voice for Mothers; the Plunket Society and Infant Welfare 1907- 2000*. 232.

was ambivalence about the importance of breastfeeding.¹³⁰ There are more illustrations that feature babies with bottles than at the breast.¹³¹ Bryder cited Robin McKinlay's research and stated that this publication was evidence that the Society had adopted the "'life experience' paradigm of motherhood".¹³² By the 1980s, the Society had lost its confidence as a "women's mission" and was having great difficulty recruiting volunteers.¹³³ It had lost its "iconic status".¹³⁴ In *A Voice for Mothers: the Plunket Society and Infant Welfare 1907 - 2000*, Bryder claimed that "in this book I am not 'sticking up' for Plunket" yet her accounts of the Society and its activities amount to a justification of its approach which included an organisation run by volunteer women, subsidised by government to provide supervision of mothers by nurses with the aim of promoting breastfeeding to reduce infant mortality.¹³⁵

The title of Mein-Smith's book, *Mothers and King Baby* reflects the confusion between "King" as in Truby King and the imperial importance of babies as in the slogan, "His Majesty the Baby". She has traced the evolution of

¹³⁰ Trish Gribben, *Pyjamas Don't Matter, or, What Your Baby Really Needs* ed. David Geddis, Roy Muir, and Dick Frizzell (Melbourne VIC: Sun Books, 1979). 6, 8, 22.

¹³¹ Ibid. 8, 12, 21, 25, 41,

¹³² Bryder, *A Voice for Mothers; the Plunket Society and Infant Welfare 1907- 2000*. 273.

¹³³ Bryder, "Plunket's Secret Army: The Royal New Zealand Plunket Society and the State." 122.

¹³⁴ Ibid. 123.

¹³⁵ Bryder, *A Voice for Mothers; the Plunket Society and Infant Welfare 1907- 2000*. X.

the infant welfare movement in Australia and links it to relevant legislation, major national events, and the role of the media: focusing on how these affected women and babies.¹³⁶

Mein-Smith has viewed the infant welfare movement through the lens of a late twentieth century feminist, arguing that it was part of raising the status of women as mothers. But the lens can be problematic with regard to breastfeeding where there has been, as researcher Judith Galtry describes, a “silence on suckling”.¹³⁷ Breastfeeding has been encouraged and supported by a few feminist writers such as Sheila Kitzinger. Generally it has either not been mentioned by other influential feminist writers such as Anne Summers, or depicted as oppressive and exploitative of women by writers such as Betty Friedan. The latter never mentions breastfeeding as being worthwhile and regarded it as incompatible with employment.¹³⁸ Reiger comments on the concerns of the

¹³⁶ Mein-Smith, *Mothers and King Baby*. 6, 139.

¹³⁷ Judith Galtry, "Suckling in Silence : Breastfeeding, Paid Work and Feminist Thought in New Zealand, the United States and Sweden" (Victoria University, 2018).

¹³⁸ Ibid. 7, 35. Gabrielle Palmer, *The Politics of Breastfeeding: When Breasts Are Bad for Business*, 3rd updated and rev. ed. (London: Pinter & Martin, 2009). Judith Galtry, "Suckling and Silence in the USA: The Costs and Benefits of Breastfeeding," *Feminist Economics* 3, no. 3 (1997). Shelia Kitzinger, *The Experience of Breastfeeding* (Harmondsworth UK: Penguin Books, 1979). Anne Summers, *Damned Whores and God's Police*, 2nd ed. (Ringwood VIC: Penguin, 1994). Betty Friedan, *The Feminine Mystique* (New York W. W. Norton & Company, 1963); Judith Galtry, "Suckling in Silence : Breastfeeding, Paid Work and Feminist Thought in New Zealand, the United States and Sweden" (Victoria University, 2018).

women's groups, "Neither the more radical women's liberationist wing emerging in the early 1970s nor the more mainstream Women's Electoral Lobby, placed mothers' general concerns or the management of birth, let alone lactation, high on their political agenda".¹³⁹

Researchers Penny Van Esterik and Ted Griener allude to feminists who regard breastfeeding as "restrictive" and "time intensive", "the epitome of nurturant behaviour – restrictive and unappealing, constraining an emancipated woman from employment opportunities".¹⁴⁰ Van Esterik argued that there has been insufficient examination of the claim that women's employment has led to a decline in breastfeeding.¹⁴¹ She also argued that many feminist writers regarded breastfeeding as a personal choice and that "the absence of breasts and breastfeeding in current feminist literature is disturbing".¹⁴² According to Mein-Smith, it was the general education of children rather than any form of maternal education which had a far greater influence on the practices that mothers adopted. Therefore, choosing to not breastfeed is seen by Mein-Smith as evidence

¹³⁹ Reiger, *Our Bodies, Our Babies: The Forgotten Women's Movement*. 166.

¹⁴⁰ Penny Van Esterik and Ted Greiner, "Breastfeeding and Women's Work: Constraints and Opportunities," *Studies in Family Planning* 12, no. 4 (1981). 192.

¹⁴¹ Penny Van Esterik, "Lessons from Our Lives: Breastfeeding in a Personal Context," *J Hum Lact* 10, no. 2 (1994).

¹⁴² *Ibid.*

of “women’s increasing self-realisation”.¹⁴³ It has been shown that the reverse is true, that there is a correlation between early initiation of breastfeeding and the mother’s education status.¹⁴⁴ Australian Bureau of Statistics reports identify a correlation between initiation and length of breastfeeding and mothers’ education levels.¹⁴⁵

Technical rationality and mothers

Reiger was a founder of the Maternity Coalition representing “an often ‘forgotten’ strand of the women’s movement — the maternalist feminist emphasis on reclaiming women’s rights in birth and breastfeeding”.¹⁴⁶ In *The Disenchantment of the Home*, Reiger used a variety of sources such as government records, newspapers, pamphlets, clinical records, women’s magazines and unpublished diaries and letters, along with interviews to give a picture of life in

¹⁴³ Mein-Smith, *Mothers and King Baby*.

¹⁴⁴ Pawan Acharya and Vishnu Khanal, "The Effect of Mother’s Educational Status on Early Initiation of Breastfeeding: Further Analysis of Three Consecutive Nepal Demographic and Health Surveys," *BMC Public Health* 15 (2015). 2. Amy E. Brown et al., "Indices of Multiple Deprivation Predict Breastfeeding Duration in England and Wales," *Eur J Public Health* 20, no. 2 (2010).

¹⁴⁵ S. K. Jain, *Breastfeeding in Australia : Occasional Paper. Demographic, Socio-Economic and Health Correlates of Breastfeeding in Australia - Evidence from the 1989-90 National Health Survey Occasional Paper In: Ausstats* (Canberra: Australian Bureau of Statistics, 1996). 14.

¹⁴⁶ Reiger, *Of Pots and Pans and Babies: The Challenge to History of the "Personal Is Political"*. *Our Bodies, Our Babies: The Forgotten Women’s Movement; Family Economy* (Ringwood, VIC: McPhee Gribble, 1991); *The Disenchantment of the Home: Modernizing the Australian Family 1880 - 1940*.

the domestic world of Australia. Through this very detailed account, she has argued that there was a basic contradiction between the ever-widening expansion of technical rationality and the domestic scene.¹⁴⁷ She described in great detail the horrifying history of milk supply to the cities¹⁴⁸ and the attempts to ensure its safety and to teach women about the “dangers lurking in milk”, especially in Australia’s climate.¹⁴⁹ Ironically, in her very thorough account of the unreliability of fresh milk supplies in Melbourne in the early twentieth century, Reiger appears to have assumed the efficacy of breastfeeding without specifically reflecting on the Public Health advocates’ activities who apparently believed that the answer to infantile diarrhoea was safe milk supplies when arguably, at the same time, there could have been support for breastfeeding which largely prevents the condition.¹⁵⁰ Reiger also described how the mother had the responsibility and the stress of bringing the home environment into line with public health developments and the pressure from the media to conform with

¹⁴⁷ *The Disenchantment of the Home: Modernizing the Australian Family 1880 - 1940*. 221.

¹⁴⁸ *Ibid.* 43, 140.

¹⁴⁹ John L. Bruce, *The Australian Sanitary Inspector’s Text Book* ed. Theodore Mailler Kendall (Sydney NSW: William Brooks, 1901). Note: The various methods of diluting and preserving milk and the activities of the “milk sophisticator” as described by John Bruce are fully discussed by Reiger, along with the powerful influence of dairies over local governments.

¹⁵⁰ Reiger, *The Disenchantment of the Home: Modernizing the Australian Family 1880 - 1940*. 42 – 43, 129, 140 – 143. S. L. Huffman and C. Combest, "Role of Breast-Feeding in the Prevention and Treatment of Diarrhoea," *J Diarrhoeal Dis Res* 8, no. 3 (1990); Laura M. Lamberti et al., "Breastfeeding and the Risk for Diarrhea Morbidity and Mortality," *BMC Public Health* 11, no. 3 (2011).

new ideas about interior decoration and efficiency in the operation of a hygienic house.¹⁵¹

Along with the new age of efficient scientific housekeeping came the medicalisation of childbirth. Reiger documents this well, interspersing it constantly with first-hand accounts of women who experienced these changes and who were largely grateful for safer childbirth. This was even if the scientific approach to pregnancy and childbirth translated into ongoing pressure to conform with regulated expectations of progress in the baby's development. There was measuring weight gain and the inevitable judgement of the mother's milk supply, if progress was deemed unsatisfactory.¹⁵²

In *Our Bodies, Our Babies, the Forgotten Women's Movement*, Reiger sought to assert the importance of organisations including the Association, which have supported women in their traditional role of mothering. She positions them as being ignored by academic feminism and producing a different type of political activism where change came overwhelmingly from mothers in the community.¹⁵³

¹⁵¹ Ibid. 44, 45, 54. Georgie Boynton Child, *The Efficient Kitchen* (New York: McBride, Nast & Co, 1914). Julie Oliver, *The Australian Home Beautiful: From Hills Hoist to High Rise* (McMahon's Point NSW: Home Beautiful, 1999).

¹⁵² Reiger, *The Disenchantment of the Home: Modernizing the Australian Family 1880 - 1940*. 92.

¹⁵³ *Our Bodies, Our Babies: The Forgotten Women's Movement*.

She earlier aired these views in her article, "Sort of part of the women's movement, but different".¹⁵⁴ Reiger identified a sense of shared togetherness in the Association, that the support of influential medical professionals gave it credibility and that the approach was gentle rather than confrontational.¹⁵⁵

A network for mothers in the USA

An important source of publications for mothers in the USA, and to some extent in Australia and New Zealand, was the La Leche league which also ran groups to provide education and support. In 1958 the leaders of the La Leche League which they had founded in Illinois USA in 1956, put together a 31-page book of hints and ideas and information about breastfeeding initially intended as a "course by mail" for women who could not attend meetings or wanted to be Leaders, calling it *The Womanly Art of Breastfeeding*.¹⁵⁶ The founders printed and published it themselves. Five years later, in 1963, a much larger, revised version was published and since then there have been many revisions.¹⁵⁷ The essential

¹⁵⁴ "'Sort of Part of the Women's Movement, but Different': Mothers' Organisations and Australian Feminism," *Women's Studies International Forum* 22, no. 6 (1999).

¹⁵⁵ *Our Bodies, Our Babies: The Forgotten Women's Movement*. 239.

¹⁵⁶ La Leche League of Franklin Park Inc, *The Womanly Art of Breast Feeding* (Franklin Park ILL: La Leche League, 1958).

¹⁵⁷ La Leche League International, *The Womanly Art of Breastfeeding* (Franklin Park ILL: La Leche League International, 1963). Marinelli, Kathleen. "An Interview with La Leche League Founders Marian Tompson and Mary Ann Kerwin, Jd." *Journal of Human Lactation* 34, no. 1 (2018/02/01 2017): 14-19.

message of the book in its various editions remains the same, namely that breastfeeding is the birthright of the baby, that it enhances the mother–baby relationship and that there are distinct disadvantages to babies who are not breastfed and great advantages to the mothers who breastfeed. The book advocated the La Leche League as the ideal network to support mothers in their breastfeeding journey. The League recommended methods that were controversial such as demand feeding rather than scheduled feeding, “Scheduling nursings, like scheduling kisses, would just make life harder for both of you”.¹⁵⁸ It also recommended extended breastfeeding with baby led weaning and co sleeping of mother and baby.

The book as first released and in subsequent editions is a mix of factual scientific information about breast milk, breast feeding and the techniques that work well, along with discussion and stories by members about their experiences. The book, described as “a meeting in a book”, was written for mothers by mothers and its tone is supportive, optimistic and informal,

As for your baby, breastfeeding is what he’s born to expect. His nursing relationship with you becomes the foundation of the way he will think of

¹⁵⁸ Diane. Wiessinger et al., *The Womanly Art of Breastfeeding: Completely Revised and Updated 8th Edition*, (Pinter & Martin, 2010), <https://books.google.com.au/books?id=MHLrAwAAQBAJ>.

himself and others. One mother pointed out that 'it's as if bottles fill his stomach, but breastfeeding fills his soul'.¹⁵⁹

It includes sections on birth and the effects of birth methods and experiences on breastfeeding. It has sections on child development from birth, related to breastfeeding and information about the anatomy and physiology of breastfeeding. It considers the role of the father and it describes the psychological relationship of the breastfeeding mother and child in terms of attachment theory, "the whole nursing is a full-body hug".¹⁶⁰

The League "overshadowed other organisations to become the face of breastfeeding promotion ... the foremost expert on breastfeeding" in the USA and it spread to other parts of the world.¹⁶¹ The effectiveness of the League, particularly in New Zealand, in promoting breastfeeding using a social support model with its own publications was discussed by researcher Kath Ryan who identified an essential difference from the Plunket Society as the League's promotion of the interests of the baby being paramount in its philosophy. She stated that it has been "largely responsible for the turn-around in infant feeding trends in New Zealand from the late 1960s. Its power lies in the one-to-one,

¹⁵⁹ Ibid.

¹⁶⁰ Ibid.

¹⁶¹ Wolf, "What Feminists Can Do for Breastfeeding and What Breastfeeding Can Do for Feminists." 408.

egalitarian sharing of information and the empowerment of individual members".¹⁶² As a social support group it was distinguished from earlier models of mothers' groups such as those run by Plunket because they were mainly involved with fundraising.¹⁶³ Ryan stated that "it is difficult to gauge the true influence of La Leche League because of its extensive but inconspicuous network" and she quoted as an example "30,000 woman contacts" in 1992.¹⁶⁴

Researchers Karen McBride-Henry and Jill Clendon noted that the rise in breastfeeding rates in New Zealand in the 1970s and 1980s mirrored the growth of the League, "when women began to oppose the notion of strict baby routines, focusing instead on responsive mothering".¹⁶⁵ They argued that an important aspect of the League was its use of mothers' own language. Thus, the title of the book *The Womanly Art of Breastfeeding* was significant because it defined breastfeeding as an art, reflecting "generations of women's knowledge" rather

¹⁶² Kath Ryan, "The Power of Support Groups: Influence on Infant Feeding Trends in New Zealand," *Journal of Human Lactation* 13, no. 3 (1997). 189.

¹⁶³ McBride-Henry, Karen, and Jill Clendon. "Breastfeeding in New Zealand from Colonisation until the Year 1980: An Historical Review." *New Zealand College of Midwives Journal* 43 (November 2010): 5 - 9.

¹⁶⁴ Ryan, "The Power of Support Groups: Influence on Infant Feeding Trends in New Zealand." 188.

¹⁶⁵ McBride-Henry and Clendon, "Breastfeeding in New Zealand from Colonisation until the Year 1980: An Historical View." 8.

than as a “biomedical knowledge of human lactation”.¹⁶⁶ They argued that the League not only supported women but also valued women’s knowledge of breastfeeding and baby care.¹⁶⁷

An Australian support group for mothers: “Nursing Mums”

The official history of the Association by Jill Barnard and Karen Twigg, *Nursing Mums: History of the Australian Breastfeeding Association 1964-2014*, was commissioned to celebrate the 50th anniversary of the founding of the Association. Paton describes the process, “I was Chair of the Committee, so we would go through every chapter ... we had ‘coordinators’ in each branch ... so we could mention as many people as we possibly could ... there was a lot of work”.¹⁶⁸ It identified the activities of the Association as hospital and school visits, counselling calls, discussions, classes for expectant mothers and resources such as booklets and a newsletter. The authors described the “sense of family” in the groups, arguing that the venue for discussions which was usually a private home was “more conducive for friendly chatter and relaxation”.¹⁶⁹ They

¹⁶⁶ La Leche League of Franklin Park Inc, *The Womanly Art of Breast Feeding* (Franklin Park ILL: La Leche League, 1958). McBride-Henry and Clendon, "Breastfeeding in New Zealand from Colonisation until the Year 1980: An Historical View." 9.

¹⁶⁷ "Breastfeeding in New Zealand from Colonisation until the Year 1980: An Historical View." 8.

¹⁶⁸ Mary Paton, "Interview by Margaret Carmody," (Darling Point NSW 2016).

¹⁶⁹ Barnard, Twigg, and Australian Breastfeeding Association, *Nursing Mums: A History of the Australian Breastfeeding Association - 1964 - 2014*. 142.

described the role of the counsellor in leading discussions as a “facilitator allowing people to discover their own solutions rather than providing answers”.¹⁷⁰ With regard to the education of the counsellors, they described it as an apprenticeship, with the use of role-play to demonstrate empathetic listening skills.¹⁷¹ They claimed that it was “the quality of the mother-to-mother support that has emerged as the Association’s greatest accomplishment”.¹⁷² They also pointed to a need on the part of new mothers for experiential knowledge about breastfeeding and they consistently described the function of the Association as a “breastfeeding support service”.¹⁷³ They described the groups as “friendly and democratic” and they claimed that the Association “pre-empted in many ways the second wave feminist movement of the 1970s”.¹⁷⁴ They did not consider the Association as a provider of adult education even though the Association has always defined itself as providing “information, support and education”. In a curious omission, the word “education” is not to be found in the index.

Creating an educational model

¹⁷⁰ Ibid. 149.

¹⁷¹ Ibid. 149.

¹⁷² Ibid. 293.

¹⁷³ Ibid. 291.

¹⁷⁴ Ibid. 87.

The major contributors to the area of adult education in the twentieth and early twenty-first centuries were Burrhus Frederic Skinner, Malcolm Knowles, John Dewey, Eduard Lindeman, Abraham Maslow, Jack Mezirow, Paulo Freire and Michel Foucault.¹⁷⁵ A feature of adult education is learning in groups which has been defined as “communities of practice” by Jean Lave and Etienne Wenger.¹⁷⁶ In addition there are the theorists of health literacy, particularly Don Nutbeam and also Kristine Sørensen and her research team.¹⁷⁷ The theorists have been influenced by the writings of classical education theorists such as Aristotle, by “pedagogic realists” such as Locke, by Romantics such as Rousseau and liberals such as John Henry Newman.¹⁷⁸ None of the theorists has specifically

¹⁷⁵ Burrhus Frederic Skinner, *Science and Human Behaviour* (New York: Macmillan, 1953). Malcolm Knowles, Ellwood F. Holton III, and Richard A. Swanson, *The Adult Learner*, 6th edition ed. (Burlington, MA: Elsevier, 2005); John Dewey, *Experience and Education* (New York: Collier Books, 1938); Eduard Christian Lindeman, *The Meaning of Adult Education* (Norman: University of Oklahoma, 1989); Abraham H. Maslow, *Motivation & Personality*, 2nd Edition ed. (New York: Harper & Row, 1954); Michel Foucault, *The Archaeology of Knowledge and the Discourse on Language*, trans. A. M. Sheridan Smith (New York: Pantheon Books, 1972); Jack Mezirow, *Transformative Dimensions of Adult Learning* (San Francisco: Jossey-Bass, 1991). Paulo Freire, *Pedagogy of the Oppressed*, trans. Donald Macedo, 30th Anniversary ed. (New York: Continuum, 2005).

¹⁷⁶ Lave and Wenger, *Situated Learning: Legitimate Peripheral Participation*; Etienne Wenger, "Communities of Practice: A Brief Introduction," (2006); Jean Lave, *Learning and Everyday Life: Access, Participation and Changing Practice* (Cambridge UK: Cambridge University Press, 2019).

¹⁷⁷ Don Nutbeam, "Health Literacy as a Public Health Goal: A Challenge for Contemporary Health Education and Communication Strategies into the 21st Century," *Health Promotion International* 15, no. 3 (2000). Kristine Sørensen et al., "Health Literacy and Public Health: A Systematic Review and Integration of Definitions and Models," *BMC Public Health* 12, no. 1 (2012).

¹⁷⁸ Aristotle, *Ethics*, (Gutenberg, 2005), <http://www.gutenberg.org/cache/epub/8438/pg8438.html>. Locke, *Some Thoughts Concerning Education*. Rousseau, *Emile or Education*; John Henry Newman, *The Idea of a University Defined and Illustrated: In Nine Discourses Delivered to the Catholics of Dublin*, (Gutenberg, 2008), <http://www.gutenberg.org/files/24526/24526-h/24526-h.html#toc13>; D.

described or analysed maternal education; however, their theories are relevant to this thesis as a means of analysing the various forms of maternal education and to identify the key distinctions between the maternal education provided by the Association and that provided by others.

Adult education

The theories of liberalism, behaviourism, humanism, progressivism and radicalism have given rise to three principal views of adult education: a teacher centred pedagogical approach, a student centred andragogical approach and a self-determined learning heutagogical approach.¹⁷⁹ Liberalism and behaviourism have influenced the teacher centred pedagogical approach which has realist and scientific underpinnings.¹⁸⁰ An important feature of the behaviourist approach is the belief that readiness to learn and motivation are externally provided.¹⁸¹ The locus of control is with the authoritative teacher.¹⁸² There are variations to this

G. Mulcahy, "Newman's Theory of a Liberal Education: A Reassessment and Its Implications " *Journal of Philosophy of Education* 42 (2008); A. Delgado, S. Rios, and N. Roberts, "Philosophical Foundations of Adult Education," *New Horizons in Adult Education & Human Resource Development* July 1 (2006).

¹⁷⁹ Mark Tennant, "Establishing an 'Adult' Teaching-Learning Relationship " *Australian Journal of Adult and Community Education* 31, no. 1 (1991).

¹⁸⁰ Knowles, Holton III, and Swanson, *The Adult Learner*. 293, 11. Maslow, *Motivation & Personality*; Teri Merlyn, "The Longest War: The Two Traditions of Adult Education," *Australian Journal of Adult Learning* 41, no. 3 (2001).

¹⁸¹ Tennant, "Establishing an 'Adult' Teaching-Learning Relationship ".

¹⁸² Malcolm Knowles, *Andragogy in Action* (San Francisco: Jossey-Bass, 1984).

approach, where students learn from each other as well as from the teacher, such as in the approach used by the arts and crafts movement of adult education, which was based on liberal theories of education.¹⁸³

The model of education used in informal adult education is the humanistic theory of adult education, influenced by Maslow.¹⁸⁴ The humanistic theory was defined by Knowles' whose writing was the first to seriously consider that educating adults was fundamentally different from educating children. Knowles made specific use of the term "andragogy" to conceptualise adult education. Knowles' approach was based on the humanistic concept of the adult learner as self-directed and autonomous and the teacher as a "facilitator" of learning.¹⁸⁵ The teacher was not behaving as the authoritative scientific Taylor-style leader, but rather acknowledging the adult students' experience and enabling them to learn.¹⁸⁶

¹⁸³ Barbara Anderson and Janet Bell, *Occupational Therapy: Its Place in Australia's History* (Camperdown NSW: New South Wales Association of Occupational Therapists, 1988). This variation has been employed in adult education such as occupational therapy.

¹⁸⁴ Maslow, *Motivation & Personality*; Knowles, Holton III, and Swanson, *The Adult Learner*.

¹⁸⁵ Knowles, Holton III, and Swanson, *The Adult Learner*; Roger Hiemstra, "Moving from Pedagogy to Andragogy," Roger Hiemstra, <http://www-distance.syr.edu/andraggy.html>.

¹⁸⁶ Frederick Winslow Taylor, *Scientific Management, Comprising Shop Management, the Principles of Scientific Management [and] Testimony before the Special House Committee. With a Foreword by Harlow S. Person* (New York: Harper, 1947); Knowles, Holton III, and Swanson, *The Adult Learner*. 293. S. Chapple, "Understanding Student Learning. In Teaching in the Disciplines/ Learning in Context," in *Proceedings of the 8th Annual Teaching Learning Forum*, ed. K. Martin, N. Stanley, and N. Davison

Humanistic education theory is valuable when examining maternal education. Essentially, Knowles' model of adult education involves informality. Researcher Cathrine Fowler relates this to the field of maternal education arguing, "The knowledge gained through informal and incidental learning may not always be accepted or identified as knowledge as it is difficult or may be impossible to construct this knowledge discursively within available language or replicate women's experiences as mothers".¹⁸⁷ The elements of humanistic education are preparation, setting, planning, diagnosis of learning needs and objectives, design and delivery of learning plans and evaluation of personal learning outcomes.¹⁸⁸ In contrast to behaviourist views, Knowles has made five assumptions about adult learners: they need to know why they are learning something, they want to take responsibility and be self-directed, their life experience is important, they desire to learn to cope with life and this desire is their motivator.¹⁸⁹ Knightley and Whitelock argue, an "integral part of [adult]

(Perth: UWA: The University of Western Australia, 1999). John Stevenson, "Technical and Further Education Reforms: Theoretical Issues," *The Australian Educational Researcher* 34, no. 3 (2007). 27. Murray Print, *Situational Analysis in Curriculum Development and Design* (Sydney: Allen & Unwin, 1993).

¹⁸⁷ Knowles, Holton III, and Swanson, *The Adult Learner*. 4. Cathrine Fowler, "Maternal Knowledge: Beyond Formal Learning," *Australian Journal of Adult Learning* 42, no. 2 (2002). 165.

¹⁸⁸ Knowles, Holton III, and Swanson, *The Adult Learner*. 173, 183, 265, 295.

¹⁸⁹ Dewey, *Experience and Education*; Knowles, Holton III, and Swanson, *The Adult Learner*. 224, 294.

learning is the development of self-concept ... It is the participation in as much as the completion of courses that boost women's personal and academic self-concept".¹⁹⁰

The progressive theory of adult education championed by Dewey and Lindeman emerged as an extension of the humanistic approach and a radical challenge to behaviourism. In their view, the function of adult education is to assist the students to participate in society, to teach them to solve problems and to learn by investigating cooperatively from experience and to reflect on that experience.¹⁹¹ This approach places the locus of control firmly in the hands of the student.

Radicalism takes the humanistic and progressive theories one step further and claims that education has a socially transforming function.¹⁹² Radical adult

¹⁹⁰ Wendy M. Knightley and Denise M. Whitelock, "Engaging Adult Learners: Higher Education and Self-Concept Development," in *AARE* (Adelaide, SA 2006).

¹⁹¹ Dewey, *Experience and Education; Democracy and Education. An Introduction to the Philosophy of Education* (New York: Free Press, 1966). Skinner, *Science and Human Behaviour*. 15. Lindeman, *The Meaning of Adult Education*. John Dewey, *How We Think. A Restatement of the Relation of Reflective Thinking to the Educative Process* (D.C. Heath and Company, 1933).

¹⁹² Paulo Freire, *Pedagogy of the Oppressed* (New York: Seabury Press, 2003); Mezirow, *Transformative Dimensions of Adult Learning*. Julie P. Smith and Lindy H. Ingham, "Breastfeeding and the Measurement of Economic Progress," *Journal of Australian Political Economy* no. 48 (2001). 316. Locke, *Some Thoughts Concerning Education*. 5.

education theorists advocate self-determined learning, that is, a heutagogical approach to the education of adults where the teacher and learner are equals.¹⁹³

Radical adult education has a strong commitment to social justice and the empowerment of oppressed minorities.¹⁹⁴ Applying this view, the use of medical-science conceptions such as “lactogenesis stage II” in relation to maternal education has a potential for a “clash of discourses” with mothers who would refer to it as “the milk comes in”.¹⁹⁵ If this is the case, then it could be argued that the method of adult education devised for maternal education needs to be viewed in this light.¹⁹⁶ Freire argued that learning was more than the mere acquisition of knowledge, it involved the “development of the awakening of critical awareness [which] must grow out of critical educational effort”.¹⁹⁷

¹⁹³ Julie Willans and Karen Seary, "'I'm Not Stupid after All' - Changing Perceptions of Self as a Tool for Transformation," *Australian Journal of Adult Learning* 47, no. 3 (2007). 435.

¹⁹⁴ Foucault, *The Archaeology of Knowledge and the Discourse on Language*.

¹⁹⁵ Elizabeth C. Newnham, "Birth Control: Power/Knowledge in the Politics of Birth," *Health Sociology Review* 23, no. 3 (2014). 182, 354. Neville, Margaret C., Jane Morton, and Shinobu Umemura. "Lactogenesis: The Transition from Pregnancy to Lactation." *Pediatric Clinics of North America* 48, no. 1 (2001/02/01/ 2001): 35-52. [https://doi.org/https://doi.org/10.1016/S0031-3955\(05\)70284-4](https://doi.org/https://doi.org/10.1016/S0031-3955(05)70284-4). <http://www.sciencedirect.com/science/article/pii/S0031395505702844>.

¹⁹⁶ C. Medel-Anonuevo, "The Possibilities of Transforming Adult Learning and Education: The Challenge of Confintea Vi," *Convergence* 40, no. 3/4 (2007). 3.

¹⁹⁷ Paulo Freire, *Education for Critical Consciousness*, trans. Myra Bergman Ramos (London: Continuum, 2005). 15.

In the context of maternal education, the term “communities of learners” refers to mothers learning with each other under the guidance and support of professional staff. Researcher Randy Garrison describes a community of learners as “an environment where participants come together to explore an idea or resolve a dilemma, feel free to express their ideas, provide mutual support and constructive feedback”.¹⁹⁸ The concept of communities of learners has relevance in considering the role of the Association counsellors in relation to the mothers and is particularly applicable to situations such as mothers learning to feed premature babies, where the goals are necessarily determined by experts in the field.¹⁹⁹ Another example of communities of learners is the Early Parenting Support Groups run by maternal and child health nurses in NSW.²⁰⁰

¹⁹⁸ D. Randy Garrison, *Thinking Collaboratively: Learning in a Community of Inquiry* (New York: Routledge, 2016). 8.

¹⁹⁹ Lisa F. Brown, "Guided Participation for Mothers Learning to Feed Their Prematurely Born Infant: Goals and a Community of Learners," in *Guided Participation in Pediatric Nursing Practice: Relationship-Based Teaching and Learning with Parents, Children, and Adolescents*, ed. Karen Pridham, Rana Limbo, and Michele Schroeder (New York: Springer Publishing Company, 2018). 54.

²⁰⁰ NSW Health Northern Sydney Local Health District, "Early Parenting Support Groups " NSLHD, <https://www.nslhd.health.nsw.gov.au/Services/HKECHS/Pages/Early%20Parenting%20Support%20Groups.aspx>.

Volunteering in Australia

A consistent feature of providing education and support for mothers has been volunteer activity. Voluntary work can, as Duncan Ironmonger argues, be defined as formal, organised voluntary work or as informal, unorganised work.²⁰¹ The first concept, formal work, refers to specific tasks that volunteers perform for organisations such as being the treasurer of the local Red Cross. The second concept, informal work, refers to unorganised and incidental voluntary activity beyond the specific voluntary role, such as minding a neighbour's children when the mother is unwell or baking a cake for a recently bereaved member of an organisation you both belong to. In the late nineteenth and early twentieth centuries in Australia and New Zealand, as in the UK and the USA, there was a growth of a particular kind of voluntary activity in the infant welfare sphere which, using Ironmonger's definitions, can be regarded as formal voluntary activity, beyond the traditional informal assistance mothers gave to each other within their family and friendship circles. Some were able to donate funds, but most volunteers donated their time and skills.

²⁰¹ Duncan Ironmonger, *The Economic Value of Volunteering in Victoria* (Melbourne VIC: Department of Planning and Community Development: Victorian Government, 2012)..

The arrangements for the voluntary activity varied. In some organisations, there were professionals running the organisation and some of the services were provided by volunteers, such as the church-run services for mothers and babies where volunteers made home visits. In other cases, volunteers ran the organisations but the actual assistance for mothers was provided by health professionals employed by those organisations such as Tresillian in NSW and the MBHA in South Australia or the Canberra Mothercraft Society and Plunket in New Zealand. In some cases, the organisation was run by volunteers and assistance was provided entirely by volunteers. The Association is an example of this approach.

The volunteers were typically concerned citizens and reformers who sought by their social activism to change the situation that faced society in the late nineteenth and early twentieth centuries, primarily the very high infant and maternal mortality rates. Those driven by a health perspective, mainly medical practitioners and their followers, were strong advocates of breastfeeding and sought ways to educate and support mothers to be successful with breastfeeding. An example is Dr. Helen Mayo in South Australia who with social worker Harriet Stirling set up the School for Mothers' Institute and Baby Health Centre, based on the School for Mothers at St Pancras, London. It became the Mothers'

and Babies' Health Association.²⁰² Those whose perspective was social, along with some medical practitioners, took a pragmatic view that public health issues needed reform including safe, fresh milk supplies, clean water, efficient sewerage systems and good housing. From these concerns, organisations developed programs, using the work of volunteers to change the conditions that were contributing to the high infant and maternal mortality such as the Lady Talbot Milk Institute which supplied "milk and ice [with ice chests] and nursing supervision on a charitable basis ... for deserving cases" across Victoria in the early 1900s.²⁰³

The people who engaged in the voluntary activity in the area of infant welfare have typically, been members of the middle class, as discussed by both Oppenheimer and Swain.²⁰⁴ An important aspect of the volunteers was the significant leadership contribution made by the philanthropic women described by Oppenheimer as "ladies of rank".²⁰⁵ They were involved in the establishment

²⁰² Constance Finlayson, Helen Mayo, and Mothers and Babies' Health Association, eds., *The Australian Mothercraft Book* (Adelaide SA: Rigby, 1950). State Library, "Mothers' and Babies' Health Association Inc. Srg 199 Series List," in *Government of South Australia*, ed. State Library (Adelaide SAn.d.).

²⁰³ "Lady Talbot Milk Institute," *Argus (Melbourne, Vic. : 1848 - 1957)*, 01 November 1919.

²⁰⁴ Shurlee Swain, "Philanthropy and Social Reform," in *The Encyclopedia of Women and Leadership in Twentieth Century Australia* (Melbourne VIC: Australian Women's Archives Project, 2014).

²⁰⁵ Melanie Oppenheimer, "Lady Helen Munro Ferguson and the Australian Red Cross: Vice-Regal Leader and Internationalist in the Early Twentieth Century " in *Founders, Firsts and*

and running of significant organisations in the infant welfare area. Bryder has described the Plunket Society volunteers as a “secret army”.²⁰⁶ In addition, the support of well-connected volunteers such as Victoria Plunket, and Margaret Talbot, both wives of governors, gave organisations status, access to expertise, financial assistance, promotion of a cohesive approach and an international perspective.²⁰⁷

Initially organisations were established as charities. In turn, many organisations established by charitable interests were gradually taken over by departments of health and a changed attitude that everyone should benefit not only the “deserving poor” led to the establishment of government funded baby health clinics in capital cities with the rise of the welfare state.

The two World Wars proved to be important times for volunteers in the community. Swain argued that philanthropy was a way for “middle and upper

Feminists : Women Leaders in Twentieth-Century Australia, ed. Fiona Davis, et al. (Melbourne]: Melbourne : eScholarship Research Centre, University of Melbourne, 2011). 278.

²⁰⁶ Linda Bryder, "Plunket's Secret Army: The Royal New Zealand Plunket Society and the State," in *Past Judgement : Social Policy in New Zealand History*, ed. Bronwyn Dalley and Margaret Tennant (Dunedin NZ: University of Otago Press, 2004). 124.

²⁰⁷ Melanie Oppenheimer, "Hidden under Many Bushels: Lady Victoria Plunket and the New Zealand Society for the Health of Women and Children," *The New Zealand Journal of History* 39 no. 1 (2005). L. R. Gardiner, *Talbot, Sir Reginald Arthur James (1841–1929)*, Australian Dictionary of Biography (Canberra ACT: National Centre of Biography, Australian National University 1990).

class women to extend their influence into the public sphere".²⁰⁸ Oppenheimer argued that the history of the development of organisations such as the women's and girls' auxiliaries active during World War I including the Red Cross or the Country Women's Association, the Family Planning Association, The Far West Children's Health Scheme and later voluntary groups provide "an excellent example of the slow and subtle shift in the relationship between the Australian Government and voluntary organisations".²⁰⁹ She has also recounted how voluntary organisations emerged after World War II, working closely with government, to provide social services.²¹⁰ However, when well-established volunteer organisations were providing a service, there were often competition, resentment and tension with governments. Bryder has detailed the tensions that existed between the Plunket Society and the New Zealand Health Department.²¹¹ Similar tensions existed in Australia for example between Tresillian, the Karitane

²⁰⁸ Ibid.

²⁰⁹ Melanie Oppenheimer, "A Moving Frontier: Meals on Wheels, Volunteers and Government," *Memento*, no. 34. *Volunteering Why We Can't Survive without It* (Sydney: UNSW Press, 2008). 19. Carole Gilmour et al., "Factors Associated with Early Breastfeeding Cessation in Frankston, Victoria: A Descriptive Study," *Breastfeeding Review* 17, no. 2 (2009). Philippa Mein Smith, *A Concise History of New Zealand* (Melbourne VIC: Cambridge University Press, 2005).

²¹⁰ Melanie Oppenheimer, "Voluntary Action and Welfare in Post-1945 Australia Preliminary Perspectives," *History Australia* 2, no. 3 (2005)..

²¹¹ Linda Bryder, *A Voice for Mothers; the Plunket Society and Infant Welfare 1907- 2000* (Auckland NZ: Auckland University Press, 2003). Xiii, Xiv, 153, "Plunket's Secret Army: The Royal New Zealand Plunket Society and the State." 112 – 113.

Australian Mothercraft Society and the NSW Health Department.²¹² There was a very strong growth in the organisations that supported mothers in the 1960s and 1970s, including the Childbirth Education Association, Parent Centres Australia, Homebirth and the Association.²¹³ Barclay and Jones said, “They all commenced with stencilled newsletters and kitchen table paste ups and rapidly metamorphosed”.²¹⁴

The extent of voluntary activity in Australia has changed considerably. By the end of the twentieth century, there were less women available to fill these voluntary roles and organisations which relied on them were having difficulty providing the same level of support that they had provided earlier. It is evident from the first volunteer statistics gathered by the Australian Bureau of Statistics in 1995 that availability for voluntary work had been declining across the community.²¹⁵ The Department of Families, Housing, Community Services and Indigenous Affairs reported:

²¹² NSW Kids & Families NSW Health, *Our Babies: The State’s Best Asset. A History of Child and Family Health Services in Nsw.* 29 – 37.

²¹³ Kerreen Reiger, *Our Bodies, Our Babies: The Forgotten Women’s Movement* (Carlton South VIC Melbourne University Press, 2001). Kerreen Reiger, *Our Bodies, Our Babies: The Forgotten Women’s Movement* (Carlton South VIC Melbourne University Press, 2001).188

²¹⁴ L. Barclay, Jones, L., *Midwifery: Trends and Practice in Australia* (South Melbourne, VIC: Churchill Livingstone, 1996).

²¹⁵ Dennis Trewin, *Voluntary Work, Australia June 1995. No: 4441.0* (Canberra ACT: Australian Bureau of Statistics, 1995).

The total annual hours that volunteers gave rose from 511 million in 1995 to 704 million in 2000 While more people are volunteering, the median hours of voluntary work have decreased across most age groups since 1995. The greatest decrease in median annual hours has been for those aged 35 - 44.²¹⁶

These changes have been described by historians. Swain observed that the changing nature of the organisations meant that what had previously been fundraising positions had gradually become positions with greatly expanded responsibilities such as overseeing huge building projects.²¹⁷ Reiger described how many of the support groups established in the mid twentieth century, such as the Childbirth Education Association, had ceased to exist by the end of the twentieth century or had begun to be managed by paid employees, largely because of a lack of volunteers to run them.²¹⁸ There was a similar situation in New Zealand. Bryder gave the example of the Plunket Society which she described as "New Zealand's most successful volunteer organisation" eventually "lacking the forceful advocacy of earlier days" and employing staff to take on executive roles, "a layer of grey-suited managers was sliding in".²¹⁹

²¹⁶ Australian Government Department of Families Housing Community Services and Indigenous Affairs, *Volunteering in Australia: Changing Patterns in Voluntary Work 1995 - 2006* (Canberra ACT: Department of Families Housing Community Services and Indigenous Affairs, 2008). 6, 7.

²¹⁷ Swain, "Philanthropy and Social Reform."

²¹⁸ Reiger, *Our Bodies, Our Babies: The Forgotten Women's Movement*.

²¹⁹ Bryder, *A Voice for Mothers; the Plunket Society and Infant Welfare 1907- 2000*. Ix. "Plunket's Secret Army: The Royal New Zealand Plunket Society and the State." 122.

Communities of practice

Communities of practice have the concept of situated learning, explored and explained by researchers Jean Lave and Etienne Wenger. They coined the term “community of practice” in the 1980s.²²⁰ Wenger has defined those communities as, “groups of people who share concern or a passion for something they do and learn how to do it better as they interact regularly”.²²¹ There are three essential characteristics for a group of people to be considered as a community of practice. First, it has a domain, an “identity defined by a shared domain of interest”; second, it has a community, “in pursuing their interest in their domain, members engage in joint activities and discussions, help each other and share information”; and third, it has a practice, the members are “practitioners” and the group “develops a shared practice”.²²² In the context of maternal education, groups of mothers share their concern about what they do, and they learn how to do it better from their interaction with each other. The

²²⁰ Lave and Wenger, *Situated Learning: Legitimate Peripheral Participation*; Wenger, "Communities of Practice: A Brief Introduction." *Communities of Practice and Social Learning Systems: The Career of a Concept* (Cambridge UK: Cambridge University Press, 1998). 7.

²²¹ "Communities of Practice: A Brief Introduction."

²²² Ibid.

community of practice emphasises identity, whereas a community of learners is run by an expert and a network emphasises connectivity.²²³

Wenger argues that communities of practice have been influenced by social theorists Foucault and Lev Vygotsky, that they exist beyond the conspicuous organisations for learning such as schools and they can be defined by “engagement in practice and the informal learning that comes with it”.²²⁴ Like most systems, communities of practice gradually emerge, involve complex relationships, they organise themselves, have dynamic boundaries, and there is ongoing negotiation about the identity and culture of the community.²²⁵ Wenger claims that “communities of practice represent a learning process associated with craft production ... the concept reflects an attempt to capture something fundamental about human learning”.²²⁶ They defined the learning as “apprenticeship” as “situated learning” and described in detail the various aspects of that learning, stating that there is legitimate peripheral participation in

²²³ Wenger, *Communities of Practice and Social Learning Systems: The Career of a Concept*. 10.

²²⁴ "Communities of Practice: A Brief Introduction."; *Communities of Practice and Social Learning Systems: The Career of a Concept*. 1. Michel Foucault, *Power/Knowledge: Selected Interviews and Other Writings 1972 - 1977*, ed. Colin Gordon, trans. Colin Gordon, et al. (New York: Pantheon Books, 1980). 133. Lev Semionovich Vygotsky, *Mind in Society: The Development of Higher Psychological Processes* (Cambridge MASS: Harvard University Press, 1978).

²²⁵ Wenger, *Communities of Practice and Social Learning Systems: The Career of a Concept*.1.

²²⁶ *Ibid.* 10.

communities of practice.²²⁷ The concept views learning as “inherent in practice rather than reified in an educational setting”.²²⁸ It is based on a sense of trust between the participants.²²⁹ Both Wenger and Lave also note criticisms of learning in communities of practice such as the threat of parochialism, the limitations of time and task and the perpetual issues of power, both within the community and that exercised by external groups against the community.²³⁰

The health literacy lens

In the context of adult education, maternal education in general and breastfeeding education in particular, can be usefully viewed as contributing to critical health literacy concerning infant nutrition. Health literacy is an emerging school of thought about health education and its relationship to the capacity of individuals to meet the complex demands of health in modern society.

Researcher Okan Orkan identifies four main roots of health literacy, “school health education, adult education, healthcare research and public health”.²³¹

²²⁷ Lave and Wenger, *Situated Learning: Legitimate Peripheral Participation*. 30.

²²⁸ Wenger, *Communities of Practice and Social Learning Systems: The Career of a Concept*. 11.

²²⁹ *Ibid.* 12.

²³⁰ *Ibid.* 9 Lave and Wenger, *Situated Learning: Legitimate Peripheral Participation*. 33.

²³¹ Orkan Okan, "From Saranac Lake to Shanghai: A Brief History of Health Literacy," in *International Handbook of Health Literacy. Research, Practice and Policy across the Lifespan*, ed. Orkan Okan, et al. (Bristol UK: Policy Press, 2019). 21.

Health literacy has been part of the Australian school curriculum since 1995.²³² In adult education, Okan argues, “the connection between literacy and health was recognised long before the term ‘health literacy’ was coined [in 1974]”.²³³ Public health highlights that health literacy goes beyond the functional, narrow definition of “the ability to read pamphlets”.²³⁴ Development of health literacy is one of the central pillars of the World Health Organisation’s agenda and has been identified as the key to empowerment and increased equity.²³⁵

Public health researcher, Nutbeam, has distinguished between functional health literacy, interactive health literacy and critical health literacy and identified a “health outcome model”, where health literacy is the key outcome of health education programs. This is a view endorsed by Kremlin Wickramasinghe from the World Health Organisation and Kate O’Flaherty, Head of Health and Wellbeing, Ireland Department of Health.²³⁶ The Australian Commission on

²³² Australian Curriculum Assessment and Reporting Authority, *Develop Health Literacy, Key Ideas: Health and Physical Education Propositions* (Canberra ACT: ACARA, 2020).

²³³ Okan, "From Saranac Lake to Shanghai: A Brief History of Health Literacy."

²³⁴ Ibid. 27.

²³⁵ Ibid. 30. World Health Organisation, "Track 2: Health Literacy and Health Behaviours" (paper presented at the 7th Global conference on health promotion, Nairobi Kenya, 2009).

²³⁶ Don Nutbeam, "Health Literacy as a Public Health Goal: A Challenge for Contemporary Health Education and Communication Strategies into the 21st Century," *Health Promotion International* 15, no. 3 (2000). Wickramasinghe, Kremlin. "Panel Debate on How to Build Health Literate Societies." In *4th European Health Literacy Society*. Dublin Ireland: Health Literacy Europe, 2019. O’Flaherty, Kate. "A Health Literate Society for Ireland." In *4th European Health Literacy Conference*. Dublin Ireland: Health Literacy Europe, 2019.

Safety and Quality in Health Care defines two components of health literacy: individual and environmental.²³⁷ These definitions reflect the views of the World Health Organisation which states that health literacy “is critical to empowerment”.²³⁸

Health literacy, and general literacy and numeracy are closely linked. Nutbeam has argued, “Health literacy [is] fundamentally dependent upon levels of basic literacy in the population [we must] make links between these two social goals”.²³⁹ Researchers Allan Luke and Peter Freebody proposed that to be literate, there are four related roles that a successful reader in our society needs to develop and sustain, namely, code breaker, text participant, text user and text analyst.²⁴⁰ These categories can be used as a guide when considering what “literacies” are being offered in maternal education and are relevant when considering the acquisition of health literacy.²⁴¹ However, there is no exact equivalence between general literacy and health literacy. It is quite possible for well educated people to have very low levels of critical health literacy and the

²³⁷ Australian Commission on Safety and Quality in Health Care, "Health Literacy: Taking Action to Improve Safety and Quality," (Sydney NSW: ACSQHC, 2014). 2, 8.

²³⁸ World Health Organisation, "Track 2: Health Literacy and Health Behaviours" (paper presented at the 7th Global conference on health promotion, Nairobi Kenya, 2009).

²³⁹ Don Nutbeam, "Defining, Measuring and Improving Health Literacy," *HEP* 42, no. 4 (2015).

²⁴⁰ Freebody and Luke, "Literacies Programs: Debates and Demands in Cultural Context ". 7, 14.

²⁴¹ Nutbeam, "Health Literacy as a Public Health Goal: A Challenge for Contemporary Health Education and Communication Strategies into the 21st Century."

reverse is also possible.²⁴² Sykes, Wills, Rowlands and Popple argue that critical health literacy is “a learned and moveable state which changes with time or the circumstances of people’s lives”.²⁴³ In addition, it is apparent that people need motivation to become health literate. There is a health literacy deficit with a correlation between vulnerability such as low education or low socio-economic status and low health literacy which can be as high as 75% in such groups. Researchers Sørensen, Van Den Broucke, Fullam, Doyle, Pelikan, Slonska and Brand argue low health literacy poses as an important challenge for public health in European countries.²⁴⁴

Australian Bureau of Statistics (ABS) figures show that in 2011-12, 41% of Australians had Level 3 or above health literacy skills and can be considered “health literate”. Level three is defined as the “minimum for individuals to meet the complex demands of everyday life and work in the emerging knowledge-based economy”.²⁴⁵ However, this health literacy result is considerably lower

²⁴² Susie Sykes et al., "Understanding Critical Health Literacy: A Concept Analysis," *BMC Public Health* 13, no. 1 (2013).

²⁴³ Ibid.

²⁴⁴ Kristine Sorensen et al., "Health Literacy in Europe: Comparative Results of the European Health Literacy Survey (Hls-Eu)" *The European Journal of Public Health* 25, no. 6 (2015).

²⁴⁵ Australian Bureau of Statistics. "4102.0 - Australian Social Trends, June 2009." Canberra ACT: Australian Bureau of Statistics, 2009. Note: ABS defined health literacy in relation to the Adult Literacy and Life Skills Survey 2006 as “the knowledge and skills required to understand and use information relating to health issues such as drugs and alcohol, disease prevention and treatment, safety and accident prevention, first aid, emergencies, and staying healthy”.

than general literacy at 53.2%. Notably, 19% of Australian adults had Level 1 health literacy skills and 40% had Level 2 skills.²⁴⁶ Similar results have been reported from the first Health Literacy Survey Europe in 2009 - 2012.²⁴⁷ To be useful, assessment of health literacy requires assessment in two sections, a core health literacy section and a determinants and outcomes associated with health literacy section, as argued by Sorensen *et al* in a detailed discussion of the various tools of assessment used.²⁴⁸ The results in Australia and more recently in Europe have implications for people's personal health and the use of community resources, moreover, there is a statistical relationship between poor health and low health literacy which affects their ability to manage their condition.²⁴⁹

²⁴⁶ Australian Bureau of Statistics, "Health Literacy," Australian Bureau of Statistics. "Skill Levels in Literacy, Numeracy and Problem Solving in Technology-Rich Environments," Australian Bureau of Statistics, <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4228.0Main+Features202011-12>. Note: This ABS report states, "Around 3.7% (620,000) of Australians aged 15 to 74 years had literacy skills at Below Level 1, a further 10% (1.7 million) at Level 1, 30% (5.0 million) at Level 2, 38% (6.3 million) at Level 3, 14% (2.4 million) at Level 4, and 1.2% (200,000) at Level 5".

²⁴⁷ Jurgen Pelikan, "From the European Health Literacy Survey (Hls-Eu) to a European Action Network on the Measurement of Population and Organizational Health Literacy (M-Pohl) within Whos European Health Indicator Initiative (Ehii)," in *10th Annual Health Literacy Research Conference* (Bethesda 2018).

²⁴⁸ Kristine Sørensen et al., "Measuring Health Literacy in Populations: Illuminating the Design and Development Process of the European Health Literacy Survey Questionnaire (Hls-Eu-Q)," *BMC Public Health* 13, no. 1 (2013).

²⁴⁹ "Health Literacy".

Health literacy is a complex matter. Sykes, Wills, Rowlands and Popple have sought to define the concept of critical health literacy.²⁵⁰ They claim it is related to the ability to access, understand, manage and assess the credibility of and critically appraise information about health-related issues. It also involves having a level of health knowledge, understanding of medical terminology and being informed about health issues. But most important, they list the ability to contextualise information, to apply it to one's own situation, to be able to judge the risks associated with a specific line of action and to be able to share decision making with health professionals. They point out that ultimately effective interaction depends on the skills of not only the individual but also the health professional who needs to have a commitment to provide clear explanations and appropriate information. They argue that critical health literacy is far more than having higher order cognitive skills. It is rather a driver for political and social change. Thus there are potential benefits to the whole community from improvements in critical health literacy, particularly health outcomes, effective use of health services and reducing inequalities.²⁵¹ More recently, Sørensen *et al* have identified 12 dimensions of health literacy as competencies "related to

²⁵⁰ Sykes et al., "Understanding Critical Health Literacy: A Concept Analysis."

²⁵¹ Ibid.

accessing, understanding, appraising and applying health information in the domains of healthcare, disease prevention and health promotion".²⁵² They argue that it is closely linked to empowerment and define it as "the ability of citizens to make sound decisions concerning health in daily life - at home, at work, in health care, at the market place and in the political arena".²⁵³

Summary

Maternal education is a subsection of the wider area of health education. It is a field in which theories of adult education and of communities of practice can be applied. In this thesis, using the lens of critical health literacy to examine the research surrounding maternal education has the potential to inform ongoing debates about the use of adult education to improve health literacy generally. Understanding the methods of education used by the Association in maternal education may, in turn, contribute to improved methods of health education across other areas of health. It may have important implications for profoundly

²⁵² Kristine Sorensen et al., "Health Literacy in Europe: Comparative Results of the European Health Literacy Survey (Hls-Eu) " *The European Journal of Public Health* 25, no. 6 (2015).

²⁵³ Sorensen et al., "Health Literacy in Europe: Comparative Results of the European Health Literacy Survey (Hls-Eu) ".

difficult areas of health education where current attempts have had limited success.²⁵⁴

Methodology

This section outlines the methodology used for this project, it discusses the major sources of information and details the approach used in the analysis of that information.

²⁵⁴ Australian Institute of Health and Welfare, "Rheumatic Heart Disease and Acute Rheumatic Fever in Australia: 1996–2012," in *Cardiovascular Disease Series Number 36* (Canberra ACT: AIHW, 2013). 956, 960. Note: Two examples of areas needing urgent attention are infant anaemia due to infection and poor diet and rheumatic heart disease in the Indigenous population in the Northern Territory. "Aboriginal people are 69 times more likely than non-Aboriginal people to develop rheumatic fever and 64 times more likely to have rheumatic heart disease. Overall, 2% of NT Aboriginal people have rheumatic heart disease, including 3% of young adults". Of particular concern is the noncompliance with long-term preventative therapy which should lead to complete eradication of rheumatic heart disease. According to the Australian Institute of Health and Welfare, "Regular, long-term antibiotic treatment is recommended for people with ARF [acute rheumatic fever] or RHD [rheumatic heart disease]. The proportion of patients in the Northern Territory who received more than 80% of their required doses improved from 23% in 2005 to 28% in 2010, though it still remains quite low ... Pregnancy in patients with rheumatic heart disease is a challenge and is associated with high morbidity and mortality". 128, 129. These views are supported by the Visiting Cardiologist at Yuendumu NT conversation with author, Alice Springs NT, July 2018 and the Child Health Nurses at Yuendumu conversation with the author June 2019. Sykes et al., "Understanding Critical Health Literacy: A Concept Analysis." Note: To achieve an improvement in health literacy would require the adoption of an appropriate approach with a commitment from health professionals and the political will to ensure strategic resourcing to effectively implement education as argued by Sykes et al.

Focus of this project

Twigg and Barnard provide a comprehensive history that describes and documents the gradual emergence of the “face” of the Association during the first 50 years.²⁵⁵ This project deals with the period from 1964 until 2001 when the Association changed its name. It takes a new focus, seeking to address the problem of how the Association went about providing maternal education, and demonstrating its effectiveness in terms of its establishment of a community of practice and of critical health literacy. Using qualitative research has allowed this study to be a highly contextualised, real life, powerful source of data about the approach to education used by the Association.

The key sources in the development of this qualitative research are: theorists of adult education; the writings of major providers of maternal education; the Association Records, lodged in the State Library of Victoria; Paton’s private archives; the Association’s publications; and the existing oral histories of key personnel archived in the State Library of Queensland. In addition, there are sources such as newspapers, magazines and films about

²⁵⁵ Barnard, Twigg, and Australian Breastfeeding Association, *Nursing Mums: A History of the Australian Breastfeeding Association - 1964 – 2014*. Foucault, *The Archaeology of Knowledge and the Discourse on Language*. 9.

infant health and nutrition, which contributed to mothers' thinking and behaviour about infant nutrition and caring for young children.²⁵⁶ This material has been further augmented by semi structured, in-depth interviews by the author of this thesis.

Archival research

The first and most significant archival source has been the Nursing Mothers' Association of Australia Records 1964-1997 (Records), located in the State Library of Victoria.²⁵⁷ The second has been the Association's Oral History Project, located in the John Oxley Library, in the State Library of Queensland.²⁵⁸ The third archival source is Paton's private archive.

Further archival sources have provided information about other providers of maternal education. In New Zealand these include the Dunedin Public Libraries' Heritage Collections; the University of Otago Library, Hocken Collections. In Australia, sources were consulted in the National Film and Sound Archive and the National Library of Australia, both located in Canberra; and the Mortlock Library of South

²⁵⁶ Michael Quinn Patton, *Qualitative Research and Evaluation Methods*, 3rd ed. (Thousand Oaks CAL: Sage Publications, 2002). 248.

²⁵⁷ Nursing Mothers' Association of Australia, in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, 1964-1997). Nursing Mothers' Association of Australia, "Talkabout Vol 13 No 2 March 1982," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1982). Note: The Association established its archives in 1982.

²⁵⁸ in *OH98 Nursing Mothers' Association of Australia Oral History Project* (Brisbane QLD: John Oxley Library, State Library of Queensland, Australia, 2007).

Australiana, State Library of South Australia. This research has enabled access to information not readily available in the present such as early teaching resources that are no longer in use.²⁵⁹ The archives have been significant because they contain crucial information which isn't otherwise generally available.

Strengths of the archival sources

The Association Records contain many documents that are highly relevant to this project. These include formally generated documents such as annual reports, research papers, counsellors' reports from the groups, talk notes, lesson plans and evaluation forms for school talks, annual reports, newsletters and bulletins and they also include informal documents such as letters, memos, notes for meetings and comments on documents. It is from within these ordinary documents that the spirit of the Association's approach to maternal education begins to emerge.²⁶⁰ There are also weaknesses in the archival sources including documents in the records that are not directly relevant, such as the trainee counsellors' individual files, the NMAA Financial and Management Committee minute books, the Policy Standing Committee on Finance,

²⁵⁹ "The Basics of Breastfeeding (Slide Set)," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, n.d.). Nursing Mothers' Association of Australia, "Talk Notes," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, ? 1970). "Discussion No. 3: Management of Feeding in Relation to Family and Home," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, n.d.).

²⁶⁰ Foucault, *The Archaeology of Knowledge and the Discourse on Language*. 222

Administration and Trading, the music proofs for "Merrily", to give a few examples and general items such as petty cash claims.²⁶¹

Sources of information about mothers and babies in general documents, such as the ABS' or state health departments' reports are limited mostly to administrative data collection such as infant and maternal mortality and breastfeeding statistics which, as researcher and Association Counsellor Ellen McIntyre points out, have not been consistently collected.²⁶² This aspect of history writing, relying on officially collected data, rather than personal accounts, has effectively "shaped the past", concentrating on aspects such as the decline in infant mortality during the twentieth century because that was what was considered important to gather.²⁶³

It is important to remember those whose voices are not heard in the archival materials. The Association's Records have been provided by the Association itself. Hence, the voices of several significant groups are not heard. These include members of the Association who did not take on official roles such as counsellor or community educator and the huge number of mothers who accessed the Association's services but were never members. It is apparent from the records that the overwhelming majority of

²⁶¹ Nursing Mothers' Association of Australia.

²⁶² Ellen McIntyre, "Defining Breastfeeding" *Australian and New Zealand Journal of Public Health* 22 (1998). Australian Bureau of Statistics, "4810.0.55.001 - Breastfeeding in Australia, 2001 " Australian Bureau of Statistics, <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4810.0.55.001>.

²⁶³ Paul Thompson, *The Voice of the Past: Oral History* 3rd ed. (Oxford, NY: Oxford University Press, 2000). 27.

the mothers who called the Breastfeeding Helpline fell into this category.²⁶⁴ Another group which is largely not heard consists of the mothers for whom the Association was not a good experience or who were never involved in it at all. Those who have been critical, at times vehemently critical, of the Association are heard, but mainly in terms of the Association's responses to those criticisms.²⁶⁵

Working with the sources

It has been essential to consider the purpose and the origins of the archives and their documents, for their use to be valid for this project. As an example, the archived newspaper clippings (paper) about the Plunket Society, lodged in the Dunedin Library provided a view of the Society and its activities which was largely celebratory.²⁶⁶ This needed to be balanced by other sources such as the collection in the National Library of Australia which included booklets, pamphlets, and other materials in addition to

²⁶⁴ Nursing Mothers' Association of Australia, "NMAA Submission to the Consultative Council on Pre-School Child Development June 1972," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, 1972). Appendix B. Note: For instance, in 1972, when there were 4000 members "with new members currently joining at the rate of approx. [sic] 10 per day", it is stated, "It is impossible to gauge the exact number of mothers counselled, but it would be several thousand annually throughout Australia with approximately 80% of counselling going to non-members".

²⁶⁵ Maureen Minchin, "Branch Presidents? To the Board from Maureen Minchin, December 1980, July 1982," *ibid.*, ed. Nursing Mothers' Association of Australia (1982); Bev Holman, "Relationship between NMAA and Maureen Minchin Board Meeting June 1985; Letter to Maureen Minchin 20/8/1985," *ibid.* (1985).

²⁶⁶ "Plunket a Great Success," *Otago Daily Times*, May 28, 1908.

digitised Australian newspapers in Trove and thus more articles which may have been less enthusiastic about the Society.²⁶⁷

Oral history

The second major source of information for the project is oral history: the archived collection of interviews in the Association's Oral History Project in 1999-2001 where over 125 people, mostly Association counsellors, were interviewed, together with interviews conducted by the author.²⁶⁸ Using oral history research to augment the archival records of the Association has provided detailed, personal information about how the Association and other organisations have educated mothers.²⁶⁹ It has certainly been a useful and appropriate methodology as most of those interviewed were women and as Jolly, Russell and Cohen state, interviewing women is, "a method that so clearly foregrounds the individual's life, perspective and experience".²⁷⁰ Interviews have

²⁶⁷ "Plunket Society," *The Sydney Morning Herald (NSW : 1842 - 1954)*, March 3, 1923.

²⁶⁸ Nursing Mothers' Association of Australia; "NMAA Submission to the Consultative Council on Pre-School Child Development June 1972."

²⁶⁹ Alistair Thomson, Michael Frisch, and Paula Hamilton, "The Memory and History Debates: Some International Perspectives," *Oral History: 25th Anniversary Issue* 22, no. 2 (1994).

²⁷⁰ Margaretta Jolly, Polly Russell, and Rachel Cohen, "Sisterhood and After: Individualism, Ethics and an Oral History of the Women's Liberation Movement " *Social Movement Studies: Journal of Social, Cultural and Political Protest* 11, no. 2 (2012).

the potential, as researcher Verta Taylor argues, to “render[ing] women’s experience visible”.²⁷¹

The NMAA Oral History Project

The Oral History Project provided valuable information about the first 37 years of the Association.²⁷² To rely upon this relatively small group has had potential problems as many thousands of women have been members of the Association. However, while not necessarily representative of the membership as a whole, this group could be regarded as representative of the office bearers. Reasons for this include that their involvement spanned the full period of the Association, from its founding in 1964 to 2001; because they were from all parts of Australia; they were counsellors who had variously been involved in all the major aspects of the Association’s activities and they had an intimate knowledge of the organisation. They could be described as the “movers and shakers” of the

²⁷¹ Verta Taylor, "Feminist Methodology in Social Movements Research," *Qualitative Sociology* 21, no. 4 (1998).

²⁷² Popular Memory Group, "Popular Memory: Theory, Politics, Method." 48, 213. Jolly, Russell, and Cohen, "Sisterhood and After: Individualism, Ethics and an Oral History of the Women's Liberation Movement".

Association and as such have been “excellent” participants from whom to obtain excellent data.²⁷³

The interviews in the Oral History Project represent a systematic collection of information which has challenged, not merely comforted the Association; the project was a force for change. The interviews were conducted at a significant time of reflection and transformation for the Association: its name changed from the Nursing Mothers’ Association of Australia to the Australian Breastfeeding Association in August 2001.²⁷⁴ There was considerable objection to the name change. Paton stated on a number of occasions that the original name emphasised the importance of holding a baby, of its relationship with its mother, not just breastfeeding.²⁷⁵ In her recent interview she commented, “When they changed the name, which was so wrong, they’ve forgotten the mother, put simply”²⁷⁶

This was a time of turmoil in the Association and a decisive change of focus. There were tensions between those who had been in the Association for a

²⁷³ Antony Bryant and Kathy Charmaz, eds., *The Sage Handbook of Grounded Theory* (London, UK: Sage Publications, 2007). 230.

²⁷⁴ Australian Breastfeeding Association, "Constitution of the Australian Breastfeeding Association", (East Malvern, VIC: Australian Breastfeeding Association, 2010). 1.

²⁷⁵ Mary Paton, "Baby's First Mirror," in *Drawing on 30 years experience* (Cooma NSW: Nursing Mothers' Association of Australia, ACT/Southern NSW Branch, 1994).

²⁷⁶ Paton, "Interview by Margaret Carmody."

long time, including Paton herself and the newer members who wanted change and a new identity for the organisation. In terms of the Association as a community of practice, there is always a contradiction between the newcomers and the long-term members who must ultimately be replaced. It is in Lave and Wenger's terms the continuity-displacement contradiction that is a feature of communities of practice.²⁷⁷ It was a time of transformation that demonstrated its ability as a community of practice to successfully adjust to changing times, to pursue a new direction and gain acceptance in the community.²⁷⁸ It was indicative of its capability to redefine its environment and direction.

Further interviews

Semi-structured, in-depth interviews were conducted by the current author to augment the interviews already completed in the Association's Oral History Project. The participants were recruited by the author, after ethics approval, thus ensuring protection of the participants.²⁷⁹ There were two broad groups of participants in the interviews. The first group was recruited because they were Association counsellors and were therefore likely to be able to throw

²⁷⁷ Lave and Wenger, *Situated Learning: Legitimate Peripheral Participation*. 57, 114 - 115.

²⁷⁸ Etienne Wenger, "Communities of Practice: Learning as a Social System," <https://thesystemsthinker.com/communities-of-practice-learning-as-a-social-system/>.

²⁷⁹ Patton, *Qualitative Research and Evaluation Methods*. 246.

some light on its educational approach from their own personal experience first as a learner, and later providing that education as a counsellor. They were also likely to have had contact with other mothers and have developed opinions on how the maternal education made a difference to those mothers. The first group includes Paton, the Founder of the Association who was most significantly placed to comment on the nature of the education provided by the Association. The second group of participants was recruited because of their experience as providers of maternal education with organisations other than the Association. They were selected on the basis of their experience and knowledge of maternal education. The choice of participants for the interviews, which included people who were critical of the Association, sought to address the issue of bias that may be present in the archives. The data gained from these participants was used as a comparison with the data from the first group of participants.²⁸⁰

The interviews were conducted over five years, from late 2011, in Adelaide, Canberra, Sydney and Dunedin NZ. They concentrated on specific topics, but asked open ended questions and thus gave the participants sufficient

flexibility to describe unanticipated results and links to other people and organisations.²⁸¹ The questions sought the opinions and the subjective accounts and interpretations of the participants: they enabled participants to tell of their experience, their opinions and feelings, their knowledge of the topic and their own background.²⁸² The questions, being non-standardised, could be modified to suit the participant and their experience thus giving more accurate information and in greater depth.²⁸³ Further questions were then based on what the participant had said, to clarify their views and seek details. Care was taken to clarify the language used in the interviews.

Analysis of sources

The approach to analysis for this project has required building up a coherent “*corpora*” of documents from archival and oral history sources.²⁸⁴ Analysis of the Association’s publications, such as its newsletters, booklets, leaflets, teaching resources, journal, films and books, reveals not only the Association’s perception of itself, but also what it does not want to reveal: items

²⁸¹ Royce A. Singleton and B. C. Straits, *Approaches to Social Research*, 5th ed. (New York: Oxford University Press, 2010). 266. Nicky Britten, "Qualitative Interviews in Medical Research " *BMJ* 311 (1995).

²⁸² Patton, *Qualitative Research and Evaluation Methods*.

²⁸³ David E. Gray, *Doing Research in the Real World* (London: Sage Publications, 2009). 165, 372 – 373.

²⁸⁴ Foucault, *The Archaeology of Knowledge and the Discourse on Language*.

which are not in print or otherwise available.²⁸⁵ Furthermore, the way in which these publications have been used by the Association has been considered and examined for their place within the Association and to what extent they were representative of the culture of the Association.²⁸⁶

A rigorous approach to analysis of data has been taken, specifically regarding selective archival research and indexing of interview material. The material was examined thoroughly with primary consideration given to the practices of the Association in relation to maternal education, with an awareness that social research is not value free.²⁸⁷ The researcher has considered what kinds of truths may lie in the archival documents. In Stoler's terms this is an ethnographical, rather than an extractive use of the documents.²⁸⁸ With the attitude that it is not safe to generalise from a single document in an archive, nor is it valid to generalise from one interviewee's experiences, an exhaustive search of the Association Records, which consists of over 360 boxes, has been conducted. This has ensured that links can be established, and claims verified,

²⁸⁵ Gray, *Doing Research in the Real World*. 429.

²⁸⁶ Ann Laura Stoler, *Along the Archival Grain: Epistemic Anxieties and Colonial Common Sense* (Google Ebook), (Princeton, NJ: Princeton University Press, 2010).

²⁸⁷ Singleton and Straits, *Approaches to Social Research*. 70.

²⁸⁸ Stoler, *Along the Archival Grain: Epistemic Anxieties and Colonial Common Sense* (Google Ebook).

and, at the same time, some activities of the Association have been regarded as peripheral, isolated events unrelated to the overall education approach.²⁸⁹

To ascertain the reliability of the archival documents in the records, the interviews in the Association's Oral History Project have been most useful reflecting the intrinsic difference between written and oral sources. Alessandro Portelli, argues, "Our awe of writing has distorted our perception of language and communication written and oral sources are not mutually exclusive. They have common as well as autonomous characteristics, and specific functions which only either one can fill".²⁹⁰ The fundamental difference between archival and oral sources has been demonstrated by comparison of the archived documents such as the brief reports now held in the Records about antenatal talks, compared with the far more detailed accounts of those experiences when the same people are interviewed. Such comparisons have been made with consideration given to the context of the creation of sources which may affect their reliability as representative documents.²⁹¹

²⁸⁹ Judith Laird, "NMAA Newsletter Supplement President's Report for the Year Ended June 1973," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1973).

²⁹⁰ Alessandro Portelli, "What Makes Oral History Different," in *The Oral History Reader*, ed. Robert Perks and Alistair Thomson (London: Routledge, 2006). 33.

²⁹¹ "Is That What You Wanted," (Australia 1977); D. M. Hatfield, "Labor and Childbirth," in *Education for childbirth* (San Francisco CAL: Medical Films Inc., 1950); Queensland. Department of

It has not been possible to read every archived document that exists about the Association and this has been of concern to the researcher for there may have been inaccessible materials privately archived by individuals which would be very valuable for this project. In addition, regarding the archival materials that have been examined, there has been the constant worry that lying within an apparently unimportant document may have been information that was highly significant. To this end, great care has been taken to identify and then examine the material within the archives connected specifically to maternal education.

Language shapes and limits the understanding of maternal education and infant nutrition; therefore, it has been fruitful to engage in discourse analysis of the archival materials and the interviews to identify embedded, culturally constructed situations. Careful attention to recording the data has been crucial to accurately capture the words of the participants in the interviews by the author

Health Maternal and Child Welfare Service, *Taking Care of Queensland's Babies* (Brisbane QLD: Dept. of Health, 1975); "Procedure for Breast-Feeding Baby," (Australia: Oxford Films, 1958); "A Nestle Lactogen Factory in Australia," (Australia 1930). Note: The context of the creation of a source shapes its reliability. For instance, in the National Film and Sound Archives, there are films concerned with maternity services. When viewing sources such as these films, it is worth remembering that their reliability as representative documents of mothers' practices is constrained by the context of their production, in these cases, government and commercial interests.

of this thesis. The language used in those interviews, the signified, has been regarded an indicator of attitudes held by the signifier, that is the interviewee.²⁹²

The interviewees have at times provided confronting lived experiences that challenge the official story as depicted in commissioned histories or in the publications of the Association.²⁹³ It could be argued that maternal education has been one of the “secret areas” of women’s lives and in contrast to official reports, interviews have provided an opportunity to tell those stories.²⁹⁴ It has been possible to discern beliefs and practices about breastfeeding from listening to the participants’ stories. Cultural practices have emerged, and embedded messages could be identified.²⁹⁵ In addition, some people have changed their minds on certain matters. Interviewee Ann Huffam for example, who worked for over 50 years as a midwife, a Plunket Nurse in New Zealand and then later a Maternal

²⁹² Gray, *Doing Research in the Real World*. 515.

²⁹³ J. Friedman, “Muscle Memory’: Performing Oral History,” *Oral History* 33, no. 2 (2005).44
Patton, *Qualitative Research and Evaluation Methods*; Barnard, Twigg, and Australian Breastfeeding Association, *Nursing Mums: A History of the Australian Breastfeeding Association - 1964 - 2014*; Mary Paton, “Annual Report of the Nursing Mothers’ Association of Australia,” (Melbourne, VIC: Nursing Mothers’ Association of Australia, 1978); Nursing Mothers’ Association of Australia, “North Belconnen Counselling Reports, Group Discussion Report Forms: 1978-1980,” in *Nursing Mothers’ Association of Australia Records, 1964-1997* (Melbourne, VIC: State Library of Victoria, 1978-1990).

²⁹⁴ Paul Thompson, “The Voice of the Past: Oral History,” in *The Oral History Reader*, ed. Robert Perks and Alistair Thomson (London: Routledge, 2006).

²⁹⁵ Friedman, “Muscle Memory’: Performing Oral History.” 36.

and Child Health Nurse in New South Wales explains that over that time practices changed considerably.²⁹⁶

An important consideration for this project has been the different approaches to analysis of interviews such as the assumption that there are gains from transforming an interview to text, whereas Frisch has recommended analysis of the original recordings without translation into text.²⁹⁷ This approach has not been possible with the interviews already archived in the Association's Oral History Project, but it has been possible with the interviews conducted by the author.²⁹⁸ This has resulted in a very fluid sharing of the information in the interview, constructing the interviewee as an active producer of historical meaning rather than the historian as the interpreter, the expert. To this end, the author of the thesis has sought to preserve as much as possible of the tone and pace of the interview by precise transcription including pauses, silences and gaps. This may have been critical information, particularly in research pertinent to health such as this project.²⁹⁹

²⁹⁶ Anne Huffam, "Interview by Margaret Carmody," (Isaacs ACT2011).

²⁹⁷ Michael Frisch, "Oral History and the Digital Revolution Towards a Post-Documentary Sensibility," in *The Oral History Reader*, ed. Robert Perks and Alistair Thomson (London: Routledge, 2006). 110.

²⁹⁸ Ibid. 113.

²⁹⁹ J. Banks-Wallace, "Storytelling as a Tool for Providing Holistic Health Care to Women," *The American Journal of Maternal/Child Nursing* 24, no. 1 (1999). Patricia Hill Bailey and Stephen Tilley,

In analysing the interviews, the first step was to describe the historical and cultural setting of the participant's story.³⁰⁰ The next step was to compare the transcripts of different interviews to analyse the stories that have been told. Conspicuous silences that may have occurred in an interview were noted as were any contradictions.³⁰¹ In critiquing each interview, the researcher has identified the story line and assessed if the interviewee has had the space to really tell their story.

Each transcribed interview was summarised in a Word document and an Excel spread sheet was created with seven headings which facilitated identification of emerging themes and comparison of the transcripts. The first heading was "Source" and included details of the participant, the interviewer, the location and the date of the interview. The second heading was "Demographic" with sub-headings "Status", "Time involved in the Association" and "Location". The third heading was "Topics" where the three main topics that arose in the interview were listed. The fourth heading was "The Association" with sub-headings, "View of the Association", "Code of Ethics" and "Experience

"Storytelling and the Interpretation of Meaning in Qualitative Research " *Journal of Advanced Nursing* 38, no. 6 (2000).

³⁰⁰ Bryant and Charmaz, *The Sage Handbook of Grounded Theory*. 245, 247, 249.

³⁰¹ Friedman, "'Muscle Memory': Performing Oral History." 44.

of Association - Counselling". The fifth heading was "Education" with the sub-headings, "Learning", "Teaching", "Curriculum", "Setting" and "Resources". The sixth heading was "Links to other contacts" where participants listed people and organisations that were important to them. The seventh and last heading was "Themes" with the sub-headings "Attitudes to breastfeeding" and "Language used". The process of categorising the interviews created a systematic index enabling analysis of the features of the education provided by the Association.³⁰²

Careful attention has been paid to the use of language in both the interviews conducted by the researcher and those archived in the Oral History Project. This was not primarily an ethnographic approach; however, elements of that approach were used including interviews and gathering documentary data which is then compared with the interviews.³⁰³ Analysing the transcripts of the interviews, both those conducted by the researcher and those archived in the Association's Oral History Project, provides valuable insight into the people and

³⁰² Gray, *Doing Research in the Real World*. 518.

³⁰³ Stoler, *Along the Archival Grain: Epistemic Anxieties and Colonial Common Sense* (Google Ebook). 493 – 498. Scott Reeves et al., "Ethnography in Qualitative Educational Research: A mee Guide No. 80," *Medical Teacher* 35, no. 8 (2013).

circumstances that contributed to the experience of involvement in the Association by the participants.³⁰⁴

Conclusion: Questions to consider about the Association as a provider of maternal education.

This thesis investigates the model of maternal education developed by the Association: this education aspect of the Association's activities has not been investigated before. It asks the following questions:

- What were the key features and the innovations of the education provided by the Association to the mothers, the counsellors and the community and how did these differ from other providers?
- How did the Association conduct research and network with other providers of maternal education, in Australia and internationally?
- Who were the women involved with the Association and who were not involved with it? And why were they not involved?

³⁰⁴ Denise Murray, "Interview by Joy Anderson," in *Nursing Mothers' Association of Australia Oral History* (Brisbane, QLD: John Oxley Library, State Library of Queensland, Australia, 2000); Barbara Horton, "Interview by Cathy Trethowen," in *Nursing Mothers' Association of Australia Oral History Project* (Brisbane, QLD: John Oxley Library, State Library of Queensland, Australia, 2000).

- Who were the critics of the Association, what was the basis of their criticism and how did the Association respond to those criticisms?
- How did the Association manage its local and national concerns, the limitations of time and tasks, its own power structure and the diverse purposes of education of mothers while at the same time, seeking social and political change?

The thesis applies a qualitative methodology to the data gathered from archival and oral history sources. The data is analysed in the light of the theories of adult education, communities of learning and practice and critical health literacy identified in the literature review. It has also been interpreted through the concepts of maternal education expressed in the accounts of Australian women's history and personal observations made in interviews. From this analysis emerged the significant resources that mothers used and the key features of the Association's approach to maternal education which constituted a new model, unique to the Association.

The Association's model of maternal education with its community of practice approach has implications for health literacy generally and critical health literacy in particular. By inviting comparison of ideas and making

suggestions, the Association was instrumental in the development of critical health literacy about breastfeeding. Mothers developed the self-efficacy and personal skills to enable them to act on their knowledge about breastfeeding, to critically appraise information and to share decision making with health professionals. Moreover, that critical health literacy involved action for political and social change.

2: Learning to be a mother 1840 - 1940.

Taking babies "quite seriously".³⁰⁵

In this chapter the methods of the significant providers of maternal education that influenced Australian mothers from the mid nineteenth century to the Second World War are described in detail in order to show how the scientific approach with minimalist mothering became the norm, resulting in low breastfeeding rates and lack of support for breastfeeding. The chapter begins with a description of maternal education from the mid nineteenth century in the UK including handbooks and classes. It then describes the NZ Plunket Society and its influence on the establishment of modern maternal and child health services throughout Australia in the early twentieth century. The maternal education available to Australian mothers is described and the key features of regulation, education and supervision are analysed in terms of adult education, communities of practice and health literacy. The chapter ends with a description of the effects of maternal education on infant mortality and on the methods mothers used to feed and care for their infants.

³⁰⁵ Frederic Truby King, "A Plea for the Drawing up and Circulation Throughout the Whole Community of Simple Reliable, Consistent Standards for Guidance in the Rearing of Normal Infants," in *Victoria League Imperial Health Conference* (London 1914).

The experts shape maternal education

Learning to be a mother by the book

Mothers had traditionally learned about birth and breastfeeding from their own mothers and extended families. This is referred to as “the women’s network” by Kitzinger.³⁰⁶ This women’s network became less accessible to middle class women from the mid nineteenth century as they moved away from their friends and families and thus maternal education came into being.³⁰⁷ Apart from charitable groups that sought to provide practical assistance to mothers of poor families, early education of mothers was usually in the form of advice in newspapers. At first it was provided indirectly and mostly by example using graphic reports of infant mistreatment and deaths. Then, as the century drew to a close, there emerged more positive information directed at mothers. This information, often with the heading “Advice for mothers” included five different kinds of advice. First there were sentiments about babies and motherhood, often including poems and sometimes humorous.³⁰⁸ Then there were government announcements about services and resources for mothers, statistical information

³⁰⁶ Mary L. Nolan, "Antenatal Education-Where Next?," *Journal of advanced nursing* 25, no. 6 (1997). 1198. Note: Personal communication from Shelia Kitzinger to Mary Nolan.

³⁰⁷ Ibid. 1203.

³⁰⁸ "A Mother's Love," *Goulburn Herald and Chronicle (NSW : 1864 - 1881)*, 08 April 1865. "Babies," *Queanbeyan Age (NSW : 1867 - 1904)*, 19 June 1875. "Advice to Young Mothers," *Barrier Miner (Broken Hill, NSW : 1888 - 1954)*, 05 April 1919.

about infant mortality, articles about use of opiates and poor feeding along with responses to these statements such as a mother complaining that she cannot follow the advice because she cannot breastfeed in public.³⁰⁹ There were also detailed reports of Coroner's inquests regarding infant deaths often accompanied by criticism of the mother along with news items about openings of new schools for mothers or clinics, often with snippets of general advice included.³¹⁰ There were health professionals advising mothers on feeding and care, sometimes in response to specific letter enquiries.³¹¹ Lastly, there were advertisements purporting to be advice for products such as baby formula or Milk Arrowroot

³⁰⁹ "The Use of Narcotic Drugs in Manchester," *The Sydney Morning Herald* (NSW : 1842 - 1954), 18 March 1850. "Infant Mortality. Advice to Mothers," *Western Mail* (Perth, WA : 1885 - 1954), 07 January 1905. "Departmental Advice to Mothers," *Nowra Leader* (NSW : 1909 - 1939), 13 November 1914. "Advice to Mothers," *Sun* (Sydney, NSW : 1910 - 1954), 27 September 1916. "Advice to Mothers," *Australian Worker* (Sydney, NSW : 1913 - 1950), 10 February 1916. "The Children. Advice to Young Mothers," *Barrier Miner* (Broken Hill, NSW : 1888 - 1954), 05 April 1919; "Advice to Mothers," *Register* (Adelaide, SA : 1901 - 1929), 28 September 1917.

³¹⁰ "The Infant's Opiate," *South Australian Register* (Adelaide, SA : 1839 - 1900), 20 May 1848. "A Child Drowned in a Bucket," *Maitland Mercury and Hunter River General Advertiser* (NSW : 1843 - 1893), 15 January 1851. "Coroner's Inquest. — Wilful Murder," *Adelaide Observer* (SA : 1843 - 1904), 12 November 1853. "Fatal Accident," *Ovens and Murray Advertiser* (Beechworth, Vic. : 1855 - 1918), 01 August 1857; "Inquest," *South Australian Advertiser* (Adelaide, SA : 1858 - 1889), 21 March 1860. "Editorial. The Wet Nurse Institution," *Age* (Melbourne, Vic. : 1854 - 1954), 31 March 1863. "Advice to Mothers," *Maitland Daily Mercury* (NSW : 1894 - 1939), 03 April 1900; "Advice to Mothers. Baby's Sleep," *Standard* (Port Melbourne, Vic. : 1884 - 1914), 01 February 1902; "Health Notes. Advice to Mothers," *Daily News* (Perth, WA : 1882 - 1950), 04 January 1908; "A New Experiment with Baby. Advice to Mothers," *Express and Telegraph* (Adelaide, SA : 1867 - 1922), 10 October 1908; "Advice to Mothers and Nurses," *Co-operator* (Sydney, NSW : 1910 - 1917), 15 August 1912.

³¹¹ W. Bell, "On Physical Education. No. ii. - Infancy," *Bathurst Free Press* (NSW : 1849 - 1851), 18 January 1851. "Advice to Mothers," *Adelaide Observer* (SA : 1843 - 1904), 30 November 1895; "A New Experiment with Baby."

Biscuits which gave a negative view of breastfeeding (Figure 3), or Rexona soap, or even for portrait photography, urging “Mothers, do not wait till baby grows old, and perhaps passes away, before you secure a nice Portrait of your little bud”.³¹²

FREE SAMPLE TIN - SEND COUPON

Next best to Mother's Milk
Lactogen has saved thousands of baby lives

If you could only see it in the making you'd realize why Lactogen has saved thousands of baby lives and will save many thousands more. You'd know why Lactogen is the most perfect substitute for mother's milk that can be made—why it is the perfect food on which to rear your baby.

If you could see the pastured cows, could watch the milking process; could see the sparkling, strong cream, cleaned and sterilized with living steam

If you could watch the milk pass through stringent tests for purity, for quality—first at the farm, then at the factory; could see it pasteurized, and afterwards, the fat globules changed so that they may be finer than those in human milk—more readily digestible.

If you could see the milk once dried and stored—you'd marvel at the infinite precaution taken in making cow's milk an ideal food for your baby.

Unless you yourself feed baby, give him Lactogen. Lactogen is easily and completely assimilated—and it's nice. All babies like it; they never want to change. Lactogen suits the most delicate of digestions.

LACTOGEN
The Natural - Milk Food

FREE Sample Tin **FREE**
Get one and see the Best Baby Food in the World.
27 Park Street, Sydney.
Please send me **FREE** one of these Tins and make this my coupon.
Name _____
Address _____

Figure 3. Display Advertising. “Free Sample Tin - Send Coupon. Next Best to Mother's Milk.” *Canberra Times* (ACT), 20 April 1929, 6. <http://nla.gov.au/nla.news-article1002098>

³¹² "Advice to Mothers," *Wellington Times* (NSW : 1899 - 1954), 11 October 1900. "Advice to Mothers," *Richmond River Herald and Northern Districts Advertiser* (NSW : 1886 - 1942), 03 January 1919. "Advice to Mothers," *Daily News* (Perth, WA : 1882 - 1950), 06 August 1910.

In addition to the information in the newspapers, there were handbooks written by a diverse group including doctors, nurses, home management experts and chefs.³¹³ They were aimed at upper class, literate women and the nurses they employed to look after their children. In Australia, it was very common in the late nineteenth century for middle class families to employ a nursemaid, often listed in the semi-skilled category as a “nurse” in censuses, to assist the mother to care for her small children.³¹⁴ The authors of the handbooks overwhelmingly took the attitude that mothers are ignorant and need instruction and rules to guide them and that breastfeeding is likely to be problematic. There were often extremely stern warnings attached to the advice as in Thomas Bull’s book³¹⁵ or Florence Nightingale’s advice “Minding Baby”³¹⁶ which was quoted by Isabella Beeton.³¹⁷ Beeton’s widely read *Book of Household Management* had a section on

³¹³ Alexis Soyer, "The Nursery Dinner," in *The Modern Housewife or Ménagère: Comprising Nearly One Thousand Receipts for the Economic and Judicious Preparation of Every Meal of the Day* (Cambridge: CUP, 1849; reprint, 2013). 46.

³¹⁴ Ann Larson, "Growing up in Melbourne. Transitions to Adulthood in the Late Nineteenth Century" (Australian National University, 1986). 104, 216, 238. Judith Godden, "Nursing," in *Dictionary of Sydney* (Sydney NSW: City of Sydney, 2008).

³¹⁵ Thomas Bull, *The Maternal Management of Children, in Health and Disease* (London: Longman, Orme, Brown, Green & Longmans, 1840). A2.

³¹⁶ Florence Nightingale, *Notes on Nursing What It Is and What It Is Not*, 1898 ed. (New York: Appleton and Company, 1861). Preface, Victor Skretkowicz, ed. *Florence Nightingale’s Notes on Nursing & Notes on Nursing for the Labouring Classes: Commemorative Edition with Historical Commentary* (New York: Springer Publishing Company, 2010).

³¹⁷ Isabella Beeton, *The Book of Household Management*, Gutenberg ed. (London: S. O. Beeton Publishing, 1861).

infant feeding referring to lactation as “an exhausting process ... the drain upon the mother becomes great and depressing”.³¹⁸ She emphasised the importance of “cleanliness, fresh air, clean utensils and frequent washing of the person” especially in the nursery.³¹⁹ Providers of maternal education favourably regarded and reiterated Nightingale’s views for over 100 years. Advice for mothers and those caring for babies became more scientifically focused and there was increasing use of scientific language by the late nineteenth century. This is evident in *Our baby: For mothers and nurses* by midwife Annie Langton Hewer with detailed tables that list the known components of breast milk to support the argument that it is perfect for the baby, but no comparative table for other milks.³²⁰ Another example is the instructions for making beef tea, “The albumin of beef-tea coagulates at 150° [Fahrenheit]”.³²¹

Mothers and public health

By the end of the nineteenth century, events in the UK, Australia and New Zealand signalled a change in the approach to education of mothers, becoming

³¹⁸ Ibid. 2743.

³¹⁹ Ibid. 1903

³²⁰ J. Langton Hewer, *Our Baby: For Mothers and Nurses*, 9th ed. (Bristol: John Wright, 1891).

³²¹ Ibid. 29.

scientifically based.³²² Medical experts focused primarily on lowering the infant mortality rate due to personal reasons, such as poor maternal health during pregnancy, poor infant nutrition and hygiene, in addition to environmental, that is, public health issues such as provision of fresh water, sewerage systems and vaccinations.³²³ The relationship between infant diet and illnesses such as rickets and scurvy became understood³²⁴ and health professionals sought to teach mothers to change the foods they provided and the ways they cared for their children, including how and when to breastfeed them.³²⁵

In a determined effort to tackle both maternal and infant mortality, there were various actions undertaken to train and register both nurses and midwives,

³²² Ibid.

³²³ Edwin Sir Chadwick, *Report on the Sanitary Condition of the Labouring Population of Gr. Britain / by Edwin Chadwick, 1842 ; Edited by N. W. Flinn* (Edinburgh: University Press, 1965). Charles H. Hennekens and Julie E. Buring, *Epidemiology in Medicine* (Boston: Little, Brown & Company, 1987). 5, 8. Queen Victoria, "Queen Victoria's Letter to William Gladstone on the Deplorable Condition of the Homes of the Poor," Royal Archives, <http://www.queen-victorias-scrapbook.org/contents/6-5.html>. John Snow, "On the Communication of Cholera by Impure Thames Water," *Medical Times and Gazette* (1854); "The Sanitary Congress," *The British Medical Journal* (1902); Geoffrey Chamberlain, "British Maternal Mortality in the 19th and Early 20th Centuries," *Journal of the Royal Society of Medicine* 99, no. 11 (2006).

³²⁴ Michael Worboys, *Spreading Germs. Disease Theories and Medical Practice in Britain, 1865 - 1900* (Cambridge UK: Cambridge University Press, 2000); Chamberlain, "British Maternal Mortality in the 19th and Early 20th Centuries." Bob Browning, "First Settlement to Federation: Colonial Service to Benevolent Societies," in *Health Funding and Medical Professionalism - a Short Historical Survey of the Relationship between Government and the Medical Profession in Australia. First Settlement to Federation: 1788 - 1901* (Arncliffe NSW: Australian Academy of Medicine and Surgery, 2000). Richard Taylor, Milton Lewis, and John Powles, "The Australian Mortality Decline: All-Cause Mortality 1788-1990," *Australian and New Zealand Journal of Public Health* 22, no. 1 (1998). 32.

³²⁵ Wickes, "A History of Infant Feeding. Part V - Nineteenth Century Concluded and Twentieth Century." 495.

first in New Zealand, then in Australia and the UK.³²⁶ Fuelled by popular criticism, such as Dickens' depiction of the midwife Mrs Gamp,³²⁷ often midwives were erroneously considered to be responsible for infant mortality.³²⁸ However, midwives played an important role in educating mothers individually and had been highly regarded in the community for their expertise about birth and also breastfeeding.³²⁹ This was in contrast to doctors as traditionally their training advocated breastfeeding as essential for infant health but they paid very little attention to it in their training and actual dealings with patients. Smith, Dunstone and Elliott-Rudder argue that breastfeeding fell into "the complex and often conflicted space between formal professional knowledge about health and

³²⁶ Fiona Bogossian, "A Review of Midwifery Legislation in Australia – History, Current State & Future Directions," *Australian College of Midwives Incorporated Journal* 11, no. 1 (1998). 25, 26. Robert Stevens, "The Midwives Act 1902: An Historical Landmark," *Midwives magazine* (2002). Annette Summers, "The Lost Voice of Midwifery: Midwives, Nurses and the Nurses' Registration Act of South Australia," *Collegian* 5, no. 3 (1998); *Nurses' Registration Act 1924*, (NSW); NSW Nurses' Registration Board, *History of the New South Wales Nurses' Registration Board* (Sydney, NSW: Nurses' Registration Board, NSW, 1989); Georgina Willetts, "From Nightingale Nurses to Modern Profession: Nursing in Australia," in *Henry Parkes Oration for 2015* (Sir Henry Parkes Memorial School of Arts in Tenterfield NSW: Nurse Uncut, 2015); L. Barclay, "Australian Midwifery in Training and Practice " in *The Midwife Challenge*, ed. Sheila Kitzinger (Sydney NSW: Pandora, 1988).

³²⁷ Charles Dickens, *The Life and Adventures of Martin Chuzzlewit* (Boston: Lee and Shepard, 1877). 189.

³²⁸ Madonna Grehan, "Heroes or Villains? Midwives, Nurses, and Maternity Care in Mid-Nineteenth Century Australia.," *Traffic (Parkville)* 11 (2009).

³²⁹ Mavis Gaff-Smith, *Midwives of the Black Soil Plains* (Wagga Wagga, N.S.W: Triple D Books, 2003). Kathleen Fahy, "An Australian History of the Subordination of Midwifery," *Women and Birth* 20, no. 1 (2007).

personal and experiential and embodied knowings and learnings".³³⁰ This gap provided the space which many experts from different fields have been keen to fill. Yet, as researcher Peter Hartmann comments, "It is beyond belief that in the 21st century that an organ [the breast] that requires 25% of daily energy production does not have a medical specialty".³³¹ Thus, at the turn of the last century, concerns about infant health and persistently high infant mortality strengthened arguments for the need for maternal education which became formalized into a structured approach in France and the UK and shortly after in New Zealand and Australia.

Budin and Sykes: the birth of Mothercraft

In the 1880s, French paediatrician Pierre Budin recognised that infant mortality was higher in the cities and focused attention on how best to feed babies and teach their mothers.³³²

³³⁰ Julie Smith, Mark Dunstone, and Megan Elliott-Rudder, "Health Professional Knowledge of Breastfeeding: Are the Health Risks of Infant Formula Feeding Accurately Conveyed by the Titles and Abstracts of Journal Articles?," *Journal of Human Lactation* 25, no. 3 (2009).

³³¹ Hartmann, Peter. "The Lactating Breast: An Overview from Down Under." *Breastfeeding Medicine: The Official Journal of the Academy of Breastfeeding Medicine* 2 (03/01 2007): 3-9. <https://doi.org/10.1089/bfm.2006.0034>. 8.

³³² Paul L Toubas, "Dr Pierre Budin: Promoter of Breastfeeding in 19th Century France," *Breastfeeding Medicine* 2, no. 1 (2007). Pierre Budin, *The Nursling: The Feeding and Hygiene of Premature & Full-Term Infants*, trans. William J. Maloney (London: The Caxton Publishing Company, 1907).

The first international Child Health Conference was held in Paris in 1905.³³³ In that same year, Sykes, who was the Medical Officer of Health for the St Pancras area in London, coined the term “mothercraft”.³³⁴ He introduced home visits by health inspectors to all new mothers in the area. In 1907, Sykes opened St Pancras School for Mothers in London, known as “the Mothers and Babies Welcome” (Figure 4).³³⁵ This school was a unique combination of the programs of the emerging baby clinics and centres offering mothers free meals elsewhere in the UK and Europe.³³⁶ The mothercraft education provided at the Mothers and Babies Welcome was described as “beneficial public work”, and was done by trained experts including midwives with the assistance of philanthropic volunteers.³³⁷ From an adult education viewpoint, the education provided to mothers at the Mothers and Babies Welcome was authoritarian transmission learning where the student had very little power or influence over the curriculum or the practices they adopted with regard to infant nutrition. Wenger

³³³ Brian Milne, *The History and Theory of Children’s Citizenship in Contemporary Societies* (Dordrecht: Springer 2013). 142. Budin, *The Nursling: The Feeding and Hygiene of Premature & Full-Term Infants*.

³³⁴ John Frederick Joseph Sykes, “Mothercraft,” *The Journal of the Royal Society for the Promotion of Health* 31, no. 573 (1910).

³³⁵ “A School for Mothers,” *New York Times*, July 7, 1907; “Public Health and Poor-Law Medical Services. St Pancras School for Mothers,” *The British Medical Journal* (1908). Note: The school was soon known as the “Mothers and Babies Welcome” as that was the sign hung on the front of the building.

³³⁶ “The St Pancras School for Mothers.” The Wellcome Library, 2014, <http://blog.wellcomelibrary.org/2014/05/the-st-pancras-school-for-mothers/>.

³³⁷ Sykes, “Mothercraft.” 581.

has defined communities of practice as “Groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly”.³³⁸ It is apparent that Sykes endeavoured to create a community of practice among his staff, providing apprentice style learning for the philanthropic volunteers working under the midwives.³³⁹



Figure 4. "The Weighing Room at the Mothers and Babies Welcome." Image from A School for Mothers by Bunting et al. 1907. Wellcome Image no. L0007060 London, 1907. Photograph, black and white. <http://blog.wellcomelibrary.org/2014/05/the-st-pancras-school-for-mothers/>

³³⁸ Wenger, "Communities of Practice: A Brief Introduction."

³³⁹ "Public Health and Poor-Law Medical Services. St Pancras School for Mothers." The British Medical Journal (June 1908): 1462.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2436759/pdf/brmedj07965-0058b.pdf>.

Sykes identified poverty as a major factor in poor parenting and he thought that teaching good parenting would be a route out of poverty for the children because well nourished, strong healthy children would be more employable. Sykes proposed four “remedies”: improving the expectant mother’s health; maintaining her health while breastfeeding; avoiding premature weaning, especially during the summer; and protecting babies from the cold. Thus, instruction became the prescribed remedy for the identified medical problem.³⁴⁰ Regarding nutrition of the baby, the benefits of breastfeeding were well understood, the problem was to persuade the mothers to do it and Sykes saw education and supervision as the answer. Significantly, the infant mortality rates improved.³⁴¹ Thus the age of “proper instruction” began in earnest.

Sykes’ detailed pamphlet, “Advice to the Mother” presumes a very high level of literacy: it is dense text with no illustrations and is written in formal English (Figure 5).³⁴² The purpose was “the preventing of infant mortality by the education and assistance of the mother”,³⁴³ and the atmosphere was one of

³⁴⁰ "J. F. J. Sykes, M.D., D.Sc.," *The British Medical Journal* 1, no. 2719 (1913).

³⁴¹ R. I. Woods, P. A. Watterson, and J. H. Woodward, "The Causes of Rapid Infant Mortality Decline in England and Wales, 1861- 1921 Part I," *Population Studies* 42, no. 3 (1988). "The Causes of Rapid Infant Mortality Decline in England and Wales, 1861- 1921. Part II," *ibid.* 43, no. 1 (1989).

³⁴² Sykes, "Mothercraft." 581.

³⁴³ *Ibid.* 581.

supervision of untrustworthy mothers, with Sykes' final section entitled "Advice, Instruction and Information", clearly setting out a very authoritative educational hierarchy.³⁴⁴

The recommended number of breastfeeds per day was 11, and mothers were advised, "Do not rock the baby violently after it is fed. Do not feed the baby when it cries between mealtimes. Never give a 'dummy comforter' to the baby".³⁴⁵ In opposition to the increasing availability of patented infant formulas and the practices of feeding babies a variety of unsuitable foods such as bread soaked in water or diluted cow's milk, it states, "the only way to humanize cow's milk is to pass it through the mother and not a machine".³⁴⁶ In a deliberate attempt to encourage breastfeeding, information about bottle feeding was "purposely omitted".³⁴⁷

³⁴⁴ Ibid. 580.

³⁴⁵ Ibid. 580.

³⁴⁶ Ibid. 580.

³⁴⁷ Ibid. 581.

Bring your Baby **to be Weighed!**

MOTHERS' & BABIES' WELCOME.

6, Chalton St., Euston Road,

(for Babies under 12 months of age).

Hours for Weighing, etc.

Tuesdays and Fridays, from 2.15 to 3.30 o'clock.

The lady doctor attends to weigh babies and mothers, and to give advice on their feeding, clothing, and general management. If baby is not increasing in weight there is something wrong. Cases of illness are referred to doctors, dispensaries, or hospitals.

Welcome Club. 1d. per week.

Mothers are invited, with their Babies, to join the Club, and come regularly once a fortnight, on Tuesdays or Fridays. There are also talks and lessons on health, cooking, sewing, etc., on other days. Girls over school age may attend as visitors.

Dinners for Nursing-Mothers.

Dinners for expectant and nursing-mothers—to be eaten at the Club—are provided on medical recommendation at a charge of 1½d. a day, every day except Sunday, from 1.30 to 3 o'clock.

Figure 5. Bring Your Baby to Be Weighed. (Pamphlet). London, Mothers and Babies Welcome, 1907.

Sykes' major concern was reaching "the very poorest and most ignorant mothers [who] remain unadvised".³⁴⁸ The solution was Schools of Mothercraft supported by local municipal authorities. The curriculum included "instruction in food and feeding, food values and prices, and simple cookery ... the cutting-out and making of babies' clothes, the preparation for and care of babies, and general housewifery and domestic health".³⁴⁹ There was also "educational work ... by practical demonstration in the homes of the poor".³⁵⁰

The lady demonstrators reported back if the instructions had been followed and any "inability to carry out the instructions and how they may be remedied".³⁵¹ The discussions that ensued resulted in an awareness that many mothers were unable to follow the instructions, such as preparation of nutritious meals, because they did not have the cooking utensils required, nor could they afford the ingredients. This resulted in a changed focus of the lessons and is a good example of a dynamic community reflecting on its practice and adjusting itself to circumstances.

³⁴⁸ Ibid. 585.

³⁴⁹ Ibid. 586.

³⁵⁰ Ibid. 587.

³⁵¹ Ibid. 587

There is an overwhelming sense of the authorities trying to gain control of the situation, with the mother defined as the “trainer and educator” of her children. The stated aim was the training of the mother beyond the infant’s first year by means of Mothercraft classes and weighing and examining children to prevent defects in school children. For medical practitioners such as Sykes, the education of mothers was in the context of public health. In terms of adult education, it was an authoritative, behaviourist approach. While there was a community of practice among the practitioners who had a shared interest and engaged in joint activities and shared information and resources, the mothers were peripheral to that community.³⁵² In terms of communities of practice, the scientific discourse used by the health professionals in didactic teaching situations with the mothers is liable to create unintended practices. The learners may have learnt the language, but they did not necessarily “learn the actual practice the language is supposed to be about”.³⁵³ Such an approach to maternal education was an example of learners learning from talk rather than being participants in the community of practice.³⁵⁴ At most, the effect of the education was to provide mothers with functional health literacy in the area of

³⁵² Wenger, "Communities of Practice: A Brief Introduction."

³⁵³ Lave and Wenger, *Situated Learning: Legitimate Peripheral Participation*. 107 – 108.

³⁵⁴ *Ibid.*

breastfeeding and caring for their families. There was little expectation of mothers becoming interactively health literate and critical literacy was the domain of the professionals.

“The preservation of infant life”.³⁵⁵

Truby King: A rationalist approach in New Zealand

In New Zealand in the early twentieth century, Truby King felt it was time that babies were taken “quite seriously” by the medical profession (Figure 6).³⁵⁶ He was a psychiatrist who believed that educating mothers about infant care and nutrition would ensure “health, strength and future usefulness”³⁵⁷ and prevent many psychiatric conditions due to neglect and poor nutrition in infancy and childhood.

³⁵⁵ "Work in the Field," *The Journal of the Nurses of New Zealand* 1, no. 2 (1908). 29

³⁵⁶ King, "A Plea for the Drawing up and Circulation Throughout the Whole Community of Simple Reliable, Consistent Standards for Guidance in the Rearing of Normal Infants."

³⁵⁷ King, "A Plea for the Drawing up and Circulation Throughout the Whole Community of Simple Reliable, Consistent Standards for Guidance in the Rearing of Normal Infants."



Figure 6. Andrew, Stanley Polkinghorne. "Sir Frederick Truby King, with Madelaine, at the Karitane Hospital in Wellington." Photograph (b&w). Wellington NZ: Alexander Turnbull Library, National Library of New Zealand, 1932. <https://nzhistory.govt.nz/media/photo/frederick-truby-king>.

Truby King was passionate about a solution to the mistreatment of children. He described babies as being "like prisoners", having no choice but to accept the care, whether good or bad, that was given to them.³⁵⁸ He said:

There is no young creature in the world so ignorantly and cruelly nurtured as the average infant. There is no death rate in Nature arising

³⁵⁸ "The Fit and the Unfit - Improving the Race. An Interview with Dr Truby King," *Evening Post*, 13 August 1906.

from maternal neglect and improper feeding that can be compared with human infant mortality.³⁵⁹

He was determined to save even the “better dead” babies, as demonstrated by personally taking in frail and moribund babies from foster homes and successfully nursing them back to health at his own home at Karitane.³⁶⁰ In his appeals to the laws of nature and his approach to infants, he was a “pro-natalist”.³⁶¹ “He was determined to prove that apparently weak babies were well worth saving ... and that slum mothers were not necessarily slut mothers” (Figure 7).³⁶² Truby King’s ideas echo, and in some cases are identical to, those of Nightingale.³⁶³ He strongly advocated breastfeeding, coining the term “Breast fed is best fed”,³⁶⁴ and like Sykes, he identified artificial feeding

³⁵⁹ Ibid.

³⁶⁰ Hilary Stace, "Gene Dreaming: New Zealanders and Eugenics," *Professional Historians Association of New Zealand/Aoteroa*. (1997). Philippa Mein-Smith, "Truby King in Australia: A Revisionist View of Reduced Infant Mortality," *New Zealand Journal of History* 22, no. 1 (1988). Frederic Truby King, "Welfare of Mothers and Babies: Lecture by Dr Truby King. Education Buildings, Sydney NSW," in *Miscellaneous letters and papers (1907-1930)* (Dunedin NZ: Hocken Library New Zealand. Hocken Collections Archives and Manuscripts. , 1919). 7. Wickes, "A History of Infant Feeding. Part V - Nineteenth Century Concluded and Twentieth Century.," "The Karitane Home for Babies. Otago Witness," in *The Melrose Library: Reflecting the Life and Works of Sir F. Truby King* (Dunedin NZ: Otago University Research Heritage, 23 October 1907); "Karitane Hospital, Andersons Bay, Dunedin, 1907," in *New Zealand Free Lance: Photographic prints and negatives*, ed. National Library of New Zealand (Wellington NZ: Alexander Turnbull Library: National Library of New Zealand, 1907).

³⁶¹ Stace, "Gene Dreaming: New Zealanders and Eugenics."

³⁶² Wickes, "A History of Infant Feeding. Part V - Nineteenth Century Concluded and Twentieth Century." 499.

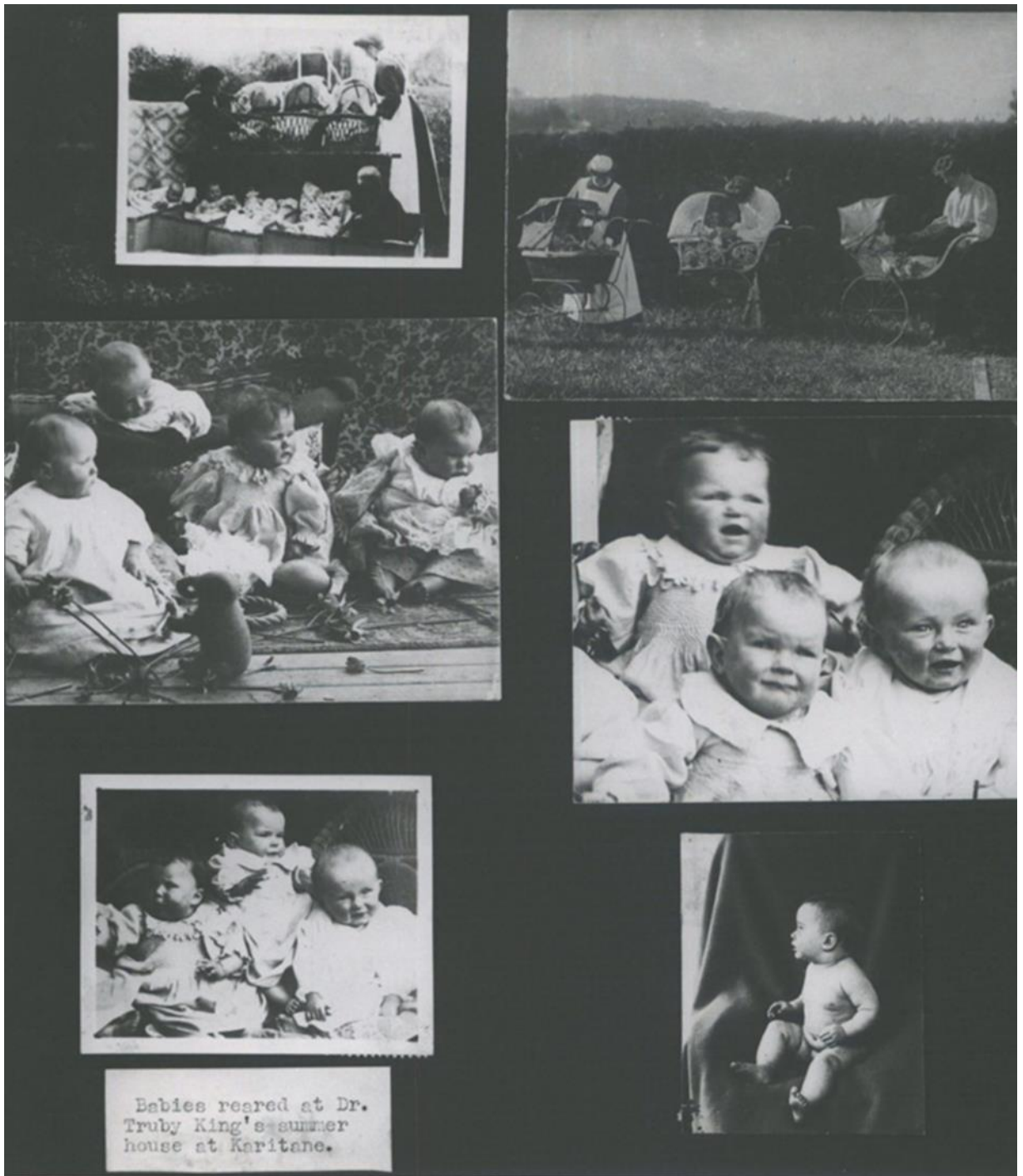
³⁶³ Thomas Smith Clouston, *The Hygiene of Mind*, 4th ed. (New York: E. P. Dutton and Company, 1907). 131. Beeton, *The Book of Household Management*.

³⁶⁴ Linda Bryder, "Breastfeeding and Health Professionals in Britain, New Zealand and the United States, 1900–1970," *Medical History* 49, no. 2 (2005).

as the major contributor to infant mortality.³⁶⁵ However, in contrast with Sykes, he argued that education was needed by all mothers, not just the poor and urged “the need to educate the upper classes, because knowledge percolates from them downwards”.³⁶⁶

³⁶⁵ "The Plunket Society," *Evening Star (NZ: 1906 – 1940)*, May 14, 1940.

³⁶⁶ "Infant Welfare. Miss Truby King Addresses League," *Argus (Melbourne, Vic. : 1848 - 1957)*, 14 December 1935.



Babies reared at Dr. Truby King's summer house at Karitane.

Figure 7. "Some of the Reasons Why Dr. Truby King Decided to Try and Make New Zealand a Better Place for Babies. Plunket Society (Royal New Zealand Society for the Health of Women and Children)." Dunedin NZ: Hocken Collection Otago University n.d. Collage with black and white photographs. <http://hockensnapshop.ac.nz/nodes/view/19761>.

In 1907, Truby King established the Royal New Zealand Society for the Promotion of the Health of Women and Children (Plunket Society), with the aim of encouraging breastfeeding, lowering the infant mortality rate and providing care and information to “help the mothers and save the babies”.³⁶⁷ The idea was hatched at a small dinner party in 1907 hosted by the Theomin’s. Those present were all influential in the formation of the Plunket Society (Figure 8). The society had the characteristics of a community of practice, with a shared domain of interest among its members, joint activities and sharing of information and the development of shared resources that is, a “shared practice”.³⁶⁸ This society with its training of nurses, provision of baby health clinics and publications (notably *Feeding and care of baby* published in 1913), and its syndicated newspaper columns, has been the major influence throughout the twentieth century on methods of feeding and caring for babies in New Zealand and in Australia.³⁶⁹

³⁶⁷ Note: The name was officially changed from Royal New Zealand Society for the Promotion of the Health of Women and Children to the Plunket Society in 1980. Bryder, L. 2003. Two models of infant welfare in the first half of the twentieth century: New Zealand and the USA. *Women's History Review*, 12, 547-558. 548.

³⁶⁸ Wenger, "Communities of Practice: A Brief Introduction."

³⁶⁹ Frederic Truby King, *Feeding and Care of Baby*, revised and enlarged ed. (London: Whitcombe & Tombs, 1937). "Truby King Methods. Lord Bledisloe's Tribute: "Greatest Living Human Benefactor" a Campaign in Britain.," *Otago Daily Times (NZ: 1910 – 1938)*, July 27, 1936.



Figure 8. Table set with place names for Bella and Frederick Truby King. "The Interior of Olverston: The Dining Room." *Olverston Historic Home & Theomin Gallery*, Olverston Charitable Foundation, 2017, <http://www.olverston.co.nz/explore-olverston/room-by-room-tour>.

Truby King had vice-regal support and relied on volunteer philanthropic women including Victoria Plunket who was the wife of the Governor, mother of eight children and a persuasive public speaker about the society (Figure 9).³⁷⁰

³⁷⁰Melanie Oppenheimer, "Hidden under Many Bushels: Lady Victoria Plunket and the New Zealand Society for the Health of Women and Children," *The New Zealand Journal of History* 39 no. 1 (2005). 24. Philippa Mein-Smith, *Mothers and King Baby. Infant Survival and Welfare in an Imperial World Australia 1880 - 1950* (Houndmills, UK1997). 111. "Mothers and Babies," *Maitland Weekly Mercury* (NSW : 1894 - 1931), 30 November 1918. Note: Baby health centres and associations in Australia frequently had regal and vice-regal support, not only in major centres such as the Queen Elizabeth Home in Canberra but also in regional centres such as Maitland NSW.



Figure 9. Andrew, Stanley Polkinghorne. "Victoria Plunket." Wellington NZ: Alexander Turnbull Library, 1905. Black and white photograph.

Lord and Lady Plunket were the patrons of the first publication of the society which then took on their name (Figure 10).

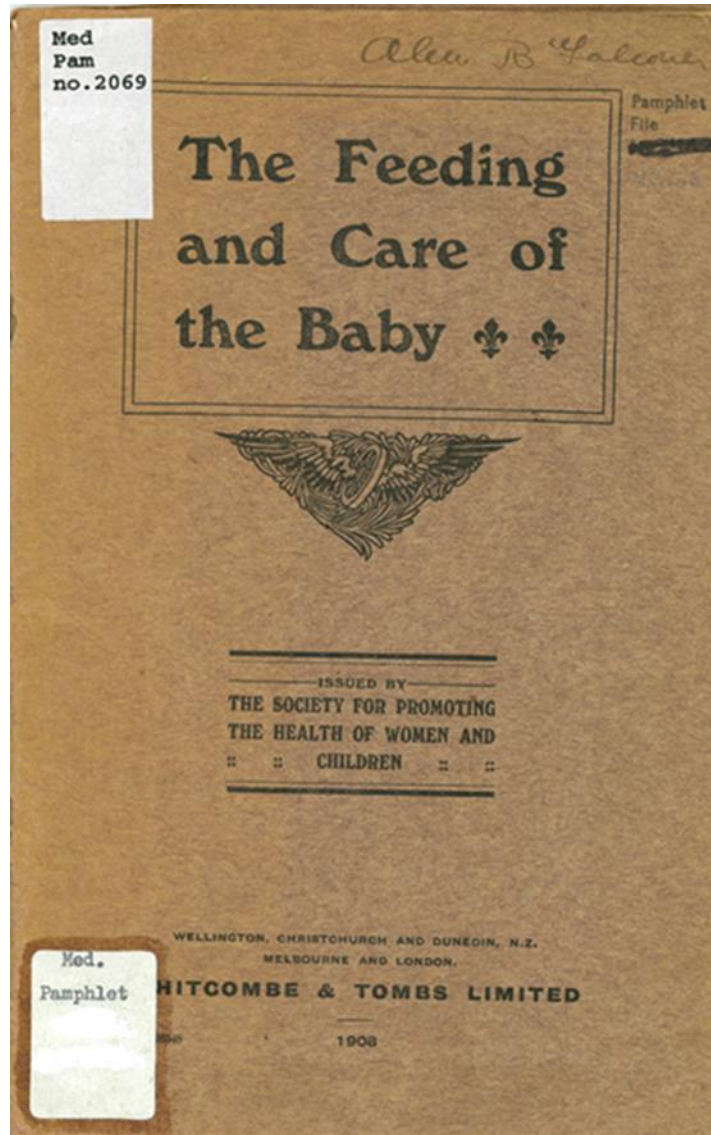


Figure 10. The Society for Promoting the Health of Women and Children. The Society for Promoting the Health of Women and Children ("Lady Plunket Nurses"): What It Is Doing and Why It Is Worthy of Support. Dunedin NZ, Their Excellencies Lord and Lady Plunket, 1908.

From the start, the volunteers “were the ‘fundraising set’, which was different from the mothers and babies” (Figure 11).³⁷¹



Figure 11. "Dominion Executive." Photograph. Dunedin NZ: Hocken Library, University of Otago, ca.1935. Note: Truby King centre front in white coat.

Truby King was a modernist, an environmental determinist, and a euthenist.³⁷² He believed that cooperative efforts to improve the environment would have long term health benefits for individuals and society, hence the slogan of the Plunket Society “To help the mothers to save the babies”.³⁷³ Truby

³⁷¹ Bronwyn (Brylin) Highton, "Interview by Margaret Carmody," (Dalmore, Dunedin, NZ2011). 23.

³⁷² Ellen H. Richards, *Euthenics: The Science of Controllable Environment. A Plea for Better Living Conditions as a First Step toward Higher Human Efficiency* (Boston: Whitcombe & Barrows, 1910).

³⁷³ The Society for Promoting the Health of Women and Children, "The Society for Promoting the Health of Women and Children ("Lady Plunket Nurses"): What It Is Doing and Why It Is Worthy of Support.," in *Hocken Collections*, ed. Their Excellencies Lord and Lady Plunket (Dunedin NZ1908). Note: Truby King was permanently affected by childhood illnesses including

King described the Plunket Society as, “an attempt to rear a strong and healthy race by constructive and not restrictive means”.³⁷⁴

His successes both as a farmer and a psychiatrist were due to his belief in the worth of real and meaningful work in the recovery from psychiatric illness along with his ability to simplify tasks.³⁷⁵ Taking a purely scientific, rational view of infant nutrition and based on his success with raising poddy calves at the Seacliff Asylum farm,³⁷⁶ he announced that babies need be fed only four hourly during the day and not at all overnight and that a strict regime of feeding, fresh air and exercise was what was required (Figure 12).³⁷⁷

tuberculosis which was the cause of the loss of sight in one eye and Bella was permanently affected by childhood rheumatic fever.

³⁷⁴ King, "A Plea for the Drawing up and Circulation Throughout the Whole Community of Simple Reliable, Consistent Standards for Guidance in the Rearing of Normal Infants."

³⁷⁵ Rhonda Bartle, "Give Me the Impossible: The Story of Truby King and the Plunket Movement," <http://pukeariki.com/Learning-Research/Taranaki-Research-Centre/Taranaki-Stories/Taranaki-Story/id/614/title/give-me-the-impossible-the-story-of-truby-king-and-the-plunket-movement>.

³⁷⁶

³⁷⁷ "The Feeding and Care of the Baby (Pamphlet)," in *The Melrose Library. Reflecting the Life and Works of Sir F. Truby King*, ed. The Society for Promoting the Health of Women and Children (Dunedin NZ: Otago University Research Heritage 1918); "These Twelve Essentials Form a Protective Circle Safeguarding the Baby," in *Modern Mothercraft: A Guide to Parents*, ed. Helen Deem and Nora P. Fitzgibbon (Dunedin NZ: Royal New Zealand Society for the Health of Women and Children, 1945); Director General of Health, *Department of Health Annual Report of Director-General of Health 1924 - 1925 to Hon. Sir Maui Pomare, K.B.E., C.M.G., Minister for Health* (Wellington NZ: New Zealand Department of Health, 1925). 26



Figure 12. An invention of Lady Victoria Plunket, a perambulator with air vents in the hood designed to ensure babies got maximum fresh air. Royal New Zealand Plunket Society Inc. Pamphlet "Ventilated Perambulator" Dunedin NZ, c. 1910.

<https://blog.tepapa.govt.nz/2017/03/08/international-womens-day-inspiring-womens-work/>.

His approach starts with the concept of "simple measures" based on a system of regularity identified by experts, such as his clockface defining baby's routine (Figure 13),³⁷⁸ with inherent compliance, persuasion and if necessary, enforcement.

³⁷⁸ Frederic Truby King, "Clock Face for Four Hourly Feeding" in *Feeding and Caring for Baby* (Auckland, NZ: Whitcombe & Toombs, 1942).

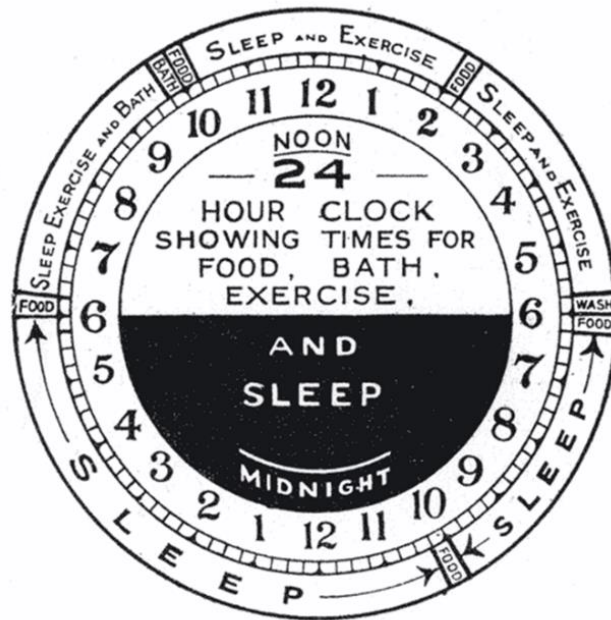


Fig. 23. Clock Face
For Four-hourly Feeding

Figure 13. King, F. T. "Clock face for four hourly feeding". In *Feeding and caring for baby*. Auckland, NZ: Whitcombe & Toombs. 1942.

The maternal education provided by Plunket was a form of what Freire describes as "assistencialism".³⁷⁹ There were no discussions and no sense of valuing the mother's experience, of her being encouraged to construct her own knowledge nor of her making her own decisions about how she wanted to proceed on the basis of information and experience. It was primarily based on mothers' visits to the Plunket Rooms [clinics] where they and their babies were seen individually by the Plunket Nurse, as seen in Figure 14, together with written resources. In an interview, Huffam commented on the strictness of the

³⁷⁹ Freire, *Education for Critical Consciousness*. 10.

guidelines, "The baby started on half a teaspoon of pureed apple today, three quarters tomorrow, and you did as you were told".³⁸⁰



Figure 14. Mildenhall, W. J. c. 1921 - 1935. Canberra Mothercraft Society. Opening ceremony for Baby Health Centre, Canberra. Canberra National Archives of Australia.

Despite the fact that maternal education was informal, it was a pedagogical approach where the locus of control was firmly with the experts and the motivation to learn was assumed to be external (Figure 15).³⁸¹

³⁸⁰ Karen McBride-Henry and Jill Clendon, "Breastfeeding in New Zealand from Colonisation until the Year 1980: An Historical Review," *New Zealand College of Midwives Journal* 43 (2010). Anne Huffam, "Interview by Margaret Carmody," (Isaacs ACT2011). 7. "Plunket a Great Success," *Otago Daily Times*, May 28, 1908.

³⁸¹ Malcolm Knowles, *Andragogy in Action* (San Francisco: Jossey-Bass, 1984); "The Nursing Mother," *Canberra Times (ACT : 1926 - 1995)*, September 22, 1937.



Figure 15. The Weigh-in with Sister O'Rourke c. 1937. Crisp H. & Rudduck, L. 1979. *The Mothering Years: the Story of the Canberra Mothercraft Society 1926 - 1979*, Canberra ACT, Canberra Mothercraft Society. 38.

Truby King's advice to mothers insisted on the minimum absolutely necessary to provide for the baby's physical needs. Other aspects were rarely mentioned (Figure 16). He concentrated on the essentials and ignored everything else. Truby King presented the mother with the then-modern view of infant nutrition that guaranteed the baby's survival. The minimalist mothering approach, which simplified baby care into a set of rules to be followed was especially encouraged by the newspaper columns about baby health syndicated throughout New Zealand contributed first by Truby King himself, then Bella

King and then by their daughter Mary, all writing under the pseudonym

"Hygeia".³⁸²

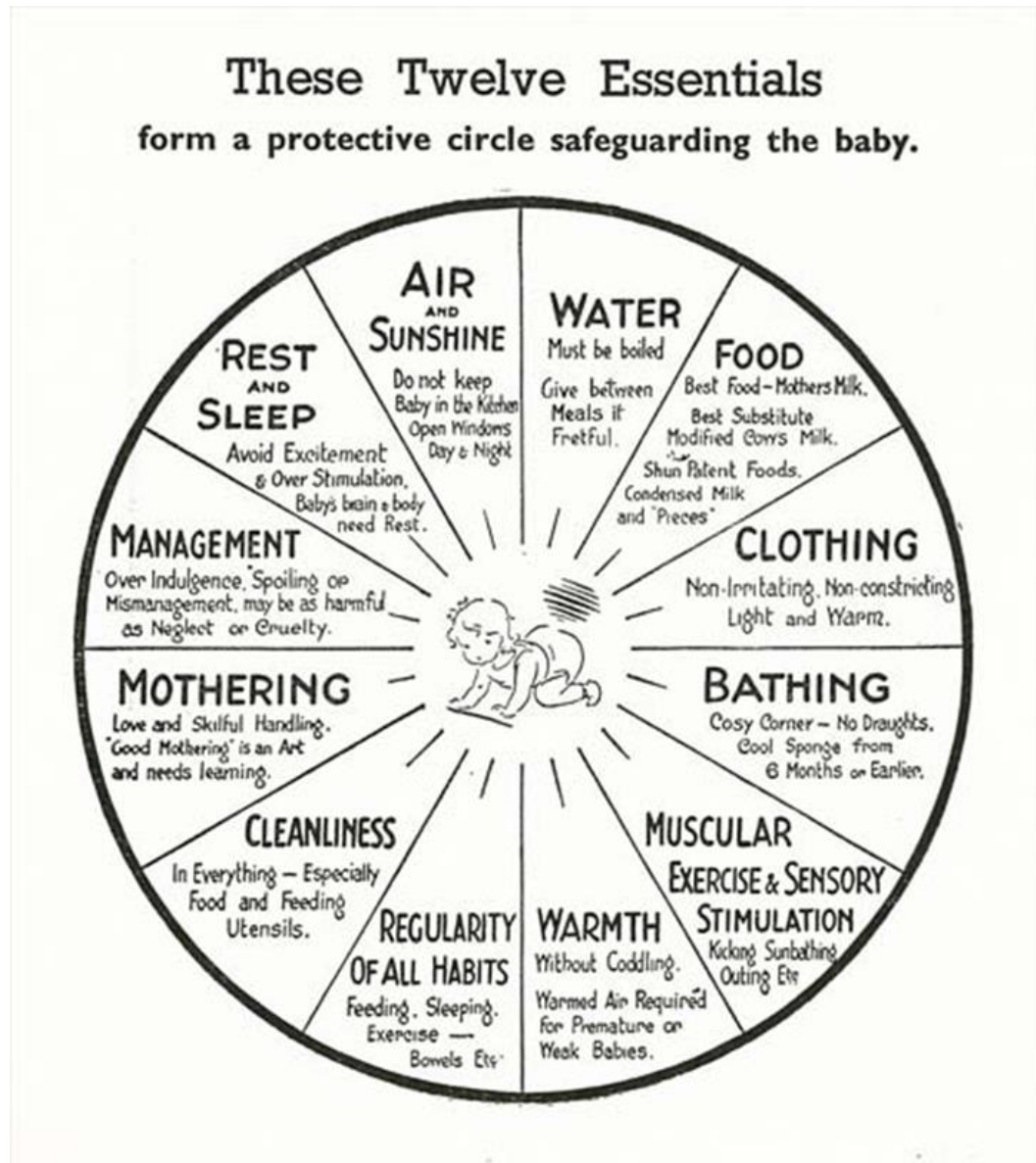


Figure 16. "These Twelve Essentials Form a Protective Circle Safeguarding the Baby." In *Modern Mothercraft: A Guide to Parents*, edited by Helen Deem and Nora P. Fitzgibbon, 35. Dunedin NZ: Royal New Zealand Society for the Health of Women and Children, 1945.

³⁸² Hygeia, "Our Babies," *Otago Daily Times* (NZ: 1910 - 1938), September 24, 1910.

Truby King's educational views were premised on humanitarian and reformist ideals, influenced by Herbert Spencer whom he quotes in *The Evils of Cram*,³⁸³ Thomas Clouston who was his lecturer at University, and psychiatrist Charles Mercier.³⁸⁴ The views of Truby King expressed in 1913³⁸⁵ reflected the cooperative, euthenist solution of improving the environment as the answer to the problems of society's "misfits".³⁸⁶ The Plunket Society was part of early moves to educate girls specifically in motherhood and home management and was embraced by many first wave feminists following suffrage.³⁸⁷ Those moves acknowledged the increasing mechanization of the home and the complex skills needed to run a home efficiently.³⁸⁸

³⁸³ Frederic Truby King, *The Evils of Cram* (The Evening Star Company, 1906).

³⁸⁴ George Ritzer and Jeffrey Stepnisky, "Herbert Spencer," in *Wiley-Blackwell Companion to Major Social Theorists*, Wiley-Blackwell Companions to Sociology (Wiley, 2011); Herbert Spencer, *The Principles of Biology* (London: Williams & Norgate, 1864). 444 - 445. Thomas Clouston, *Morals and Brain* (London: Cassell and Co, 1912). Note: The Melrose Library: Reflecting the Life and Works of Sir F. Truby King. While studying at Edinburgh University, King took a post-graduate course on lunacy organised by Sir Thomas Clouston (1840-1915), lecturer on Mental Diseases in the University of Edinburgh and Superintendent of the Royal Edinburgh Asylum. Clouston, *The Hygiene of Mind*. Charles Mercier, *A Text-Book of Insanity* (London: Swan Sonnenschein & Co, 1902). Note: This copy of psychiatrist Charles Mercier's *A Text-Book of Insanity* has King's ubiquitous underlining. From the Melrose Library.

³⁸⁵ Frederic Truby King, *Feeding and Caring for Baby*, Revised ed. (Christchurch, NZ: Whitcombe & Tombs, 1940).

³⁸⁶ Richards, *Euthenics: The Science of Controllable Environment. A Plea for Better Living Conditions as a First Step toward Higher Human Efficiency*.

³⁸⁷ Anne Summers, *Damned Whores and God's Police*, 2nd ed. (Ringwood VIC: Penguin, 1994). 381.

³⁸⁸ Richards, *Euthenics: The Science of Controllable Environment. A Plea for Better Living Conditions as a First Step toward Higher Human Efficiency*. 153.

Truby King's modernist thinking can be seen in the language he uses. In his writing and his public speaking, he constantly uses scientific terms such as "evidence", "demonstrate", "results", "systematic", "accurate". In his writing directed at mothers, there are long, complicated sentences, often with technical terms that assume many years of post-school education on the part of the reader. As an example,

After the baby is born, the main blood current, which has been circulating through the mother's pelvic organs, should be diverted to the breasts. By thwarting this natural transfer, failure to suckle the baby causes more or less persistent pelvic congestion, and thus gives rise to the distortions, displacements, and other disabilities of married women, which so often undermine the health and call for operation later on.

The importance of breastfeeding was stressed in a recent report by the League of Nations which stated that the experts were of the opinion that breast feeding was definitely superior to any form of artificial feeding. Figures obtained from a survey made at an Infant Welfare clinic in Chicago over a period of 5 years showed that the death rate amongst artificially fed infants was sixty times as great as amongst breast feds and, moreover, the artificially fed infants were definitely more prone to chest infections and bowel upsets. ³⁸⁹

This is not the everyday language that mothers use and is an example of Nutbeam's claims that complex language hampers the development of health

³⁸⁹ King, Frederic Truby. *Feeding and Care of Baby*. Revised ed. Christchurch, NZ: Whitcombe & Tombs, 1940. 65. Note; the readability statistics for this passage are Reading ease: 27.5%, Grade level: 19.3, that is, very difficult to understand. It is doubtful that many mothers had nearly 20 years of education.

literacy.³⁹⁰ The complexity is apparent even in newspaper articles intended to simplify the instruction for making “humanised milk”.³⁹¹ Truby King presumed that people would behave logically, that they could be convinced by results and an unarguable case,³⁹² whether it was about infant nutrition, farming crops or suitable movies for children. His consistent use of scientific discourse and method is an example of Freire’s concept of discourse oppressing people, “Often, educators ... speak and are not understood because their language is not attuned to the concrete situation of the men [sic] they address”.³⁹³

Truby King believed his new ideas would spread throughout the community.³⁹⁴ He had set up a vast system of meticulous scientific information-

³⁹⁰ Freire, *Pedagogy of the Oppressed*; Nutbeam, "Health Literacy as a Public Health Goal: A Challenge for Contemporary Health Education and Communication Strategies into the 21st Century."

³⁹¹ "Save the Babies. Mother Gives Useful Advice," *Weekly Times (Melbourne, Vic. : 1869 - 1954)*, 08 March 1919.

³⁹² Frederic Truby King, "Letter to Miss Cook," in *Miscellaneous letters and papers (1907-1930)* (Dunedin NZ: Hocken Collections Archives and Manuscripts. Hocken Library New Zealand, 1912).

³⁹³ "Appendix Six: The Evils of Picture Shows," in *In a Strange Garden: The Life and Times of Truby King*, ed. Lloyd Chapman (Auckland NZ: Penguin Books, 2003); Freire, *Pedagogy of the Oppressed*.

³⁹⁴ Director General of Health, *Department of Health Annual Report of Director-General of Health 1924 - 1925 to Hon. Sir Maui Pomare, K.B.E., C.M.G., Minister for Health*. King, "A Plea for the Drawing up and Circulation Throughout the Whole Community of Simple Reliable, Consistent Standards for Guidance in the Rearing of Normal Infants."

gathering,³⁹⁵ through the Plunket Nurses' record keeping.³⁹⁶ Researcher Weaver comments, "through the application of the simple procedure of weighing babies, numerical and graphical methods became cornerstones of both 'scientific' paediatrics and child welfare".³⁹⁷ This effectively silenced mothers' own knowledge according to McBride-Henry and Clendon.³⁹⁸ The age of precision of weight charts and test feeds had come upon mothers.³⁹⁹ Despite Truby King's intentions, the minimalist mothering approach of restricted feeding meant that many babies were weaned very early⁴⁰⁰ and that approach continued to be a

³⁹⁵ "Welfare of Mothers and Babies: Lecture by Dr Truby King. Education Buildings, Sydney NSW."

³⁹⁶ "A Plea for the Drawing up and Circulation Throughout the Whole Community of Simple Reliable, Consistent Standards for Guidance in the Rearing of Normal Infants."; Lawrence T. Weaver, "In the Balance: Weighing Babies and the Birth of the Infant Welfare Clinic," *Bulletin of the History of Medicine* 84, no. 1 (2010). Frederic Truby King, "Letter to Miss Hooper," in *Miscellaneous letters and papers (1907-1930)* (Dunedin NZ: Hocken Collection Archives and Manuscripts. Hocken Library New Zealand, ?1930).

³⁹⁷ Weaver, "In the Balance: Weighing Babies and the Birth of the Infant Welfare Clinic." 34.

³⁹⁸ McBride-Henry and Clendon, "Breastfeeding in New Zealand from Colonisation until the Year 1980: An Historical Review."

³⁹⁹ King, *Feeding and Caring for Baby*. 86 – 87. Peter Hartmann, "Nursing Mothers' Oral History. Dr Peter Hatmann (Wa). 2nd Interview. Queensland Branch Conference," in *Nursing Mothers' Association of Australia Oral History Project* (Brisbane QLD: John Oxley Library, State Library of Queensland, Australia, 2001). 19. Note: the practice was to measure the weight gain of the baby over a single feed supervised in a baby health clinic. Hartmann explains that this method is flawed. His experiments were conducted in the mothers' homes over 24-hour periods. He stated, "To get some idea of milk production you have to measure it over a twenty-four hour period ... it's the baby that must be regulating its appetite, that's taking in as much milk as it wants and then it stops".

⁴⁰⁰ Margaret Flood, "Baby Boon: The Infant Welfare Movement in Victoria," *Victorian Historical Journal* 69, no. 1 (1998).

social contributor to early weaning according to researchers Hartmann and Alison Vogel.⁴⁰¹

Truby King's ideas found ready acceptance despite debates among medical professionals about the details of the formulas.⁴⁰² His ideas were transferable to suburban Australia because he had made an accurate situational analysis of his students, taking into account their backgrounds, their abilities and to some extent their experience.⁴⁰³ Hence the simple dressmaking patterns for baby clothes which were reproduced in Australia, (Figure 17), and the detailed explanations about how to make a cupboard for baby's clothes and equipment out of petrol cases or butter boxes with a curtain for a door.⁴⁰⁴ Inherent in the

⁴⁰¹ Huffam, "Interview by Margaret Carmody."; Alison M. Vogel, "Intended Plans for Breastfeeding Duration: A Simple Tool to Predict Breastfeeding Outcome," *Acta Paediatrica* 92, no. 3 (2003); Alison M. Vogel and E. A. Mitchell, "The Establishment and Duration of Breastfeeding: Part 2: Community Influences" *Breastfeeding Review* 6, no. 1 (1998). Hartmann, "Nursing Mothers' Oral History. Dr Peter Hatmann (Wa). 2nd Interview. Queensland Branch Conference." Note: Hartmann's research at Royal Perth Hospital on breast volume in women. He stated "The feeding patterns is to some extent dictated by the anatomy of the mother's breasts. When we were on four-hourly feeds, the mothers with larger storage capacity were able to breastfeed okay. The mothers with small storage capacity would not have been able to adequately feed their babies. So just because some mothers breastfed okay, it didn't say all mothers could feed at a four-hourly interval".

⁴⁰² Mein-Smith, *Mothers and King Baby*. 111-134. Claire Ashton, "Karitane's Contribution to Public Health in New South Wales 1923-2000" (University of Sydney, 2009); Flood, "Baby Boon: The Infant Welfare Movement in Victoria."

⁴⁰³ Murray Print, *Situational Analysis in Curriculum Development and Design* (Sydney: Allen & Unwin, 1993). Malcolm Skillbeck, *School Based Curriculum Development* (London: Paul Chapman Publishing 1990). 234, 240. David Prideaux, "Curriculum Design," *BMJ* 326, no. 7383 (2003).

⁴⁰⁴ Mary Truby King, *Mothercraft* (Sydney: Whitcombe & Tombs, 1934). 44. Royal New Zealand Plunket Society Inc., "Sewing Patterns: "Plunket Patterns"," in *History Collection*, ed. Royal New Zealand Plunket Society Inc. (Wellington NZ: Museum of New Zealand, 1970s). Note:

dressmaking patterns were the ideas about how to clothe babies so they had freedom of movement. The Mothercraft Nurse at the *Women's Weekly* advised mothers, baby clothes should be "non-constricting, porous, light, and warm ... economical and practical".⁴⁰⁵ More importantly the patterns gave mothers a sense of control over matters by being able to sew simple garments and inexpensively dress their baby.⁴⁰⁶ This aspect of the Plunket Society's maternal education is significantly different from the maternal education provided by the Mothers and Babies Welcome in London where often mothers were unable to follow the advice due to lack of facilities, equipment and money to purchase the required items.

Dressmaking patterns for layettes of baby clothes almost identical to the Plunket designs were sold by the Mothers' and Babies Health Association in Adelaide and by other societies elsewhere in Australia. Mothers and Babies' Health Association, "Infant Layette: Magyar Gown, Raglan Gown, Matinee Jacket, Pilchers " (Adelaide SA: Mothers and Babies' Health Association, c. 1974). Mary Truby King, "For Young Wives and Mothers. Mary Truby King Discusses Old Fashioned Theories," *Australian Women's Weekly* (1933 - 1982), 30 November 1935. Sister Mary Jacob, "Baby's Layette," *ibid.*, 21 April 1954.

⁴⁰⁵ "Sensible Clothing for Baby," *Australian Women's Weekly* (1933 - 1982), 13 March 1957.

⁴⁰⁶ "Advice to Mothers.." "My, My, Furnishing a Nursery Is a Problem! Part 3 of Miss Mary Truby King's "Mothercraft Miscellany", " *Telegraph (Brisbane, Qld. : 1872 - 1947)*, 23 March 1939.



Figure 17. Mothers and Babies' Health Association. "Infant Layette: Magyar Gown, Raglan Gown, Matinee Jacket, Pilchers". Adelaide SA: Mothers and Babies' Health Association, c. 1974. Dressmaking patterns.

The Plunket Society's influence on mothers was all-pervasive in Australia, as it was in New Zealand, primarily because of the credibility of the training of the Plunket Nurses and the publications, including Australian editions of the *Guide to feeding: Truby King system* and *Guide to the feeding of babies from five months*.⁴⁰⁷ As announced in the press, "The Plunket Nurse is a nurse with a

⁴⁰⁷ Bryder, "Breastfeeding and Health Professionals in Britain, New Zealand and the United States, 1900–1970."; Plunket Society, *Guide to Feeding: Truby King System. Australian Edition* (Wellington NZ: Karitane Products Society Limited, 1940). Truby King Mothercraft League of S.A., *Guide to the Feeding of Babies from Five Months* (Adelaide, SA: Truby King Mothercraft League of S.A., 1958).

special mission – a mission to supply enlightened instruction, free to all, in practical domestic hygiene as affecting mother and child”.⁴⁰⁸ The nurses were pioneers in maternal and child health in both New Zealand and Australia.⁴⁰⁹ Moreover, they played an important role in spreading the credo of the “scientific mother” who acted logically, following proven best practice rather than acting instinctively.⁴¹⁰

The Plunket system had seductive appeal. It was attractive to the mothers because with scheduled feeds, it gave them confidence in their ability, peace and quiet, and more time to do other things, as many newspaper articles reminded them.⁴¹¹ One interviewee, Leigh Brusse, commented on the success of Plunket, “I think it’s their knowledge base ... And the reassurance they can give to young mothers”.⁴¹² It appealed to the health care providers because now there were measurable criteria for assessing a baby’s progress and it appealed to health administrators and politicians because it provided certified trained staff and a

⁴⁰⁸ "Lady Plunket Nurses," *Otago Witness* 20 January.

⁴⁰⁹ Christine Mary Andrews, "Developing a Nursing Speciality - Plunket Nursing 1905 - 1920" (Victoria University, 2001). 29.

⁴¹⁰ Lloyd Chapman, *In a Strange Garden: The Life and Times of Truby King*, (Wellington NZ: Victoria University, 2008). 147.

⁴¹¹ "Babies and Their Mothers," *The Sydney Morning Herald (NSW : 1842 - 1954)*, 02 February 1910. Maria Iacovou and Almudena Sevilla, "Infant Feeding: The Effects of Scheduled Vs. On-Demand Feeding on Mothers' Wellbeing and Children's Cognitive Development," *European Journal of Public Health* 23, no. 1 (2013).

⁴¹² Leigh Brusse, "Interview by Margaret Carmody," (Omaui, Otago New Zealand 2011).

regularised approach to maternal and child health with statistically verifiable outcomes. It seemed like a simple answer to a very complex problem: it concentrated on the desired result rather than the process. If the mother could not, or did not want to, match the ideal of the breastfeeding mother then she could follow the Plunket instructions for bottle feeding and still achieve the desired result, a healthy thriving baby with, as one mother claimed, “every appearance of the breastfed child”.⁴¹³

Despite his vast knowledge of psychology and psychiatry, Truby King, like those who followed him, was primarily concerned to find a way to reduce infant mortality and morbidity (Figure 18). However, while achieving tremendous success with severely ill infants, and with improved survival rates and improved nutrition of infants across New Zealand generally, he was effectively encouraging emotional neglect in the guise of training babies and ignoring their cries, particularly at night.⁴¹⁴

⁴¹³ "Save the Babies."

⁴¹⁴ Abraham H. Maslow, *Motivation & Personality*, 2nd Edition ed. (New York: Harper & Row, 1954). 90.

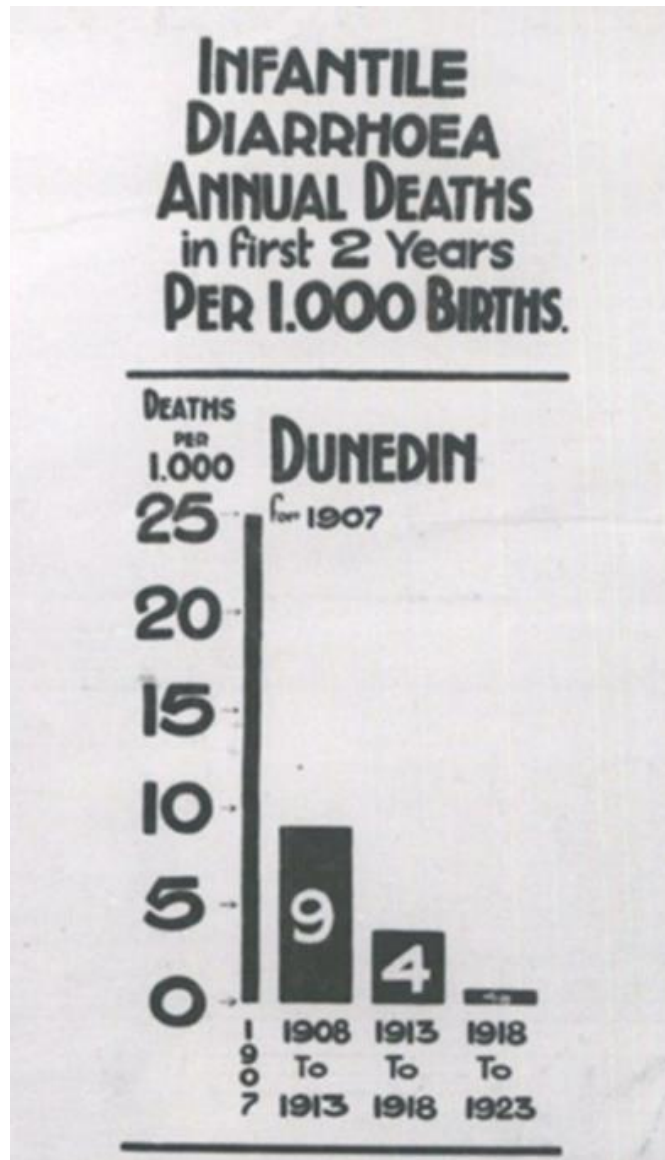


Figure 18. "Infantile Diarrhoea Annual Deaths in First Two Years Per 1000 Births. Plunket Society (Royal New Zealand Society for the Health of Women and Children). " Dunedin NZ: Hocken Library Otago University, c. 1924. Collage of black and white charts, photographs, diagrams and tables. <http://hockensnapshop.ac.nz/nodes/view/19757>.

The Plunket system demanded a style of parenting that valued individualism, separation and autonomy, where the solitary infant was regarded as the “gold standard”, there was great emphasis on consolidated sleep and the

mother's role was about duty.⁴¹⁵ Essentially, Truby King who was a pioneer in modern approaches to psychiatry and whose motivation in his concern for mothers and babies was his awareness of the long-term impact of neglect and poor mothering on mental illness, sought to simplify the matter of feeding and caring for infants so that it would be easy to achieve healthy mothers and infants. Thus, he offered solutions to social problems of infant mortality, neglect and mental illness. He thought that the principles of routine and simplified tasks which had worked so well in the dairy farm at Seacliff Asylum would work well for mothers and their babies. While Truby King frequently acknowledged the importance of play, of loving relationships and a stimulating environment,⁴¹⁶ his ideas in the hands of baby health centres in Australia and New Zealand became reduced to the essentials of a systemised, regular approach with expert supervision and strict guidelines, as argued by Mein-Smith and by Huffam.⁴¹⁷

⁴¹⁵James McKenna, "Mother-Infant Co-Sleeping with Breastfeeding as Adaptation Not Pathology," in *Liquid Gold: Australian Breastfeeding Association Golden Jubilee National Conference* (Melbourne: Australian Breastfeeding Association, 2014).

⁴¹⁶Linda Bryder, "Challenging New Zealand's Icon, Sir Frederic Truby King," *Social History of Medicine* 33, no. 1 (2018).

⁴¹⁷Anne Huffam, "Interview by Margaret Carmody," (Isaacs ACT2011); Philippa Mein-Smith, "Truby King in Australia: A Revisionist View of Reduced Infant Mortality," *New Zealand Journal of History* 22, no. 1 (1988).

Plunket influence in Australia

The concern about infant mortality in the UK and New Zealand was echoed in Australia. Although infant mortality had been steadily declining since before 1900,⁴¹⁸ the loss of life during World War I gave the campaign to save the babies a greater impetus. As Doctor John Springthorpe, who had substantial involvement with child welfare and mothercraft in Melbourne in the early twentieth century, lamented, "Between 1918 and 1922, our Commonwealth lost 51,120 babies under five years of age – almost as many as those killed in the War".⁴¹⁹ Furthermore, 50% of Australian volunteers for World War I had been

⁴¹⁸ Australian Institute of Health and Welfare, "Mortality over the Twentieth Century in Australia: Trends and Patterns in Major Causes of Death," in *Mortality Surveillance Series Number 4. AIHW cat. no. PHE73* (Canberra ACT: AIHW, 2006). 82 – 83. John Howard Lidgett Cumpston, Milton James Lewis, and Australia Department of Community Services and Health, *Health and Disease in Australia: A History* (Canberra ACT: Australian Government Publishing Service, 1989). Note: Infant mortality rates showed a major decline over the twentieth century that was generally consistent for both sexes (Figure 6.1). In 1912, the rates stood at around 80 deaths per 1,000 live births for males and 63 for females, much lower than the respective 131 and 114 reported for 1880 (Cumpston 1989). Figure 6.1 shows that by the early to mid-1940s the 1912 rate had been halved to less than 40 deaths per 1,000 live births for both sexes, with male rates consistently higher than female rates. Infant death rates continued to fall strongly over the rest of the century and were 6 and 5 per 1,000 live births, respectively, in 2000.

Indigenous infant mortality was not recorded until after the 1966 Referendum. Towards the end of the twentieth century, the Indigenous infant mortality rates were about three times as high as those of other Australian infants (ABS & AIHW 2005).

⁴¹⁹ "Social Notes: The Australian of Tomorrow by Dr. J. W. Springthorpe," *Australasian* (Melbourne, Vic. : 1864 - 1946), 05 September 1925. "J. W. Springthorpe, M.D., M.R.C.P.," *British Medical Journal* 2, no. 3786 (1933).

turned down as “unfit for service”.⁴²⁰ It was felt that improved infant nutrition would improve infant survival and ultimately adult health.⁴²¹

In response to these concerns, baby health clinics were established across Australia from the early twentieth century provided by a mix of state, territory and local governments and philanthropic societies.⁴²² The pattern was similar to that in New Zealand: enthusiastic doctors, seeking to address infant mortality, and aware of the shortcomings of early, usually charitable attempts at educating and supporting mothers,⁴²³ would persuade respectable middle class women to

⁴²⁰ Michael Tyquin, "Unjustly Accused? Medical Authorities and Army Recruitment in Australia 1914-1918," *Journal of Military and Veterans' Health* 22, no. 2 (2014).

⁴²¹ "Social Notes."

⁴²² NSW Kids & Families NSW Health, *Our Babies: The State's Best Asset. A History of Child and Family Health Services in NSW* (Sydney NSW: NSW Kids & Families, NSW Health, 2015); "Baby Health Clinics Open for Business: Health Care for Children. High Infant Mortality Rates in Sydney," in *NSW Anzac Centenary* (Sydney NSW: NSW State Archives & Records, 2014); Caroline Evans, "Tasmania - Organisation: Child Health Association (1956 -)," Find & Connect, <https://www.findandconnect.gov.au/ref/tas/biogs/TE00372b.htm#related>; Molly Trait, *Mothers and Babies' Health Association Jubilee : The First Fifty Years. An Epic of Struggle, Perseverance, Work and yet More Work*, ed. Mothers' and Babies' Health Association (Adelaide SA: M.B.H.A, 1959); Cheryl D. Crockett, *Save the Babies : The Victorian Baby Health Centres Association and the Queen Elizabeth Centre, 1917-2000* (Kew, VIC: Australian Scholarly Publishing, 2000); Queensland. Department of Health Maternal and Child Welfare Service, *Taking Care of Queensland's Babies* (Brisbane QLD: Dept. of Health, 1975). Helen Craven Crisp and Loma Rudduck, *The Mothering Years: The Story of the Canberra Mothercraft Society 1926 - 1979* (Canberra: Canberra Mothercraft Society, 1979).

⁴²³ "Care of Infants," *Register (Adelaide, SA : 1901 – 1929)* 1908.

become involved in raising funds and forming societies.⁴²⁴ The societies provided courses for nurses and ran baby health clinics.⁴²⁵

The courses for registered nurses were similar to the courses offered by Plunket in Dunedin. Courses were also established to train Karitane Nurses or Mothercraft Nurses who were nurse aides and worked in hospitals and private homes.⁴²⁶ Such home help benefited those who could afford to pay, and may have been essential for those of the organisers, who had young families and no extended family support, to be able to pursue their philanthropic activities. The mothercraft societies established homes for babies and their mothers such as the School for Mothers, which was renamed the Mothers and Babies Health Association (MBHA) at Torrens House in Adelaide, and the Tweddle Truby King

⁴²⁴ "Truby King," *Age (Melbourne, Vic. : 1854 - 1954)*, October 12, 1954. "Dr. Truby King's Visit," *Australasian (Melbourne, Vic. : 1864 - 1946)*, December 6, 1919. Trait, *Mothers and Babies' Health Association Jubilee : The First Fifty Years. An Epic of Struggle, Perseverance, Work and yet More Work.*

⁴²⁵ "History of the Maternal and Child Health Service," Yarra City Council, <https://www.yarracity.vic.gov.au/services/family-and-children/maternal-child-health-service>; "Alice Rawson School for Mothers," *The Sydney Morning Herald (NSW : 1842-1954)*, September 14, 1910; "Child Welfare in Tasmania," *Register (Adelaide, SA : 1901 - 1929)*, September 30, 1924; "Bourke Street Baby Health Clinic 1914-1949," State Records NSW Government, <http://investigator.records.nsw.gov.au/Entity.aspx?Path=%5CAgency%5C2705>; Shurlee Swain, "Philanthropy and Social Reform," in *The Encyclopedia of Women and Leadership in Twentieth Century Australia* (Melbourne VIC: Australian Women's Archives).

⁴²⁶ Carol Henty, "Her Career Is to Look after Babies," *Australian Women's Weekly (1933 - 1982)*, 6 November 1963; Clare F. Ashton, "Karitane," in *The Dictionary of Sydney* (Sydney NSW: The Dictionary of Sydney, 2011). "Karitane Turns a Bonny, Bouncing 50," *Australian Women's Weekly (1933 - 1982)*, September 26, 1973.

Infant Welfare and Mothercraft Training school, in Melbourne.⁴²⁷ In terms of Wenger's definition, these societies could be seen as communities of practice.

They had shared interests, expertise and domains of knowledge and their members engaged in activities and shared their knowledge and resources.⁴²⁸

They all had constitutions, publications and clinic books which were remarkably similar to those used by Plunket (Figure 19).⁴²⁹ And like Plunket, they often had regal endorsement for their activities.⁴³⁰

⁴²⁷ "In the Mothers Cottage - the Mothercraft Section, Tweddle Truby King Infant Welfare and Mothercraft Training School, Melbourne," in *Photographic Negatives and Prints* (Canberra ACT National Archives of Australia, 1956). Nan Morrison, "Interview by Anna Pope," in *J. D. Somerville Oral History Collection* (Adelaide, SA: Mortlock Library, State Library of South Australia, Australia, 2004).

⁴²⁸ Wenger, "Communities of Practice: A Brief Introduction."

⁴²⁹ Ashton, "Karitane's Contribution to Public Health in New South Wales 1923-2000." 141 – 149.

⁴³⁰ "The Duchess of Gloucester: Royal Mother Opens New Baby Health Centre," (Canberra ACT: National Film and Sound Archive, 1945). Crown Studios, "Duchess of York at the Home of Truby King, Melrose Wellington," in *Crown Studios Ltd: Negatives and Prints* (Wellington NZ: Alexander Turnbull Library, 1927); Canberra Mothercraft Society Inc, "Welcome to Canberra Mothercraft Society and the Queen Elizabeth II Family Centre," Canberra Mothercraft Society Inc, <http://www.cmsinc.org.au/Home>. Note: There was use of royal names for their buildings such as the Queen Elizabeth II Home in Canberra and well-publicised visits to baby health centres by members of the Royal Family such as the Duchess of Gloucester who was the wife of the Governor General and mother of two very young children visiting a Truby King Centre in Sydney in 1945. Source: "The Duchess of Gloucester: Royal Mother Opens New Baby Health Centre." Australia: Fox Movietone (Australia), 1945.

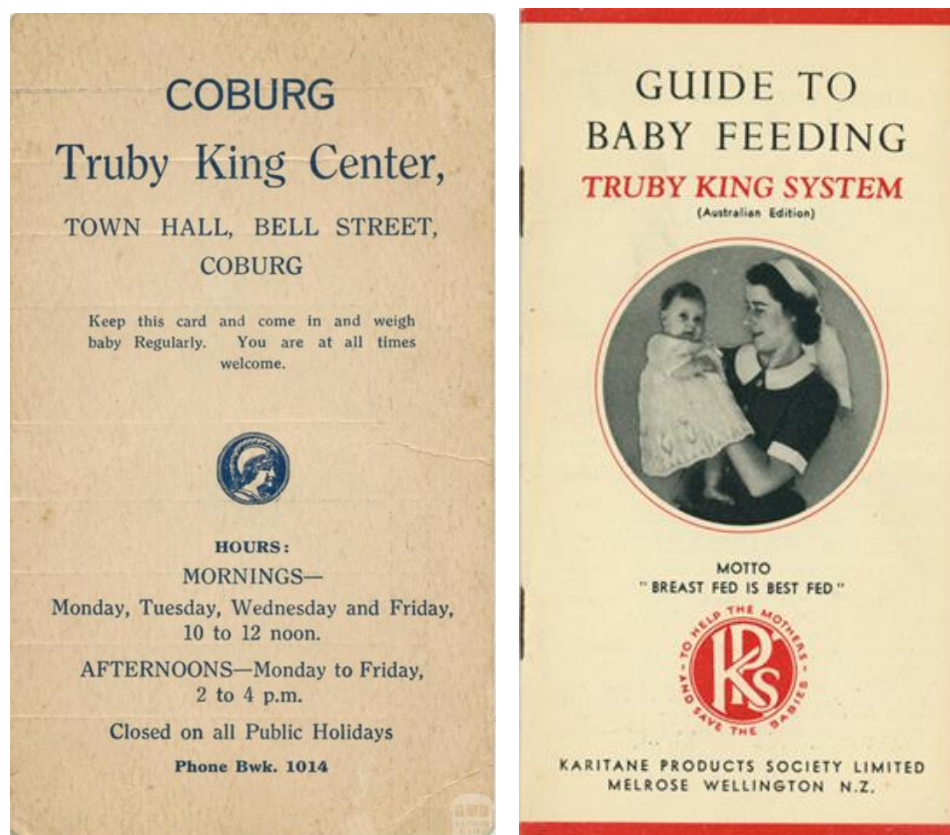


Figure 19. A. Truby King Centre Coburg. *Coburg Truby King Centre: Card*. Melbourne VIC: Truby King Centre, 1930. <http://www.victorianplaces.com.au/node/72279>. B. Plunket Society. *Guide to Feeding: Truby King System*. Australian Edition. Wellington NZ: Karitane Products Society Limited, 1940. <http://otago.ourheritage.ac.nz/items/show/9494>.

The various organisations influenced by the Plunket Society were conspicuous in the community, with identifiable locations for the education they provided (Figure 20). While some clinics were in rented premises or indeed, mobile caravans and train carriages, most were substantial buildings.⁴³¹

⁴³¹ *Truby King Infant Welfare Centre*, 1980. Image. Coburg Historical Society; *Interior Truby King Rooms - Health Centre for Women and Children* 1922. Black and white photograph 15.7cm by 24.2cm - Interior Truby King Health Centre for women and children 336-38 (now 444-46) Sydney Rd Coburg Bluestone Cottage Museum. Note: the author visited baby health centres in Central Australia, Adelaide, Canberra, Melbourne and New Zealand.



Figure 20. "Truby King Infant Welfare Centre." Image. Coburg VIC: Coburg Historical Society, 1980. <http://trove.nla.gov.au/work/11281141?q=truby+king&c=picture&versionId=13223655>.

The provision of maternal and child health was influenced by health professionals such as Roberta Jull in Western Australia, Margaret Harper in New South Wales, Helen Mayo in South Australia, John Springthorpe and Maude Primrose in Victoria, Lady Cilento in Queensland and politicians such as Joseph Lyons, Edith Cowan and Sydney Reginald Innes-Noad.⁴³² Prominent members of

⁴³² Roberta Jull, "Mothercraft," *Western Mail (Perth, WA : 1885 - 1954)*, August 29, 1929. 36. Margaret H. Harper and Royal Society for the Welfare of Mothers and Babies, *The Parents' Book* (Sydney, NSW: Angus & Robertson, 1940). Constance Finlayson and Helen M. Mayo, eds., *The Australian Mothercraft Book*, 7th ed. (Adelaide SA: Rigby, 1955). Australian Women's History Forum, "Edith Cowan Mla Western Australia 1921-24," *Women's History*, <https://awhf.wordpress.com/2009/02/09/edith-cowan-mla-western-australia-1921-24/>; M. Bosworth, "Innes-Noad, Sydney Reginald (1860 - 1931)," in *Australian Dictionary of Biography* (Melbourne VIC: Melbourne University Press, 1983); Government of South Australia Women's and Children's Health Network, "History: The Beginnings of Infant Welfare; History of Child and

the community such as Harriet Stirling, Lady Stonehaven, Percy McNamara and benefactors such as Joseph Tweddle also supported the cause.⁴³³

In Australia maternal and child health was a state or territory responsibility with separate societies formed and sometimes also government funded organisations such as in Queensland. Some of the societies became involved in wider parenting and social issues than Plunket, such as provision of home help, supply of fresh milk and firewood, and, later, playgroups.⁴³⁴ In these activities, they were supported by other women's groups such as the Country Women's Association (CWA) and the National Council of Women Australia (NCWA).⁴³⁵

Youth Health," Government of South Australia: Women's and Children's Health Network, <http://www.cyh.com/SubContent.aspx?cp=89&p=115>; "J. W. Springthorpe, M.D., M.R.C.P."

⁴³³ N. E. Hitchcock, "Infant Feeding in Australia: An Historical Perspective, Part 2, 1900-1988, by N. E. Hitchcock," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1990). Linda Bryder, "Hospitals - Maternity, Women's and Children's Hospitals," in *Te Ara - the Encyclopedia of New Zealand* (Wellington NZ: New Zealand Government, 2011). Oppenheimer, "Hidden under Many Bushels: Lady Victoria Plunket and the New Zealand Society for the Health of Women and Children."; Ainslie Football Club, "History of the Ainslie Football Club," AFC, <http://www.ainsliefootball.com.au/history>. Phyllis D. Cilento, "Mothercraft in Queensland: A

Story of Progress and Achievement," *Journal of the Royal Historical Society of Queensland* (1967).

Crisp and Rudduck, *The Mothering Years: The Story of the Canberra Mothercraft Society 1926 - 1979*.

⁴³⁴ *The Mothering Years: The Story of the Canberra Mothercraft Society 1926 - 1979*. 46. Crown Studios. "Duchess of York at the Home of Truby King, Melrose Wellington." Cellulosic film negative. Wellington NZ: Alexander Turnbull Library, 1927.

⁴³⁵ "National Council of Women Seek Free Milk Plan," *Canberra Times (ACT : 1926 - 1995)*, November 29, 1952; Country Women's Association of New South Wales, "About the Country Women's Association," Country Women's association, <https://cwaofnsw.org.au/page.php?id=49>.

Regardless of any official links with Plunket, the maternal and child health societies in each state and territory would inevitably employ nurses trained in the Plunket system either in Australia or New Zealand.⁴³⁶ The societies held enormous sway over the area of infant welfare and maternal education, having government and private funding, social status through their female philanthropists and power through legislation, not to mention the authority vested in medical experts. Armed with charts of expected growth, weight gain and various milestones and a professional attitude towards breastfeeding which included systematic scheduling and regulation, the clinic sisters placed such emphasis on complying with expected patterns of progress that in effect, they actively encouraged mothers to artificially feed their babies, despite their claims to favour breastfeeding (Figure 21).⁴³⁷ The lack of flexibility in interpreting the expected gains, and the restricted feeding which for many babies led to low weight gains led to perceptions of the breastmilk being inadequate. Instead of increased breastfeeds, the recommended approach was supplementary feeding with formula. Using the New Zealand model of a pedagogical approach to

Helen Townsend, *Serving the Country : The History of the Country Women's Association of New South Wales* (Sydney NSW: Doubleday, 1988).

⁴³⁶ Crisp and Rudduck, *The Mothering Years: The Story of the Canberra Mothercraft Society 1926 - 1979*. Flood, "Baby Boon: The Infant Welfare Movement in Victoria."

⁴³⁷ "Baby Boon: The Infant Welfare Movement in Victoria."

learning, the authoritative clinic sister would provide individual consultations for mothers and very little notice was taken of the mother's experience or knowledge. In this sense, it could be argued that it was nurses in Australia who were the advocates and evangelists for the new concept of the rational, scientific mother.⁴³⁸ The mothers existed on the periphery of the societies, unless they became involved in the fundraising. They were not members of the community of practice. At best they gained functional health literacy in the field of infant nutrition if they followed the instructions of the clinic sister.

⁴³⁸ Sheryl Brennan, "Nurses and Constructions of Motherhood: 'Scientific Motherhood' and the Rise of Child Welfare Services in Tasmania 1918 - 1930" (University of Tasmania, 1995). Kerreen Reiger, "Medical 'Blokes and Spinsters': Intersections of Professional and Maternal Knowledge," in *The Australian Sociological Association 2001 Conference* (The University of Sydney: TASA, 2001).

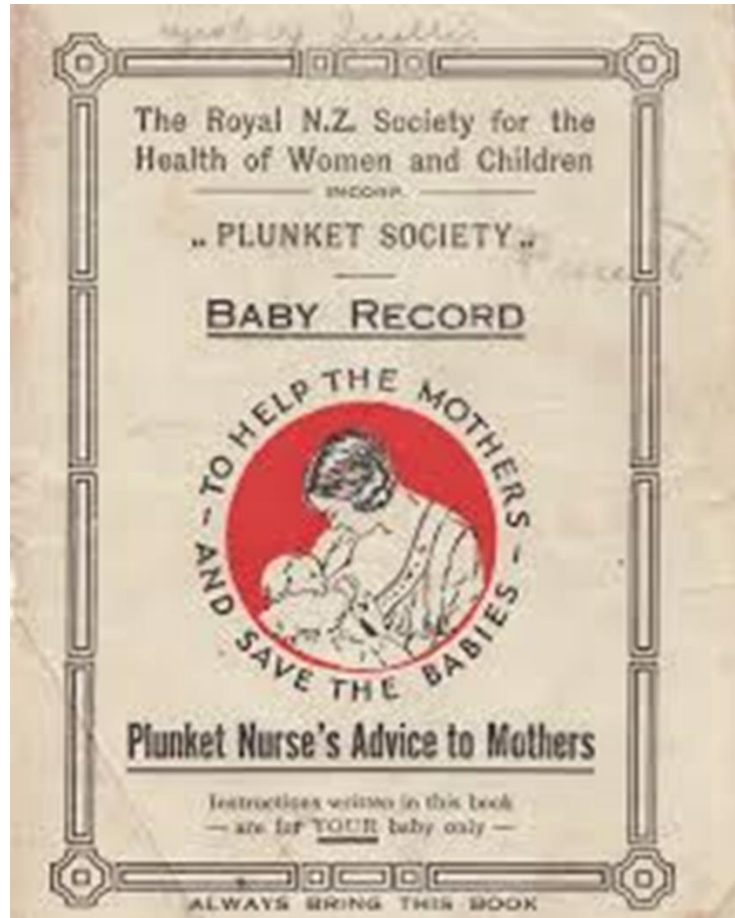


Figure 21. The New Zealand Society for the Health of Women and Children - Plunket Society. Baby Record: *Plunket Nurse's Advice to Mothers*. Dunedin NZ: CSW, 1936. <https://teara.govt.nz/en/ephemera/26077/plunket-baby-record-1937>.

Effects

The maternal and child health services in Australia, as in the UK and New Zealand, were results driven. It was claimed that declining infant mortality demonstrated the effectiveness and validity of their methods⁴³⁹ although these

⁴³⁹ Director General of Health, *Department of Health Annual Report of Director-General of Health 1924 - 1925 to Hon. Sir Maui Pomare, K.B.E., C.M.G., Minister for Health*.

claims can be disputed because there were other factors such as improved general health, antenatal care of mothers, and baby clinics contributing to improvements in infant health.⁴⁴⁰ Other causal factors were the raised education level of mothers, smaller families and public health initiatives such as mass vaccinations.

The services were praised by international experts such as Dame Janet Campbell and Truby King.⁴⁴¹ In 1937, South Australia had the lowest infant mortality in the world, surpassing New Zealand in the late 1930s.⁴⁴² However it is clear that of the population included in the statistics, in Australia,⁴⁴³ and New

⁴⁴⁰ Director General of Health, *Department of Health Annual Report of Director-General of Health 1924 - 1925 to Hon. Sir Maui Pomare, K.B.E., C.M.G., Minister for Health*. 27.

⁴⁴¹ "Maternal Welfare. Discussed with Dame Campbell," *Western Mail (Perth, WA : 1885 - 1954)*, August 29, 1929; "Review: The Protection of Motherhood by Dame Janet Campbell," *Social Service Review* 3, no. 2 (1929); "Retirement of Dame Janet Campbell," *The Lancet* 223, no. 5759 (1934).

⁴⁴² Statistics New Zealand: Population Statistics, "A History of Survival in New Zealand: Cohort Life Tables 1876–2004," ed. Statistics New Zealand (Wellington NZ: Statistics New Zealand, 2006). 20, 43.

⁴⁴³ Fiona J. Stanley, *Child Health since Federation*, vol. 1301.0 (Canberra: Australian Bureau of Statistics, 2001). Michael Willem de Looper, "Death Registration and Mortality Trends in Australia 1856–1906" (Australian National University, 2014). 66, 82. Australian Institute of Health and Welfare, "Mortality over the Twentieth Century in Australia: Trends and Patterns in Major Causes of Death." Jose Petrick, *Kuprilya Springs : Hermannsburg & Other Things* (Alice Springs, N.T: Jose Petrick, 2007). 4, 7. Note: Aboriginal infant mortality was not reliably identified in Australia until 1984. "The Northern Territory in the 1960s reported rates of around 150 per 1,000 live births. The best estimates are around 70-80 in the 1970s falling to around 25 in 1980s (Thomson 1991). In 1994-96 it was 18.6, still much higher than that for non-Indigenous infants". Source: Stanley, Fiona J. "Child Health since Federation." edited by Australian Bureau of Statistics. Canberra: Australian Bureau of Statistics, 2001. Regarding Indigenous infant mortality, "Between 1926 -29 at the [Hermannsburg] Mission, 41 children died of the 51 born The infant mortality rate increased to 85%". Source: 25 years Kapotilja Water, Welfare Branch Northern Territory Administration, Finke River Mission, Hermannsburg, Central Australia. Appendix C,

Zealand,⁴⁴⁴ the huge improvement in infant survival in the period from 1900 and particularly from 1915 to 1948,⁴⁴⁵ came at the cost of breastfeeding which had steadily declined.

Conclusion: The age of "Proper instruction".⁴⁴⁶

In the century from 1840 to 1940 there was a gradual shift in maternal education led by distinct changes in how childbirth and infant care were viewed and associated with changing views of women's roles. It began with a social

March 1961, 62 – 75. Note: A further consideration is that the statistics may not include all Indigenous or Maori infants.

⁴⁴⁴ Statistics New Zealand: Population Statistics, "A History of Survival in New Zealand: Cohort Life Tables 1876–2004." 20. Ian Poole and Rosemary Du Plessis, "Families: A History - Late 19th and Early 20th Century Families. Maori and Non-Maori Child Mortality Rates," in *Te Ara - The Encyclopedia of New Zealand* (Wellington 2011). Note: As an indication of Maori infant mortality, the percentage of deaths for children 0 – 14 years in New Zealand in 1906 was non-Maori 10%, Maori 38%; for 1926, it was non-Maori 6% and Maori 32% Source: Poole, Ian, and Rosemary Du Plessis. "Families: A History - Late 19th and Early 20th Century Families. Maori and Non-Maori Child Mortality Rates." In *Te Ara - The Encyclopedia of New Zealand*. Wellington, 2011.

⁴⁴⁵ Stanley, *Child Health since Federation*, 1301.0. Statistics New Zealand: Population Statistics, "A History of Survival in New Zealand: Cohort Life Tables 1876–2004." 46. Henry Horace Hibbs Jr, "The Influence of Economic and Industrial Conditions on Infant Mortality," *The Quarterly Journal of Economics* 30, no. 1 (1915); Lisa Featherstone, "Surveying the Mother: The Rise of Antenatal Care in Early Twentieth-Century Australia," *Limina* 10 (2004). Note: Re Australian Infant mortality, "The rate fell from around 120 for males and 100 for females at the beginning of Federation [1900] to below 60 in the late 1920s ... Early in the century, over 50% of infant deaths were post neonatal. It was dominated by gastroenteritis and other infections, and thus these rates fell rapidly in response to major public health interventions and improved social conditions. By the 1930s, less than a third of infant deaths were post neonatal and these rates, still dominated by infectious diseases, responded further in the 1940s and 1950s as mass vaccination and antibiotics became available". Source: Stanley, Fiona J. "Child Health since Federation." edited by Australian Bureau of Statistics. Canberra: Australian Bureau of Statistics, 2001.

⁴⁴⁶ "A School for Mothers."

view of motherhood, one that relied on mothers learning from their own mothers and extended families about pregnancy, childbirth and breastfeeding. This learning was also provided individually by midwives and supplemented by handbooks written by experts such as doctors. As public health measures and general health improved, and mass vaccination reduced childhood disease, the medical fraternity increased its emphasis on reducing infant mortality. From this grew an age of “proper instruction” with the registration of nurses and midwives, and trained staff providing instruction and supervision of mothers in the UK, Australia and New Zealand.

In the first half of the twentieth century, Sykes in the UK and Truby King in New Zealand, separately convinced mothers to adopt practices regarding mothercraft, particularly infant nutrition, which were radically different from previous practices.⁴⁴⁷ Their efforts were directed at regulation and education, followed up by supervision. They had a profound influence on the establishment of maternal and child health services throughout Australia

The Plunket Society and the various providers in Australia considered their approach to be modern, based on scientific principles and different from

⁴⁴⁷ Sykes, "Mothercraft.". King, *Feeding and Caring for Baby*. "Dr Truby King's Mission," *Ashburton Guardian* (NZ: 1909), October 16, 1909.

earlier methods of education. Although they claimed to support breastfeeding, they advocated rigid routines, assessment by weighing, attention to cleanliness and hygiene, and minimal handling of the infant which made breastfeeding almost certain to fail (Figure 22).⁴⁴⁸



Figure 22. Weighing baby at home. Plunket. 2014. Plunket's early years [Online]. Wellington, NZ. Available: <https://www.plunket.org.nz/what-we-do/who-we-are/our-history/>.

⁴⁴⁸ King, *Mothercraft*. Jacqueline H. Wolf, *Don't Kill Your Baby: Public Health and the Decline of Breastfeeding in the Nineteenth and Twentieth Centuries* (Columbus: Ohio State University Press, 2001). Iacovou and Sevilla, "Infant Feeding: The Effects of Scheduled Vs. On-Demand Feeding on Mothers' Wellbeing and Children's Cognitive Development."

In the maternal education provided up until the Second World War, there was as a general rule, no sense of valuing the mother's experience, of allowing her to construct her own knowledge and solving her own problems, nor was there any sense of the student, that is the mother, having any control over the learning: the locus of control was firmly with the teacher, whether it was a nurse, a health visitor or the author of a handbook.⁴⁴⁹ In terms of Vygotsky's concept of the zone of proximal development in learning, there was a wide distance between the knowledge from instruction the mother received and her own knowledge based on her experience, and in the absence of a mentor, little hope of those two merging to achieve a "mature concept".⁴⁵⁰ External motivation to learn was assumed with the first attempts at maternal education and remained typical of parenting training and support programs. Although the education provided by Sykes, Truby King and the authors of the many handbooks would be described as informal learning, it is evident that it was primarily a teacher-centred pedagogical approach with realist and scientific underpinnings where the authority lay with the experts.⁴⁵¹ At best, it can be argued in terms of health

⁴⁴⁹ Knowles, *Andragogy in Action*.

⁴⁵⁰ Lave and Wenger, *Situated Learning: Legitimate Peripheral Participation*. 48. Vygotsky, *Mind in Society: The Development of Higher Psychological Processes*.

⁴⁵¹ Malcolm Knowles, Ellwood F. Holton III, and Richard A. Swanson, *The Adult Learner*, 6th edition ed. (Burlington, MA: Elsevier, 2005). 293.

literacy that mothers may have become functionally literate in the matter of infant care and nutrition. The persistent use of transmission mode instruction with scientific and medical terminology, and the failure to regard mothers' experiences as having any value, made it unlikely that mothers would progress to become interactively or critically health literate.⁴⁵²

While there was undoubtedly great improvement in infant mortality in the century, and the providers were strong advocates of breastfeeding, their efforts contributed to a steady decline in breastfeeding in New Zealand and Australia.

⁴⁵² Nutbeam, "Health Literacy as a Public Health Goal: A Challenge for Contemporary Health Education and Communication Strategies into the 21st Century."

3: Breastfeeding in Australia after World War II

This chapter considers the breastfeeding rates in Australia and describes the gradual decline in the strict Plunket-style approach to infants. It details the significant influences on Australian mothers in the post war period to the early 1960s, and how the scientific approach with minimalist mothering remained the norm, resulting in low breastfeeding rates and lack of support for breastfeeding. It describes the emergence of attachment theory, post war handbooks by Spock and others and the rise of consumer groups, particularly the La Leche League in the USA. The chapter ends with a description of the dilemma that faced the Association in 1960s Australia where breastfeeding rates were very low and there was very little information or support to assist mothers who wanted to breastfeed their babies.

Breastfeeding rates in Australia

It is very difficult to know precisely how many babies have been breastfed at any time in the twentieth century in Australia, as there are no national surveys using consistent definitions for exclusive, full and partial breastfeeding (see Appendix D, "Definitions of breastfeeding: ABS vs WHO classifications").⁴⁵³ The

⁴⁵³ Ellen McIntyre, "Defining Breastfeeding " *Australian and New Zealand Journal of Public Health* 22 (1998); Karen L. Webb et al., *Towards a National System for Monitoring Breastfeeding in Australia:*

ABS says, "There is evidence that most Australian newborns were breastfed before the 1940s. However, by the 1970s only 40–50% of [newborn] babies were breastfed".⁴⁵⁴ It appears that the most comprehensive statistics are those available for Victoria which is the second most populous state in Australia with the highest education levels and a comparatively low Indigenous population. These statistics are indicative of long-term national trends.⁴⁵⁵ In Victoria, the decline in breastfeeding in the post-World War II period was from almost half of babies breastfed at three months in 1950, to less than a third by 1961, with a further decline to one fifth by 1971. For babies aged six months, the decline was from less than two fifths in 1950, to one fifth in 1961 and down to less than one in ten by 1971.⁴⁵⁶

Recommendations for Population Indicators, Definitions and Next Steps (Canberra ACT: Department of Health and Aged Care, 2001). Australian Bureau of Statistics, 4810.0.55.001 - *Breastfeeding in Australia, 2001* (Canberra, ACT: Australian Bureau of Statistics 2003). Explanatory Notes.

⁴⁵⁴ Susan Linacre, *Article: Australia's Babies: 4102.1*, *Australians Social Trends 2007* (Canberra ACT: Australian Bureau of Statistics, 2007). 4. Stanley, Fiona J. *Child Health since Federation*. Vol. 1301.0, Canberra: Australian Bureau of Statistics, 2001.

<https://www.abs.gov.au/ausstats/abs@.nsf/0/3CE0381F7CBAB608CA2569DE0024ED6D>.

⁴⁵⁵ Australian Institute of Health and Welfare and I. H. Lester, "Australia's Food and Nutrition," (Canberra, ACT: Commonwealth of Australia, 1994). 191.

⁴⁵⁶ *ibid.* 304.

The impossible dream

By the mid-1940s, artificial feeding had become the desirable, modern alternative demonstrated by film stars,⁴⁵⁷ with breastfeeding idealised and constructed as an impossible dream from a perfect world in the past which involved extended rest for the mother and much help in the home.⁴⁵⁸ While the magazines featured regular articles written by a "Truby King Nurse" which continually advocated breastfeeding and management of babies along the Plunket lines, underlying this advice there was often the idea that "modern life presents problems in the care of babies", breastfeeding may be "impracticable" and terms such as "if possible", "probable early difficulties", "can be easily disturbed" creep into the advice columns.⁴⁵⁹ Use of such language implied that

⁴⁵⁷ Goergina O'Sullivan, "New Australians Enjoyed Their Convention, the Oliviers to Be Godparents to Anita Finch," *Australian Women's Weekly* (1933 - 1982), 11 February 1950. Note: Photograph of Peter Finch awkwardly bottle feeding his baby daughter while Mrs Finch plays with the cat between trips to the shops at Soho.

⁴⁵⁸ "The Resurgence of Breastfeeding, 1975 - 2000," in *Wellcome Witnesses to Twentieth Century Medicine*, ed. S. M. Crowther, L. A. Reynolds, and Elizabeth M. Tansey (Wellcome Trust Centre of the History of Medicine, 2009). xxiii. Caroline Gatrell, "The Impossible Dream?," in *Hard Labour: The Sociology of Parenthood*, ed. Caroline Gatrell (Maidenhead Berks UK: McGraw-Hill Education, 2004). 15, 196. Viscountess Savernake, "She Prefers to Have Her Babies at Home," *Australian Women's Weekly* (1933 - 1982), 29 February 1956.

⁴⁵⁹ Sister Mary Jacob, "Natural Feeding Best for Baby," *ibid.*, 08 May 1948. "Prevent That Cold!," *Australian Women's Weekly* (1933 - 1982), 23 March 1960; "Natural Feeding Best for Baby," *Australian Women's Weekly* (1933 - 1982), 08 May 1957; "Post-Natal Care," *Australian Women's Weekly* (1933 - 1982), 27 April 1960.

breastfeeding or full breastfeeding is often likely to be incompatible with the life of a modern mother who wants to have visitors and lead an active life.

Mothers who lived in the increasingly sprawling post war suburbs of Australian cities had serious problems when it came to feeding their babies, caring for their families and running their households⁴⁶⁰ without the support of an extended family living nearby, on which many of their own mothers had relied. Their suburban isolation was what psychologists Seligman and Csikszentmihalyi describe as “the traumatic social conditions created by runaway modernisation”.⁴⁶¹ If mothers adopted the ideas of Truby King, with scheduled feeding, there were fewer demands on their time so they could run their households efficiently, without any help. If they decided to bottle feed, there were fewer demands on them physically and there was the convenience of having someone else such as their husband or an older child prepare the bottles, make up the formula and feed the baby if necessary.⁴⁶² Manufacturers of bottles

⁴⁶⁰“Six Miles of Ironing —and a 5000-Mile Hike,” *ibid.*, 04 May ; Sister Mary Jacob, “Radiant Motherhood,” *ibid.*, 03 November 1945. Naomi Mapstone, “Infant Suburbs Tough for Mum,” *Canberra Times (ACT : 1926 - 1995)*, November 27, 1994. Jacob, “Natural Feeding Best for Baby.” “Feeding Baby,” *ibid.*, 27 August 1949; William Joy, “House Work. Never Again!,” *ibid.*, 02 July 1958; Margaret Burlace, “House Work. Women Have Time to Burn,” *ibid.*; “A Housewife’s Schedule,” *Australian Women’s Weekly (1933 - 1982)*, 02 July 1958. Walter Bunning, “Your Home.. After the War,” *ibid.*, 01 January 1944; “What One Mother Thinks,” *ibid.*, 21 October 1959.

⁴⁶¹ Martin E. P. Seligman and Mihaly Csikszentmihalyi, “Positive Psychology: An Introduction,” *American psychologist* 55, no. 1 (2000). 10.

⁴⁶² “Bringing up Baby,” *Australian Women’s Weekly (1933 - 1982)*, 08 September 1954.

emphasised the convenience of their products and claimed they replicated “natural feeding”.⁴⁶³

Formula feeding was done with reluctance, but pragmatically. Isobel Anderson, a Registered Nurse who was born in rural New South Wales in the early 1900s was one of ten children, had her own babies in the 1940s and lived with her husband in an outer suburb of Sydney. She recalled, “I can remember my own mother breastfeeding a newborn baby and also feeding the 15-month-old several times a day and then the three-year-old would come to mother for a feed at bedtime! That was how she looked after all of us, but how could I possibly do the same? So, bottle feeding seemed like the best way to manage”.⁴⁶⁴

There was a deluge of “evidence” presented to health professionals along with persuasive advertising by formula manufacturers in professional journals that supported these views and they inevitably influenced mothers’ choices so that many mothers assumed that breastfeeding and artificial feeding were

⁴⁶³ "Advertising: Steadiflow Baby's Feeding Bottle," *Australian Women's Weekly* (1933 - 1982), 18 August 1954. "Advertising: Modern Teat," *Australian Women's Weekly* (1933 - 1982), 29 February 1956.

⁴⁶⁴ Personal Communication: Mrs Isobel Anderson May 1991. Margaret Carmody and Anne Marks, "The Quiet Contribution of Mrs J. J. Clark 1869 - 1940," in *ISAANZ 24: 24th Australasian Irish Studies Conference 'Foregrounding Irish Women: The Antipodes and Beyond'* (Flinders University Adelaide SA: Irish Studies Association of Australia and New Zealand, 2019). Note: with the support of her mother and her sister-in-law, Margaret Clark returned to teaching in 1896 in Adelaide with four children under five years, including a breastfed infant.

equivalent.⁴⁶⁵ Bottle feeding was associated in women's magazines with the survival of "miracle" premature babies who "graduate" to bottle feeding.⁴⁶⁶ It was also associated with being a careful, modern mother who understood the chemical composition of milk and the principles of sterilisation of equipment and safe storage of milk.⁴⁶⁷

There was a burgeoning supply of education and instruction provided for parents by institutions and a mix of government and philanthropic organisations, primarily concentrating on the physical needs of the child.⁴⁶⁸

Fashion, movies and the media influenced parents, especially mothers, in their attitudes to infant care and particularly infant nutrition.⁴⁶⁹ This can be seen in articles in magazines with photographs of babies and mothers advocating

⁴⁶⁵ Ellen G. Piwoz and Sandra L. Huffman, "The Impact of Marketing of Breast-Milk Substitutes on WHO-Recommended Breastfeeding Practices," *Food and Nutrition Bulletin* 36, no. 4 (2015); Wyeth, "Every Mother Wants the Best for Her Baby," *Current Therapeutics* 28, no. 11 (1987). Smith, Dunstone, and Elliott-Rudder, "Health Professional Knowledge of Breastfeeding: Are the Health Risks of Infant Formula Feeding Accurately Conveyed by the Titles and Abstracts of Journal Articles?"

⁴⁶⁶ Sheila McFarlane, "Nurses Dream of Future for "the Little Ones"," *Australian Women's Weekly* (1933 - 1982), 21 August 1957.

⁴⁶⁷ Sister Mary Jacob, "The Foundation of Health," *ibid.*, 25 March 1959.

⁴⁶⁸ Australia. Department of Post-war Reconstruction, *Baby Health*, ed. Australia. Department of Post-war Reconstruction, New Series Bulletin (Australia. Dept. Of Post-War Reconstruction) ; No. 5. (Canberra ACT: Ministry of Post-war Reconstruction, 1946).

⁴⁶⁹ "Baby: The Magazine for Mothers," (1955). *Supplement to the Australian Women's Weekly. Baby Book: Preparation, Birth, Health, Feeding, Home Safety, Adoption and Answers to Other Queries*, (Sydney NSW: Australian Women's Weekly, 1964). "Hollywood Baby," *Australian Women's Weekly* (1933 - 1982), 22 June 1955; Bill Strutton, "Joy Will Bring Baby Here," *ibid.*, 26 March 1952; "Star's New Baby," *ibid.*, 26 September 1956.

particular approaches to feeding and caring for their babies.⁴⁷⁰ Powdered milk had become widely available. It was inexpensive and could be safely stored and prepared without the difficulties of fresh milk and this convenience is reflected in the media where, as researcher Lynn Weiner states, it was seen as the “scientifically perfect food for babies”.⁴⁷¹ An example of a mother recommending the modernist approach, who was also both a film star and royalty, is Princess Grace’s comments about her newborn daughter, Caroline:

She sleeps wonderfully all night, from about 9.30, after her last evening meal, until her breakfast at six next morning. She is fed six times a day at three-hourly intervals, and has a little supplementary powdered milk, being a healthy and hungry child, thank God. I don't know when she will be weaned. It will depend on ... our child-welfare specialist.⁴⁷²

In addition to the magazines and the movies, there was a surge of handbooks published where mothers could learn independently. These included ones produced by government departments and by organisations such as the Mothers and Babies’ Health Association in South Australia, but

⁴⁷⁰ Sister Mary Jacob, "Feeding Problems," *ibid.*, 15 December 1945; "For Healthier, Happier Babies," *Australian Women's Weekly* (1933 - 1982), 03 August 1946; Marie St Claire, "Elizabeth's Second Baby," *ibid.*, 29 July 1950.

⁴⁷¹ Weiner, Lynn. "Reconstructing Motherhood: The La Leche League in Postwar America." *The Journal of American History* 80, no. 4 (1994): 1357.

⁴⁷² McPherson, Mervyn. "'Bringing up My Baby' by Princess Grace of Monaco." *Australian Women's Weekly* (1933 - 1982) (Australia), 27 March 1957, 5. <http://nla.gov.au/nla.news-article47470249>.

they also included commercial publications such as handbooks by doctors and ones published by formula manufacturers and women's magazines.⁴⁷³

Decline of Plunket

Modernist approaches to mothering, particularly scheduled feeds, further declined in popularity with mothers after the First World War, and this in turn influenced maternal education. There were two factors that led to this small but significant decline, which had begun in Australia during the 1920s with questioning of the guidelines about formulas and gained momentum by the early 1940s. The first factor was that people including medical professionals were starting to question the strictness of approaches advocated by organisations in Australia which used systems similar to Plunket.⁴⁷⁴ Medical professionals in New Zealand also expressed their doubts, including the Children's Physician in Wellington, Dr Frederick Montgomery Spencer who was "highly critical of the

⁴⁷³ Harper and Royal Society for the Welfare of Mothers and Babies, *The Parents' Book*. Science of Life Books, *A Fool-Proof Formula for Healthy Babies and Mothers*, Science of Life Book ; No. 25 (Sydney: Science of Life Books, 1944). *Baby Book*, (London: Good Housekeeping, 1945). Benjamin Spock, *The Commonsense Book of Baby and Childcare* (New York: Duell, Sloan & Pearce, 1946). *Our Babies : Incorporating Pre-Natal Care, Baby Welfare, the Pre-School Child, the Older Child, Simple Infant Ailments, Food Recipes, Woollen Clothes for Baby*, 3rd ed. (Melbourne VIC: Davis, 1949). *The Australian Mothercraft Book* (Adelaide SA: Rigby, 1950). *Preparation for Motherhood*, ed. Mothers and Babies' Health Association (Adelaide SA: Mothers and Babies' Health Association, 1947). Mary Jacob, *You and Your Baby : A Book of Complete Parentcraft* (Sydney: Shakespeare Head, 1948); Elinor Goulding Smith, *The Complete Book of Absolutely Perfect Baby and Child Care* (London: Muller, 1957).

⁴⁷⁴ NSW Kids & Families NSW Health, *Our Babies: The State's Best Asset. A History of Child and Family Health Services in Nsw* (Sydney NSW: NSW Kids & Families, NSW Health, 2015). 30 – 32.

rigid feeding regimes in the Plunket system".⁴⁷⁵ The second factor was that the Plunket system was associated in people's minds with methods from before the war, when the primary concern was infant survival. For Australia, infant mortality per 1,000 had fallen from around 120 for males and 100 for females at the beginning of Federation to below 60 in the late 1920s.⁴⁷⁶ Infant mortality per 1,000 births in Melbourne fell from 84.2 in 1910 – 1914 to 24.6 in 1941.⁴⁷⁷

Despite the fact that the baby health centres purported to advocate breastfeeding, there was a perception of a decline in breastfeeding after the war, which further brought into question the validity of the Plunket approach. In the absence of reliable statistics and consistent definitions related to breastfeeding, it is difficult to document the decline in breastfeeding. In 1914, Armstrong had recorded in Sydney that 94% of newborn babies visited by health workers were breastfed.⁴⁷⁸ The incidence of breastfeeding remained very high among the 50% of mothers who attended baby health clinics in Sydney in 1930, but there were no

⁴⁷⁵ Jeff Weston, "A Precis of the History of Academic Paediatrics in New Zealand," file:///C:/Users/marga/Downloads/Academic.pdf. Linda Bryder, "Two Models of Infant Welfare in the First Half of the Twentieth Century: New Zealand and the USA," *Women's History Review* 12, no. 4 (2003).

⁴⁷⁶ Fiona J. Stanley, *Child Health since Federation*, vol. 1301.0 (Canberra: Australian Bureau of Statistics, 2001).

⁴⁷⁷ Vera Scantlebury Brown and Kate Campbell, *A Guide to the Care of the Young Child (Infant and Pre-School Ages) for Students of Infant Welfare*, 3rd ed. (Melbourne VIC: Victoria Department of Health, 1951). 7.

⁴⁷⁸ Stanley, *Child Health since Federation*, 1301.0.

records if this was exclusive or partial breastfeeding nor was there any indication of length of breastfeeding. There is reason to believe that the other 50%, who did not attend the baby health clinics, did not breastfeed because the incidence of illness related to artificial feeding was highest among the babies who did not attend the clinics.⁴⁷⁹

Systematic examinations of the health of school children in New Zealand and Australia added further weight to questions about the Plunket system. In New Zealand, which prided itself on the health of its infants, demonstrated by the low infant mortality, examinations of school children which revealed malnourishment, were the cause of major disagreements. Pre-war examinations by the School Medical Service established in New Zealand in 1912, had typically revealed many health problems, particularly malnourishment “some 23 per cent of primary school children examined in 1914 were identified as malnourished”.⁴⁸⁰ In response, the government expanded the service and transferred it from the

⁴⁷⁹ NSW Kids & Families NSW Health, *Our Babies: The State's Best Asset. A History of Child and Family Health Services in NSW*.

⁴⁸⁰ Annual Report Department of Education [NZ] *AJHR* 1914 E-1, 13 cited in Tennant, "Children's Health Camps in New Zealand: The Making of a Movement, 1919–1940." 74.

Education Department to Health and it began to promote health camps with open-air schooling which concentrated on good nutrition and weight gain.⁴⁸¹

The examinations of children's health began in earnest after the First World War when there was increasing international interest in the nutritional value of food and the benefits of milk consumption for mothers and children.⁴⁸² In New Zealand and in Australia, there was effectively a gap in the provision of child health between that offered as infant welfare and that provided as school health services.⁴⁸³ It could be argued that the malnutrition in both New Zealand and Australian children means that there were repercussions from Plunket style curriculum being limited to infants. This was a compromise by the infant welfare movement due to tensions with the medical practitioners and the health department in New Zealand as in Australia.⁴⁸⁴ By the 1920s there were calls by New Zealand school doctors, particularly Dr Elizabeth Gunn for better

⁴⁸¹ Ibid. 75 – 78, 82. Note: The health camps were very cheap to run with government and community support and eventually became a federation in the late 1930s.

⁴⁸² Madeleine Mayhew, "The 1930s Nutrition Controversy," *Journal of Contemporary History* 23, no. 3 (1988).

⁴⁸³ "Problem of "Pre-School" Child," *Advertiser (Adelaide, SA : 1931 - 1954)*, 01 March 1934.

⁴⁸⁴ NSW Kids & Families NSW Health, *Our Babies: The State's Best Asset. A History of Child and Family Health Services in Nsw.* 24 – 25. Linda Bryder, *A Voice for Mothers; the Plunket Society and Infant Welfare 1907- 2000* (Auckland NZ: Auckland University Press, 2003). xiv.

integration of the School Medical Service, with infant welfare services, as in Canada and the USA.⁴⁸⁵

Examinations of New Zealand schoolchildren carried out in the 1920s and 1930s by the Division of School Hygiene showed an improvement in general health, but malnutrition remained at constant levels, with younger children consistently worse affected than older. The 1933 Annual Report of the Director General of Health Report stated,

Most School Medical Officers state that in the cities a small proportion of children, belonging especially to primer-class age groups, show clinical signs of malnutrition. Food is poor in quality rather than quantity: deficient in vitamins, first-class protein, and in fat – milk, fresh eggs, butter, fresh vegetables, and meat are lacking”.⁴⁸⁶

The responsibility was seen to be the mother’s,

It is impossible to over-emphasise the value of good domestic economy, and the capability of the mother, therefore is of greatest importance. Many women use small means intelligently with remarkable success; others muddle along incompetently whatever their resources”.⁴⁸⁷

⁴⁸⁵ Tennant, "Children's Health Camps in New Zealand: The Making of a Movement, 1919–1940." 75.

⁴⁸⁶ Note: As an example, in 1932, 62,222 children were examined and 74.29 were found to have defects, with 5.81% showing “subnormal nutrition”. For “primer children” it was 8.36%. For kindergarten children, it was 3.65%. New Zealand Department of Health, "Annual Report of the Director General of Health," *Appendix to the Journals of the House of Representatives [NZ] I* (1933). 20 - 21.

⁴⁸⁷ *Ibid.* 21.

School lunches, provision of milk and health camps were suggested as practical strategies.⁴⁸⁸ From these reports, public concern grew about malnutrition in childhood and the responsibility of the mother.⁴⁸⁹ Because the rate of malnutrition was constant from 1926 – 1932, it could not be attributed to the effects of the Great Depression.⁴⁹⁰

The discussion in the 1933 report about childhood malnutrition in New Zealand drew a response from Dr Martin Tweed who endorsed the report and linked the discrepancy between the health of infants and school children to a lack of diligence by mothers after children reached their first birthday and in some cases exacerbated by artificial feeding during infancy,

It might reasonably be asked when the health of babies was so good, how did it happen that so many children in New Zealand were found to be suffering some degree of malnutrition when they were examined by school doctors after they had gone to school? The obvious reason is that the child, in many cases, is not guarded with the same detailed care as regards its food and its habits of life as is the helpless infant in its first year of life.

⁴⁸⁸ Ibid. 21.

⁴⁸⁹ "Breastfeeding and Health Professionals in Britain, New Zealand and the United States, 1900 - 1970," *Medical History* 49, no. 2 (2005). "Rapid Advances of Knowledge," *Evening Star (NZ: 1906 – 1940)*, May 14, 1938. "Plunket Society: Malnutrition in Childhood. Address by Dr. Tweed," *Evening Star (NZ: 1906 – 1940)*, August 10, 1935. "Child Nutrition: Investigation Plan," *Otago Daily Times (NZ: 1910 – 1938)*, June 28, 1938. "The Plunket System," *Evening Star (NZ: 1906 – 1940)*, June 22, 1938.

⁴⁹⁰ New Zealand Department of Health, "Annual Report of the Director General of Health." 22.

So safe and satisfactory had artificial feeding become today that there was an actual danger of parents failing to realise that the best artificial feeding could never be anything but second best to natural feeding.⁴⁹¹

The Plunket society reacted defensively to this implied criticism of its services for mothers and infants which was based on the examinations of children's health.⁴⁹² By the early 1930s, 80% of newborn European babies in New Zealand were visited by the Plunket Nurse and of those, 91% were breastfed at the first visit, but there was no record of whether this was partial or exclusive breastfeeding, nor the length of breastfeeding, which would be significant information, for, as Bryder discusses, there was "the pattern of women breastfeeding when they left hospital ... and then stopping the following week".⁴⁹³ The use of artificial formula had become widely accepted, evident in its inclusion in the catalogue of the Karitane Products Society.⁴⁹⁴ The initiation of breastfeeding steadily declined over the next 20 years.⁴⁹⁵ The Plunket Society blamed the malnutrition and the artificial feeding on parental ignorance and

⁴⁹¹ "Plunket Society: Malnutrition in Childhood. Address by Dr. Tweed."

⁴⁹² "Founder's Day. Plunket Society's Loyalty. Tributes to Sir Truby King," *Evening Star (NZ: 1906 – 1940)*, May 20, 1939.

⁴⁹³ Helen Deem and M. McGeorge, "Breast-Feeding," *New Zealand Medical Journal* 57 (1958): 539 – 56; Bryder, "Breastfeeding and Health Professionals in Britain, New Zealand and the United States, 1900 - 1970."

⁴⁹⁴ Karen McBride-Henry and Jill Clendon, "Breastfeeding in New Zealand from Colonisation until the Year 1980: An Historical Review," *New Zealand College of Midwives Journal* 43 (2010). 7.

⁴⁹⁵ Deem and McGeorge, "Breast-Feeding."

advances in formulas which made the option of formula feeding much safer than it had been before.⁴⁹⁶ In terms of community of practice theory, when faced with criticism, the Plunket Society initially resisted any change or impetus to improve.⁴⁹⁷

From an adult education perspective, it could be argued that the poor nutrition of pre-schoolers in the 1920s, 1930s and 1940s in New Zealand and in Australia means there was a failure on the part of the mothers to transfer what they had learned about infant nutrition to general family nutrition, particularly of toddlers and pre-schoolers. In the absence of direct instruction and professional supervision, many mothers evidently resorted to the previous practices with regard to their children's nutrition, once they reached their first birthday and did not apply the general knowledge they had gained about good nutrition from attending the Baby Health Clinics. The malnutrition of pre-schoolers could be seen to indicate the essentially repressive nature of the pedagogical approach to learning as "regular, expert supervision".⁴⁹⁸ Despite the

⁴⁹⁶ "Plunket Society: Malnutrition in Childhood. Address by Dr. Tweed."

⁴⁹⁷ Bryder, "Two Models of Infant Welfare in the First Half of the Twentieth Century: New Zealand and the USA." Etienne Wenger, *Communities of Practice: Learning, Meaning, and Identity* (New York: Cambridge University Press, 1998).

⁴⁹⁸ Brown and Campbell, *A Guide to the Care of the Young Child (Infant and Pre-School Ages) for Students of Infant Welfare*. 7.

accounts of mothers and some baby health nurses not following the strict guidelines of the baby health centres,⁴⁹⁹ it has been argued that in terms of adult education, the mother was constructed as a passive recipient of knowledge who obediently carried out the orders of the clinic sister and followed the written rules.

From a health literacy viewpoint, it can be seen that mothers understood how to carry out the orders for their infant's feeding, however, they did not develop interactive literacy which would have enabled them to expand their knowledge and to discuss the nutritional needs of their growing children. They certainly did not develop critical literacy which would have enabled them to examine the precepts of the methods, to decide what was best for them and to act on that information, and furthermore, to apply that same reasoning process to the matter of their toddlers' and pre-schoolers' nutrition.

The publicity about malnutrition appeared to have an effect on parents because the Director General's Report for 1938 recorded "the state of nutrition of the school children has improved considerably in recent years ... Teachers and parents are now more interested in proper diet, fresh air and health education

⁴⁹⁹ Linda Bryder, "Challenging New Zealand's Icon, Sir Frederic Truby King," *Social History of Medicine* 33, no. 1 (2018).

generally".⁵⁰⁰ It seems that the Health Department and the kindergartens were filling the gap between infancy and school, "A kindergarten school forms a social centre for the district and its educational merit is by no means confined to its pupils. Parents, teachers, and children cheerfully cooperate for the common good".⁵⁰¹

There were similar international statements expressing concern about nutrition such as the Australian delegate's paper at the Thirteenth General Assembly of the International Institute of Agriculture of Rome, urging free milk for mothers and children, and press reports about programs that were operating in the UK.⁵⁰² In Australia at the first interstate conference of the Kindergarten Union of South Australia Lady Gowrie stated,

Every child life in Australia should be preserved, firstly, through the Mothers' and Babies' Health Association, then by nursery schools, and after that by free kindergartens, which would look after the children until they were six years of age, and old enough to start school ... Free

⁵⁰⁰ Note: the subnormal nutrition of school children was 3.52% for European and 5.17% for Maori school children. There was no separation of younger and older school children. For kindergarten and preschool children, it was 1.79% for European and not recorded for Maori children. New Zealand Department of Health, "Annual Report of the Director-General of Health" *Appendix to the Journals of the House of Representatives I* (1938). 22, 24 - 25.

⁵⁰¹ "Annual Report of the Director General of Health." 24.

⁵⁰² "Monetary, Commercial, Mining and Markets Section. Nutrition and Agriculture: Improving Dietary Standards," *Advertiser (Adelaide, SA : 1931 - 1954)*, 25 September 1936; "Business Girls Hear About Social Services," *Advertiser (Adelaide, SA : 1931 - 1954)*, 21 July 1936.

kindergartens served to show the mothers their responsibilities, she said, and they not only educated the children, but the parents as well.⁵⁰³

The improvements in nutrition in New Zealand by the late 1930s were attributed to the role of the teachers and parents, to the increased consumption of milk due to the government taking the practical steps of the Milk-in-Schools Scheme, the introduction of a program of Physical Welfare and Recreation and play activities, and the Health Camps.⁵⁰⁴ It is apparent that in New Zealand, by the late 1930s, with increased staff and an approach of partnership with teachers and parents taken by the schools and the Division of School Hygiene, children's nutrition greatly improved.

The Plunket system and its formulae for artificial feeding were eventually revised in 1952 under the guidance of Doctor Helen Deem. At the time of the controversial reports, Deem was working in the Division of School Hygiene and actively involved in the Milk-in-Schools Scheme.⁵⁰⁵ Her research, which Lloyd Chapman refers to as a "massive statistical study of nearly 9,000 infants from all over New Zealand", produced new growth charts and advocated "common

⁵⁰³ "Lady Gowrie Praises Work of Adelaide's Kindergartens: Interstate Conference Opened," *Advertiser (Adelaide, SA : 1931 - 1954)*, 16 September 1936. "What the Pre-School Child Should Eat," *Advertiser (Adelaide, SA : 1931 - 1954)*, 14 October 1936. Note: As discussed at the conference, Free Kindergartens were established in poor areas, with the intention of targeting poverty and ignorance. Children who showed signs of malnutrition were sent away to health camps.

⁵⁰⁴ New Zealand Department of Health, "Annual Report of the Director-General of Health". 27.

⁵⁰⁵ *Ibid.* 28.

sense in routine infant feeding".⁵⁰⁶ The Milk-for-Schools program, based on programs in the UK established in the 1920s, was the NZ Government's primary response to pre-schooler malnutrition: similar schemes to those in London had been established in Australia,⁵⁰⁷ following experiments such as the one in Adelaide in 1925, involving supply of free milk twice a day to malnourished children, which proved the efficacy of the approach not only in terms of weight gain and general health but also school academic performance.⁵⁰⁸ The state-based schemes became national in 1950.⁵⁰⁹

While such schemes to provide free milk benefited the school children, and reflected an awareness of the importance of the years between infancy and school age, they did not address the underlying problem of good nutrition from birth and how to teach mothers to provide it. Overall, the 1950s saw an expansion of the provision of baby health clinics across Australia and increasing professionalisation of the service.⁵¹⁰ There was also continuing provision of

⁵⁰⁶ "These Twelve Essentials Form a Protective Circle Safeguarding the Baby." "Revised System of Feeding Adopted by the Plunket Society," *The New Zealand Medical Journal* 51, no. 282 (1952). 167.

⁵⁰⁷ "Adelaide Milk Supply Company," *Advertiser (Adelaide, SA : 1889 - 1931)*, 26 February 1927.

⁵⁰⁸ "Amscol Proves Its Value," *Advertiser (Adelaide, SA : 1889 - 1931)*, 27 February 1925.

⁵⁰⁹ "Health of the People. Dominion's High Standing. The Malnutrition Problem," *Otago Daily Times (NZ: 1910 – 1938)*, June 27, 1938; "Free Milk for Children: Big Federal Scheme," *The Sydney Morning Herald (NSW : 1842 - 1954)*, July 1, 1950; Howard Jacobson, "1951 School Milk Introduced by Menzies Government," <https://australianfoodtimeline.com.au/school-milk/>.

⁵¹⁰ NSW Kids & Families NSW Health, *Our Babies: The State's Best Asset. A History of Child and Family Health Services in NSW*. 6. Note: As an example, by 1950 "The number of baby health

advice for mothers in the press, usually along modernist lines and often attributed to a “Truby King Nurse” or a “Mothercraft Nurse”.⁵¹¹

Breastfeeding in Australia in the 1960s

For women in suburban Australia in the early 1960s, breastfeeding was considered old fashioned, outdated, unnecessary and harmfully indulgent if it involved frequent feeding because it was seen as a form of “spoiling” the child, not training the child to be disciplined and might lead to “over feeding”.⁵¹² With breastfeeding rates at an all-time low, mothers were having babies in Australia with very little personal observation of breastfeeding. Few mothers breastfed beyond the first weeks and breastfeeding was a private activity unseen in public

centres in NSW reached 278; 76 in the metropolitan area, 11 in Newcastle and 191 in the country” and by 1960, “Baby health centre services commenced at three Aboriginal stations – Cowra, Burnt Bridge and Bellbrook”. And there was “A registrable Community Health Diploma commenced and became mandatory for child health nurses and other disciplines”.

⁵¹¹ Sister Mary Jacob, “Over-Feeding Baby,” *Australian Women’s Weekly* (1933 - 1982), 25 September 1957.

⁵¹² Frederic Truby King and Royal New Zealand Society for the Health of Women and Children, “The Story of the Teeth: And How to Save Them,” ed. Royal New Zealand Society for the Health of Women and Children (Plunket Society) (Auckland, NZ: Whitcombe & Tombs, 1917). Jacob, “Over-Feeding Baby.” Frederic Truby King, *The Expectant Mother and Baby’s First Months : For Parents and Nurses* (London: MacMillan and Co, 1933).

due to many years of medical advice to feed in private, away from conversations, for the benefit of the baby.⁵¹³ Paton describes the situation:

The mother was doped, and the baby was dopey and there were bonding and feeding problems. Weighing the baby before and after feeding was normal, there was no rooming in, breastfeeding information was scarce, there was no sleeping in bed with the baby, there was toilet training at three weeks, holding the baby over the potty, early solids from six weeks and mothers were told to “let him stretch his lungs” or they would be “spoiling him” and to ignore his cry.⁵¹⁴

Contributing to the low breastfeeding rates was the highly regulated approach, in which mothers were taught to breastfeed in busy “baby boom” hospitals⁵¹⁵ surrounded by authoritarian staff when they were at their most vulnerable immediately after birth. Babies were mostly kept separate from the mothers in nurseries.⁵¹⁶ This limited contact between mother and baby would have affected bonding.⁵¹⁷ As a result, mothers were not very familiar with their newborn babies. As counsellor Dorothy Pill comments, “They really had no idea

⁵¹³ Susan Donath and Lisa H. Amir, "Rates of Breastfeeding in Australia by State and Socio-Economic Status: Evidence from the 1995 National Health Survey," *Journal of Paediatrics and Child Health* 36, no. 2 (2001). "The Resurgence of Breastfeeding, 1975 - 2000." 83 – 84. "What My Patients Ask Me," *Australian Women's Weekly* (1933 - 1982), 12 August 1933.

⁵¹⁴ Mary Paton, "Past and Future of NMAA," in *Drawing on 30 Years' Experience* (Cooma NSW: Nursing Mothers' Association ACT/Southern NSW Branch, 1994).

⁵¹⁵ Stanley, *Child Health since Federation*, 1301.0. Summarised by the ABS as, “Fertility increased to 3 babies per woman in 1947 and peaked at 3.6 in 1961- during this period (1947-61) 3 million babies were born”.

⁵¹⁶ Huffam, "Interview by Margaret Carmody."

⁵¹⁷ Jianghong Liu, Patrick Leung, and Amy Yang, "Breastfeeding and Active Bonding Protects against Children's Internalizing Behavior Problems," *Nutrients* 6, no. 1 (2013).

what to do with the child when they got home".⁵¹⁸ This common experience was recounted by the Association in its submission to the Royal Commission on Human Relationships in 1975.⁵¹⁹

Some large public hospitals in Australia, such as Royal North Shore Hospital in Sydney, introduced rooming in in the 1950s, primarily to prevent cross infection particularly of antibiotic resistant strains of *Staphylococcus aureus*,⁵²⁰ but still encouraged the four-hourly regime. Hospital architecture discouraged the extension of rooming in once the prevalence of the infection declined in the 1960s.⁵²¹ There was the potential when hospital stays were routinely one to two weeks, for mothers to learn how to breastfeed supported by

⁵¹⁸ Dorothy Pill, "Interview by Marg Mcafferty," in *Nursing Mothers' Association of Australia Oral History Project* (Brisbane QLD: John Oxley Library, State Library of Queensland, Australia, 1999). 9.

⁵¹⁹ Nursing Mothers' Association of Australia, "The Royal Commission on Human Relationships, Submission by Nursing Mothers' Association of Australia, March 1975," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, 1975). 3.

⁵²⁰ Robyn Kroop Shaffer, "The Challenge of Antibiotic-Resistant *Staphylococcus*: Lessons from Hospital Nurseries in the Mid-20th Century," *The Yale journal of biology and medicine* 86, no. 2 (2013); Kathryn Hillier, "Babies and Bacteria: Phage Typing, Bacteriologists, and the Birth of Infection Control," *Bulletin of the History of Medicine* 80, no. 4 (2006); Edith Jackson, "New Trends in Maternity Care," *The American Journal of Nursing* 55, no. 5 (1955); Mary Barber and Mary Rozwadowska-dowzenko, "Infection by Penicillin-Resistant *Staphylococci*," *Lancet* (1948).

⁵²¹ Note: One example of a large public hospital that provided rooming in the 1970s was the Queen Victoria Hospital in Adelaide SA.

the midwives, but studies have shown that shorter stays in hospital have not resulted in lower breastfeeding rates.⁵²²

Another factor in the low breastfeeding rates was the free literature given to mothers which perpetuated the feeding routines learnt in the hospitals.⁵²³ Most publications were about bottle feeding and if breastfeeding was the subject, then it was about associated problems.⁵²⁴ Formula manufacturers supplied hospitals with literature for mothers⁵²⁵ along with free samples of formula⁵²⁶ or even congratulatory cards.⁵²⁷ They claimed that their products were equivalent to breastmilk (Figure 23).⁵²⁸ They produced newsletters and advertisement articles in magazines for mothers, with the inevitable implication by authoritative health

⁵²² G. Cambonie et al., "Early Postpartum Discharge and Breastfeeding: An Observational Study from France," *Pediatr Int* 52, no. 2 (2010).

⁵²³ Mothers and Babies' Health Association, *Milk Mixtures and Nursery Recipes* (Adelaide SA: Mothers and Babies' Health Association, 1960).

⁵²⁴ Ashford Community Hospital and Medical Image Productions, "Clean Start - Healthy Start : A Guide to Cleaning and Sterilising Baby's Feeding Equipment.," (Adelaide SA: Ashford Community Hospital : Medical Image Productions c 1992); Ashford Community Hospital, *Common Complications of Breast Feeding* (Adelaide: Ashford Community Hospital Incorporated, n.d.), 1 videocassette 15 min.

⁵²⁵ "Are You Looking after a Baby? Display Advertising," *Canberra Times (ACT : 1926 - 1995)*, March 24, 1938. "Advertising: Free Baby Book for Mothers," *Australian Women's Weekly (1933 - 1982)*, 27 April 1940.

⁵²⁶ Nestle Company Australia, *Your Baby and You: The Vi-Lactogen Mother Book*, ed. Nestle Company, 40th ed. (Sydney: Nestle Company (Australia), 195-?); Virginia Thorley, "Feeding Their Babies: Infant Feeding Advice Received by Queensland Women in the Postwar Period, 1945 - 1965" (The University of Queensland).

⁵²⁷ "Card, Truby King System. Karitane Products, New Zealand and/or Australia," (Sydney NSW: Powerhouse Museum. Museum of Applied Arts and Sciences, 1957).

⁵²⁸ "Advertising: There's Breast Milk and Then There's Nan," *Australian Women's Weekly (1933 - 1982)*, June 16, 1976. 99.

professionals that breastmilk rapidly became inadequate as the baby grew, and the sponsoring manufacturer's product was the answer to this problem.⁵²⁹

Nestlé

**There's breast milk
and then there's Nan.**

Nestlé NAN is an infant formula which is scientifically researched and developed to resemble breast milk (see chart) in nutritional value and digestibility.
It also contains all the essential components for a new baby's health, growth and development.
No nutritional supplements are necessary, except for low birth-weight babies. Your doctor will advise.
Available in 500 g and 1 kg resealable cans.

See how NAN resembles breast milk.

Nutrient	Mature Human Milk (per litre)	NAN (per litre)
Protein	12 g	17 g
Fat	40 g	30 g
Carbohydrate (as lactose)	76 g	77 g
Energy (Calories)	710	700

Nestlé Nan Scientifically formulated to resemble breast milk.
Breast feeding is best for your baby, but when supplementary feeds are required, or when you can no longer breast feed, use NAN

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FAMILY CIRCLE JUNE 9/78 107

Figure 23. "Advertisement: There's Breastmilk and There's Nan." *Family Circle* (Eveleigh NSW), 9 June 1978, 107.

⁵²⁹ The Medicine Group, "Nursery News' Prepared by the Medicine Group. Sponsored by Nestle Australia," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1987). Una Venn-Brown, "A Modern Approach to Feeding Babies," *Australian Women's Weekly* (1933 - 1982), 02 September 1959.

Another factor in the low breastfeeding rates was the advocacy of early weaning. It was assumed that if a mother breastfed, then she just did it naturally. If she struck problems, then the simple solution was to wean the baby onto artificial feeds. Reflecting this, there were typically brief comments about breastfeeding and lengthy instructions about bottle feeding in paediatric manuals for staff, while there were overly complicated instructions for breastfeeding but simplified instructions for bottle feeding in handbooks for mothers.⁵³⁰ The view was that it was unnecessary and cruel to persist through problems because there was a safe alternative, so any mother who persisted despite problems was considered foolish. She was considered to be self-indulgent, disregarding her baby's best interests, creating dependence and even lazy because she was clearly neglecting her home duties or her professional capabilities in preference for spending her time feeding the baby.⁵³¹ If she had problems maintaining her supply and became anxious when she resumed "her domestic duties", then complementary and supplementary feeds were recommended.⁵³²

⁵³⁰ Wilfrid Gaisford and Reginald Lightwood, *Paediatrics for the Practitioner* (London: Butterworth, 1953); Benjamin Spock, *Baby and Child Care* (New York: Pocket Books, 1972)..

⁵³¹ Huffam, "Interview by Margaret Carmody." Spock, *Baby and Child Care*. 105.

⁵³² Gaisford and Lightwood, *Paediatrics for the Practitioner* 127.

Family experiences also contributed to low breastfeeding rates.⁵³³ Many mothers were isolated from anyone who supported breastfeeding. They were instead familiar with the horrific family stories of breastfeeding during the Great Depression and World War II when women breastfed in “tense and anxious times” of great personal and social upheaval, combined working and family care and often had inadequate diets. Mastitis was a cause of early weaning according to concerns reflected in women’s magazines.⁵³⁴ Breastfeeding became associated with exhaustion.⁵³⁵ By the 1960s, there was also a great fear of penicillin-resistant mastitis which was spread via the baby by direct contact with the mother through breastfeeding.⁵³⁶ Bryder argues that the threat posed by this disease

⁵³³ Hugh Jolly, "Life Style. The Facts and Fallacies: The Case for Breastfeeding," *Canberra Times* (ACT : 1926 - 1995), April 30, 1975; B. M. Laurence, "Hugh Reginald Jolly," *British Medical Journal* 292 (1986).

⁵³⁴ Elizabeth Schaffer et al., "R7423 Bread and Dripping, 1981: Raising Children During the Great Depression," (Australia: Curriculum Corporation and australianscreen online, 2008). Our Mothercraft Nurse, "To Nursing Mothers!," *Australian Women's Weekly* (1933 - 1982), 16 October 1943; Sister Mary Jacob, "Painful Breast Conditions," *ibid.*, 15 March 1947; "For Healthier, Happier Babies."; "For Young Wives and Mothers. Truby King System. Complementary Feeding," *ibid.*, 15 November 1941.

⁵³⁵ Virginia Schmied and Deborah Lupton, "Blurring the Boundaries: Breastfeeding and Maternal Subjectivity," in *Abjectly Boundless: Boundaries, Bodies, and Health Work*, ed. Trudy Rudge and Dave Holmes (Farnham, Surrey; Burlington, Vt.: Ashgate Pub., 2009). 236.

⁵³⁶ Lisa H. Amir et al., "Incidence of Breast Abscess in Lactating Women: Report from an Australian Cohort," *BJOG: An International Journal of Obstetrics & Gynaecology* 111, no. 12 (2004). Shaffer, "The Challenge of Antibiotic-Resistant Staphylococcus: Lessons from Hospital Nurseries in the Mid-20th Century." Barber and Rozwadowska-dowzenko, "Infection by Penicillin-Resistant Staphylococci."; Jackson, "New Trends in Maternity Care."

deterred mothers from breastfeeding and obstetricians from recommending the practice.⁵³⁷

The year 1961 heralded a major change in Australian society with the introduction of the contraceptive pill, which for the first time potentially gave Australian women almost total control over how many children they had and when they had them.⁵³⁸ However, while the contraceptive pill generally represented the most reliable way to control fertility, it made breastfeeding impossible or shortened lactation for some women and had other significant side effects.⁵³⁹ Another subtler effect of the contraceptive pill on breastfeeding was a disassociation of sexual activity from reproduction, further separating the breast from reproduction and aligning it with sexual activity.⁵⁴⁰ This could lead to confusion of emotions for mothers as they learnt to breastfeed, as Kitzinger explains, "Patriarchal morality accentuates the distinction between maternity

⁵³⁷ Huffam, "Interview by Margaret Carmody."; Bryder, "Breastfeeding and Health Professionals in Britain, New Zealand and the United States, 1900–1970."

⁵³⁸ Stanley, *Child Health since Federation*, 1301.0.

⁵³⁹ Naomi K. Tepper et al., "Combined Hormonal Contraceptive Use among Breastfeeding Women: An Updated Systematic Review," *Contraception* 94, no. 3 (2016). Huffam, "Interview by Margaret Carmody." Rosemary Rhoden, "Research Report: Effect of Contraception on Lactation, Guiloff, E. Et Al. *Am J. Obstet. Gynecol.* 118, 42 - 5, 1 Jan 1974," *Talkabout* 5, no. 5 (1974). E. Guiloff et al., "Effect of Contraception on Lactation," *Am J Obstet Gynecol* 118, no. 1 (1974). Jacqueline H. Wolf, "Film as the Medium; Reproduction, Sex, and Power as the Message," *Journal of Women's History* 22, no. 3 (2010). 177.

⁵⁴⁰ Diane Thulier, "Breastfeeding in America: A History of Influencing Factors," *Journal of Human Lactation* 25, no. 1 (2009). 91.

and sexuality".⁵⁴¹ It could also cause a denial of sensual feelings from breastfeeding which Van Esterik attributed to "a patriarchal distortion of the maternal body".⁵⁴²

The social depiction of breastfeeding contributed to low breastfeeding rates because it was still associated with poverty, and poor family nutrition on the "dole ration", when poor mothers saved money by breastfeeding during the Great Depression.⁵⁴³ Researchers Hirschman and Hendershot observed in the USA, "Poor and near-poor women were more likely than other women to breast feed babies born before 1960".⁵⁴⁴ The study by researcher Nicole Bridges linked media representation of infant feeding to Australian women's attitudes.⁵⁴⁵ Breastfeeding had become problematic and bottle feeding had come to represent

⁵⁴¹ Shelia Kitzinger, *The Experience of Breastfeeding* (Harmondsworth UK: Penguin Books, 1979).

⁵⁴² Penny Van Esterik, "Lessons from Our Lives: Breastfeeding in a Personal Context," *J Hum Lact* 10, no. 2 (1994). 73.

⁵⁴³ Mary Truby King, "For Young Wives and Mothers. The over-Wrought Mother: Should She Continue to Feed Her Baby?," *Australian Women's Weekly (1933 - 1982)*, 17 February 1934. "For Young Wives and Mothers. Natural Feeding Is Best," *Australian Women's Weekly (1933 - 1982)*, 06 January 1934.

⁵⁴⁴ Charles Hirschman and Gerry E. Hendershot, "Trends in Breastfeeding among American Mothers," in *Data from the National Survey of Family Growth: Series 23 Number 3. DHEW Publication No. (PHS) 79-1979* (Hyattsville, MD: Department of Health Education and Welfare, 1979). 10. Charles Hirschman and Marilyn Butler, "Trends and Differentials in Breast Feeding: An Update," *Demography* 18, no. 1 (1981). 48 – 49.

⁵⁴⁵ Nicole Bridges, "Ethical Responsibility of the Australian Media in the Representation of Infant Feeding," *Breastfeeding Review* 15, no. 1 (2007).

babyhood, with only celebrities seen breastfeeding in the media.⁵⁴⁶ With the sexualised view of the breast promoted by the media, along with the association of breastfeeding with women who were either too poor to be able to afford the new scientific formulas,⁵⁴⁷ or elite celebrity mothers,⁵⁴⁸ breastfeeding became a socially unacceptable activity in many societies in the USA and UK. The media in Australia, effectively disassociated breastfeeding from a desirable middle-class lifestyle.

Finally, for professional women or women with large families, there was even more pressure to artificially feed their babies. They were told by their health professionals, "You've got more important things to do".⁵⁴⁹ For women who sought economic independence, breastfeeding made work outside the home very

⁵⁴⁶ Lesley Henderson, Jenny Kitzinger, and Josephine Green, "Representing Infant Feeding: Content Analysis of British Media Portrayals of Bottle Feeding and Breast Feeding," *BMJ* 321, no. 7270 (2000). William Asher, "Lucy Goes to the Hospital," in *I Love Lucy (1951 - 1957)* (USA1953).

⁵⁴⁷ Australian Government Department of Health, "Australian National Breastfeeding Strategy: 2017 and Beyond. Report on Stakeholder Consultation," (Canberra ACT: Australian Government Department of Health, 2017). 12. Note: This factor of the social stigma of breastfeeding was raised with regard to Aboriginal mothers in rural Victoria in a stakeholder consultation about breastfeeding. Source: Australian Government Department of Health, "Australian National Breastfeeding Strategy: 2017 and Beyond. Report on Stakeholder Consultation," (Canberra ACT: Australian Government Department of Health, 2017). 12. Truby King, "For Young Wives and Mothers."

⁵⁴⁸ Mervyn McPherson, "'Bringing up My Baby' by Princess Grace of Monaco," *ibid.*, 27 March 1957.

⁵⁴⁹Note: Dr Beryl Rich G.P. Obstetrician conversation with author 1995. Quoted in Margaret Carmody, "Maths and Mothers" *Literacy and Numeracy Studies* 8, no. 2 (1998).

difficult and was blamed for further subjugation of women, “a form of biological burden”.⁵⁵⁰ Only later did it become an industrial and legal matter.⁵⁵¹

Influences on Australian mothers

Attachment theory

After World War II, there was increasing interest in the effects of the child’s environment, particularly the child’s relationship with their mother, on their long-term mental health.⁵⁵² Investigations by psychologists such as John Bowlby into the disastrous psychological effects of maternal deprivation experienced by child evacuees during World War II, had prompted the World Health Organisation’s report, *Maternal Care and Mental Health*.⁵⁵³ This led to the

⁵⁵⁰ Bernice Hausman, "The Feminist Politics of Breastfeeding," *Australian Feminist Studies* 19, no. 45 (2004). 277.

⁵⁵¹ Australian Breastfeeding Association, "Breastfeeding in Public - Your Rights," Australian Breastfeeding Association, <https://www.breastfeeding.asn.au/bf-info/breastfeeding-and-law/legalright>; "Equal Opportunity and Workplace Diversity - What Does It Mean?," Australian Breastfeeding Association, <https://www.breastfeeding.asn.au/bfinfo/equal-opportunity-and-workplace-diversity-%E2%80%94-what-does-it-mean>. "Australia: Act No. 4 of 1984 Sex Discrimination Act 1984," (Canberra ACT: Australian Government).

⁵⁵² William Goldfarb, "The Effects of Early Institutional Care on Adolescent Personality," *Journal of Experimental Education* 12 (1943); Donald Woods Winnicott, "Primary Maternal Preoccupation," in *Through Paediatrics to Psychoanalysis. Collected Papers* ed. Donald Woods Winnicott (London Karnac, 1958); John Bowlby, *Maternal Care and Mental Health: A Report Prepared on Behalf of the World Health Organisation as a Contribution to the United Nations Programme for the Welfare of Homeless Children*, (Geneva: World Health Organisation, 1951); Smibert, "A History of Breastfeeding with Particular Reference to the Influence of NMAA in Victoria. Breastfeeding Review 12 May 1988 ". Erik Homburger Erikson, *Childhood and Society*, 1st ed. (New York: Norton, 1950).

⁵⁵³ John Bowlby. 1951. *Maternal Care and Mental Health: a Report Prepared on behalf of the World Health Organisation as a Contribution to the United Nations programme for the Welfare of Homeless*

emergence of attachment theory, which placed great importance on the relationship of the mother and baby and on supporting the mother in her role.⁵⁵⁴ Questions were being asked about the rationalist modernist view of maternal education and supervision due to the perception that it had led to increasing intervention in childbirth and had had disastrous effects on breastfeeding.⁵⁵⁵

Bowlby's research led to a reassessment of the strict methods which discouraged bonding and concentrated on the physical aspects of caring for a baby. Researchers such as Donald Winnicott and Bowlby in the UK, Marshall Klaus in the USA and Smibert in Victoria, argued that babies brought up strictly according to approaches such as the Plunket system could potentially be just as deprived as babies in institutions.⁵⁵⁶ Strict scientific methods of childrearing,

Children. Geneva: World Health Organisation. Margery Fry, ed. *John Bowlby: Child Care and the Growth of Love* (Melbourne: Penguin Books, 1953).

⁵⁵⁴ Donald Woods Winnicott, "The Theory of the Parent-Infant Relationship," *The international journal of psychoanalysis* 41 (1960).

⁵⁵⁵ "The Best Start. Report on the Inquiry into the Health Benefits of Breastfeeding", ed. The Parliament of the Commonwealth of Australia (Canberra ACT: The Parliament of the Commonwealth of Australia, 2007). 14. Linda Bryder, "Breastfeeding and Health Professionals in Britain, New Zealand and the United States, 1900 - 1970," *Medical History* 49, no. 2 (2005).

⁵⁵⁶ Bowlby, *Maternal Care and Mental Health: A Report Prepared on Behalf of the World Health Organisation as a Contribution to the United Nations Programme for the Welfare of Homeless Children*. Marshall Klaus, "About Marshall Klaus," <http://www.bondingandbirth.org/papers-and-articles-klaus.html>. Winnicott, "Primary Maternal Preoccupation." Mary Paton, "Note on La Leche League Leaders' Packet by Mary Paton," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, n.d.). James Smibert, "Interview by Clare Gleeson-Macguire," in *Nursing Mothers' Association of Australia Oral History* (Brisbane, QLD: John Oxley Library, State Library of Queensland, Australia, 1999).

viewing matters such as feeding as “training” for future character development,⁵⁵⁷ were depicted as a form of “partial maternal deprivation”. Bowlby deplored the situation of, “the child whose mother leaves him to scream for many hours because the baby books tell her to do so”.⁵⁵⁸ He also criticised the emphasis on time and routine, arguing, “The provision of mothering cannot be considered in terms of hours per day, but only in terms of the enjoyment of each other’s company which mother and child obtain”.⁵⁵⁹ Bowlby regarded his findings as a major breakthrough, stating:

It is now demonstrated that maternal care in infancy and early childhood is essential for mental health. This is a discovery of which the importance may be compared to that of the role of vitamins in physical health, and it is of far-reaching significance for the prevention of mental ill-health.⁵⁶⁰

Underpinning this report is the theory of resilience.⁵⁶¹ Bowlby said the “essential for mental health is that the infant and young child should experience a warm, intimate and continuous relationship with his mother (or mother-

⁵⁵⁷ Luther Emmett Holt, *The Care and Feeding of Children: A Catechism for the Use of Mothers and Children’s Nurses* (New York: D. Appleton and Company, 1894). 20. John B. Watson, *Behaviorism*, 2nd ed. (New Brunswick: Transaction Publishers, 1958). John Broadus Watson and Rosalie Alberta Rayner Watson, *Psychological Care of Infant and Child* (New York: W. W. Norton, 1928).

⁵⁵⁸ Bowlby, *Maternal Care and Mental Health: A Report Prepared on Behalf of the World Health Organisation as a Contribution to the United Nations Programme for the Welfare of Homeless Children*. 81.

⁵⁵⁹ *Ibid.*

⁵⁶⁰ *Ibid.* 66.

⁵⁶¹ *Ibid.* 76.

substitute), in which both find satisfaction and enjoyment".⁵⁶² Bowlby describes the very difficult to define concept of mothering, using the language of the era:

It is exactly the kind of care which a mother gives without thinking that *is* [original italics] the care which they have lacked. All the cuddling and playing, the intimacies of suckling by which a child learns the comfort of his mother's body, the rituals of washing and dressing by which, through her pride and tenderness towards his little limbs he learns the value of his own, all of these have been lacking. His mother's love and pleasure in him are his spiritual nourishment.⁵⁶³

Attachment theory had a major influence on maternal education as it provided a counter to the general approach that in this enlightened world, science, typified by a rigid, unemotional approach, has the answers.

Spock

Enter paediatrician Benjamin Spock (Figure 24),⁵⁶⁴ who while generally adhering to the principles of routine and emphasis on measurement and weighing, placed a refreshing emphasis on the role of mothering itself.

Influenced by psychologists such as Bowlby, Spock represented a new style of parenting and a new style of parent education, appropriate for the ambitious, optimistic world of the post-war USA and addressing the importance of the

⁵⁶² Ibid. 75. Note: Bowlby has used "his" as the generic pronoun for a baby which was the accepted practice at the time of his writing.

⁵⁶³ Ibid. 16.

⁵⁶⁴ Spock, *The Commonsense Book of Baby and Childcare*.

mental health of the mother and baby, not just their physical health.⁵⁶⁵ After the Second World War, once infant mortality was no longer the huge threat that had faced the community in the early part of the century,⁵⁶⁶ people were prepared to adopt more lenient measures in their approach to infant nutrition and indeed in the approach to educating mothers about infant nutrition and their parenting role generally. For example, Spock advises that babies need less covering than an adult,⁵⁶⁷ which is the opposite to the earlier views, but assumes heating and cooling at home. In a subtle attempt to persuade parents to follow his ideas, Spock claims in his later edition that regarding the parents' role, "We've been through a big transition"⁵⁶⁸ and he cites historical events such as World War I and theorists who have influenced views of how to rear children such as Dewey, William Kilpatrick and Sigmund Freud in his discussion on how to bring up children.⁵⁶⁹

⁵⁶⁵ Bowlby, *Maternal Care and Mental Health: A Report Prepared on Behalf of the World Health Organisation as a Contribution to the United Nations Programme for the Welfare of Homeless Children*. Spock, *The Commonsense Book of Baby and Childcare*.

⁵⁶⁶ Taylor, Lewis, and Powles, "The Australian Mortality Decline: All-Cause Mortality 1788-1990." 31.

⁵⁶⁷ Benjamin Spock, *Baby and Child Care*, Revised ed. (New York: Pocket Books, 1976). 193.

⁵⁶⁸ *Ibid.* 8.

⁵⁶⁹ James Sullivan, "Dr. Freud and Dr. Spock," *The Courier. Paper 328 30* (1995). 82. John Dewey, *Experience and Education* (New York: Collier Books, 1938). William Heard Kilpatrick, *The Project Method: The Use of the Purposeful Act in the Educative Process* (New York City: Teachers College, Columbia University, 1918). 226.



Figure 24. Dr Benjamin Spock. Author of *Dr. Spock's Baby and Child Care*. New York. n.d.
<https://www.linkedin.com/in/dr-benjamin-spock-02285049>.

In post-war Australia, American culture was seen as advanced, desirable and successful, fuelled by contact with American servicemen during the war, magazines and movies.⁵⁷⁰ America in the movies was wealthy, middle class and successful. The 1950s “happy housewife” view of motherhood was fun and adventure, reinforcing the efficient, hygienic, scientific approach.⁵⁷¹ Spock

⁵⁷⁰ Marilyn Lake, "The Desire for a Yank: Sexual Relations between Australian Women and American Servicemen During World War II," *Journal of the History of Sexuality* 2, no. 4 (1992). 631. Christine Webb, "Saturday Night in the Film Colony: Glamorous Nightclub Attracts Brilliantly-Gowned Celebrities," *Australian Women's Weekly* (1933 - 1982), May 17, 1941. Victor Flemming, George Cukor, and Sam Wood, "Gone with the Wind," (USA: Warner Bros., 1939). Mark Sandrich, "Holiday Inn," (USA: Paramount Pictures, 1942). Michael Curtiz, "Yankee Doodle Dandy," (USA: Warner Bros, 1942).

⁵⁷¹ Walter Lang, "Cheaper by the Dozen," ed. Walter Lang (USA1950). Lynn Weiner, "Reconstructing Motherhood: The La Leche League in Postwar America," *The Journal of American History* 80, no. 4 (1994). 1372.

encouraged parents to bring up their children to fit in to the new, scientific America, the industrialised world of freedom.

Spock's book, *The Commonsense Book of Baby and Childcare*, first published in 1946 became known as the "bible" of childcare.⁵⁷² Its attraction was that it always urged the mother to make up her own mind, allowing for different possibilities and approaches, depending on the mother's situation and the temperament of the baby. The book was intended to be independent of any organized education system for mothers. Spock assumed urban or even rural isolation for the family and encouraged an attitude of individualistic independence, where mothers used the doctor's authority to be autonomous, experiential learners against the authority of the grandmother and other relations.⁵⁷³ Giving much more credence to the mother's instinctive knowledge and her ability to make her own decisions, his approach to educating mothers was less authoritarian. And it was gentler. Spock offered alternatives and argued the case rather than just propounding his views. He did not demand complete

⁵⁷² Spock, *The Commonsense Book of Baby and Childcare*. *Baby and Child Care*. Note: The later editions of Spock's book were available bound in white leather with gold lettering, reminiscent of Bibles available at the time: see *Baby and Child Care* 1976.

⁵⁷³ *Baby and Child Care*. 49.

adherence to strict routines, and he acknowledged the emotional link between mothers and babies.

However, by discussing breastfeeding in the context of “mothers in natural societies” Spock constructed the practice as an impossible dream for mothers in the reality of suburban, industrial society.⁵⁷⁴ While saying that breastfeeding provided the best milk for the baby, his instructions on the conditions under which it was to be done were most likely to lead to its failure. He emphasised fresh air and strongly opposed demand feeding.⁵⁷⁵ Spock concentrated on the weight of the baby as a measure of well-being.⁵⁷⁶ His information about making up formula assumed access to a clean kitchen and refrigeration along with equipment for accurate measures. It also assumed prior knowledge: understanding of the nutritional and physiological significance of accuracy and a particular cultural literacy and numeracy which was difficult for Australian mothers, as USA measures were different.⁵⁷⁷ His advice about breastfeeding and weaning was contradictory.⁵⁷⁸ He depicted bottle feeding and

⁵⁷⁴ Ibid. 103.

⁵⁷⁵ Ibid. 102, 193 – 195, 81 – 82.

⁵⁷⁶ Ibid. 106.

⁵⁷⁷ Spock, *Baby and Child Care*. 116. Carmody, "Maths and Mothers".

⁵⁷⁸ Spock, *Baby and Child Care*. 162, 128, 126. Note: For instance, in a deliberate appeal to different sections of the community, he insisted that babies can drink milk that is cold, from the refrigerator and then he gave detailed instructions on how to warm the bottle. 149.

breastfeeding as synonymous, writing about “a relief bottle”⁵⁷⁹ as if mothers need to be relieved of their responsibilities.⁵⁸⁰

To bolster his claim to expert status, Spock frequently resorted to medical or scientific terms, particularly in relation to bottle feeding where, as an example, he wrote about “the aseptic method”⁵⁸¹ regarding the sterilizing of equipment. In his defence, he explained terms such as “pasteurized” and “homogenized”,⁵⁸² but the links between the *credo* of science having the answers and the use of such language were still clear. In this sense, it could be argued that Spock contributed potentially to mothers’ functional health literacy because they attained a familiarity with scientific and medical discourse from reading his book, but it could not be claimed that this led to interactive or critical health literacy.

One progressive aspect of Spock’s approach was that it indicated an understanding of many parents’ self-regard, that is, their fundamental concern with their own interests and convenience. This was in sharp contrast with the Christian concept of the responsible, “sacrificial mother”⁵⁸³ who adapts her own

⁵⁷⁹ Ibid. 113.

⁵⁸⁰ Ibid. 112.

⁵⁸¹ Ibid. 140.

⁵⁸² Ibid. 130.

⁵⁸³ The Vatican, *Mary’s Motherhood with Regard to the Church*, Catechism of the Catholic Church Revised Pb (Bloomsbury Publishing: London, 2012).

life-style “for the sake of the baby” and privileges her children’s needs even if it means “thwarting or threatening [her] own”.⁵⁸⁴ Spock claimed the breastfeeding mother “can lead a normal life”⁵⁸⁵ which included smoking and drinking alcohol, which was strikingly different from earlier advice.⁵⁸⁶ His focus was more psychological, on the dilemma of being a parent, rather than the needs and wants of the baby, as discussed in the sections of his book entitled “Parents are human”⁵⁸⁷ and “Parental doubts are normal”.⁵⁸⁸ Recognising the challenges his readers faced, Spock encouraged mothers to get help in the house, but was opposed to too much fun, including visitors who excite the baby.⁵⁸⁹

While Spock urged mothers to demand rooming in⁵⁹⁰ and exhorted the mother to “try extra hard” to establish breastfeeding,⁵⁹¹ his use of scientific terminology, advocating a “trial” of breastfeeding⁵⁹² makes it clear that he

⁵⁸⁴ Hilary Graham, “Prevention and Health: Every Mother’s Business’, a Comment on Child Health Policies in the 1970s,” *The Sociological Review* 28, no. 1_suppl (1980). 161, 171 – 172, 177 – 178.

⁵⁸⁵ Spock, *Baby and Child Care*. 102.

⁵⁸⁶ Mary Truby King, “For Young Wives and Mothers. How Alcohol and Smoking Affect Mothers-to-Be,” *Australian Women’s Weekly* (1933 - 1982), 07 October 1933.

⁵⁸⁷ Spock, *Baby and Child Care*. 18 – 24.

⁵⁸⁸ *Ibid.* 24 – 29.

⁵⁸⁹ Spock, *Baby and Child Care*. 36

⁵⁹⁰ *Baby and Child Care*. 77.

⁵⁹¹ *Ibid.* 107.

⁵⁹² *Ibid.* 107.

anticipated and condoned early weaning.⁵⁹³ Like Truby King, Spock concentrated on the desired outcome, that is a healthy baby, rather than the process so that if the mother could not or did not want to breastfeed, she could achieve the same outcome by following his instructions about artificial feeding. From an adult education perspective, Spock took a more complex stance than earlier experts because he advocated flexibility and acknowledged the psychology of motherhood, but his writing was fundamentally a non-directive attempt at reinforcing the authority of the writer, placing the onus of responsibility on the parents, especially the mother.

Fashion, movies and advertising

Fashion, movies and advertising were significant sources of information and influences on mothers' thinking about motherhood generally and infant nutrition particularly. Fashions in the 1950s and 60s made breastfeeding very difficult.⁵⁹⁴ Even among friends and family, mothers sought privacy for breastfeeding, driven by a sense of modesty but often enhanced by completely impractical clothing.⁵⁹⁵ There was an emphasis on glamorous femininity

⁵⁹³ Ibid. 104.

⁵⁹⁴ Francis, "Interview by Jan Hodge."

⁵⁹⁵ Ibid. 17.

influenced by the tiny waistlines in Dior's "New Look" which effectively excluded women who were pregnant or had recently become mothers.⁵⁹⁶

Fashion and its changing view of women's bodies depicted in newspapers and magazines influenced women with advertisements not only for fashion clothing such as the mini skirt, but also for foundation garments, including ones specifically for nursing mothers.⁵⁹⁷ Brassieres designed for women who were breastfeeding have been described as "nursing" or "maternity" bras.⁵⁹⁸ They subtracted any sexuality and would ensure the "return of the figure", despite

⁵⁹⁶ Jenny-Lynn Potter and Kerreen Reiger, "Suits and Frocks: Dressmakers and the Making of Feminine Identity in Postwar Australian Society," *Journal of Australian Studies* 41, no. 1 (2017). Vogue Sewing Patterns, "3423 Halter Evening Dress Full or Tea Length," (USA: Vogue Sewing Patterns, c. 1952). McCall's Printed Patterns, "7080 Misses and Women's Dress in Two Lengths and Jacket," (New York: McCall's Patterns, c. 1965). Simplicity Patterns, "4313 Maternity One-Piece Dress in Misses' Sizes. Raised Waistline, Large Collar " (London: Simplicity Patterns Ltd., c. 1966). Simplicity Patterns, "8079 Misses Maternity Leggings, Skirt, Dresses or Tunic," (London: Simplicity, c. 1992). Vogue Patterns, "7302 Very Easy Vogue Women's Boho Maternity Wrap or Pullover Dress Maxi and Pants " (Sydney NSW: Vogue Pattern Service, c. 1975). "1261 Vogue's Basic Design Sewing Pattern, Maternity Dress, Long Shirt, Jacket, Skirt and Pants," (New York: Vogue Patterns, 1986). Note: Dressmaking patterns available at the time indicate the severity of 1950 – 1960s fashions which would have been inappropriate for wearing when breastfeeding. A comparison of maternity dressmaking patterns from the 1960s to the 1990s demonstrates changed attitudes to motherhood, breastfeeding and work, by the 1980s there were patterns for garments suitable for professional women that accommodate both pregnancy and breastfeeding.

⁵⁹⁷ "Foundations: The New Smooth Look in Honeyskin-Toned Fabrics," *Canberra Times (ACT : 1926 - 1995)*, November 19, 1968; "Advertising: Modern Mothers Love ... Firmalift Nursing Bras," *Canberra Times (ACT : 1926 - 1995)*, August 29, 1962.

⁵⁹⁸ "Advertising: At Last a Maternity Bra You Can Open While Cuddling Baby," *Australian Women's Weekly (1933 - 1982)*, May 17, 1978. "Advertising: Nina the Corset Specialist," *Canberra Times (ACT : 1926 - 1995)*, August 14, 1963; "Advertising: Waltons Presents Goddess and Materna Lady," *Canberra Times (ACT : 1926 - 1995)*, June 1, 1967; "Advertising: We Support Your Morale Too," *Australian Women's Weekly (1933 - 1982)*, March 10, 1971.

studies showing that breastfeeding itself, particularly if it was frequent and for at least six months, led to weight loss.⁵⁹⁹ The concept of “return of the figure” implying overall body shape and weight, had been fuelled by the media.⁶⁰⁰ Bras were recommended by Spock⁶⁰¹ and also in medical text books such as those by Bruce Mayes⁶⁰² which recommended a particular bra designed as a result of an investigation carried out jointly by nursing staff and Berlei.⁶⁰³ It promised “improved function and morale”.⁶⁰⁴ Manufacturers gradually provided less austere garments which did not act as a disincentive to breastfeed.⁶⁰⁵ From the advertisements for women’s corsetry in the 1950s, 60s and 70s with terms such as

⁵⁹⁹ Irene Hatsu, Dawn McDougald, and Alex Anderson, "Effect of Infant Feeding on Maternal Body Composition," *International Breastfeeding Journal* 3, no. 1 (2008). C. E. Neville et al., "The Relationship between Breastfeeding and Postpartum Weight Change—a Systematic Review and Critical Evaluation," *International Journal of Obesity* 38, no. 4 (2014); Miriam H. Labbok, "Effects of Breastfeeding on the Mother," *Pediatric Clinics of North America* 48, no. 1 (2001); S. A. Quandt, "Changes in Maternal Postpartum Adiposity and Infant Feeding Patterns," *Am J Phys Anthropol* 60, no. 4 (1983). K. G. Dewey, M. J. Heinig, and L. A. Nommsen, "Maternal Weight-Loss Patterns During Prolonged Lactation," *The American journal of clinical nutrition* 58, no. 2 (1993).

⁶⁰⁰ Heike Roth, Caroline Homer, and Jennifer Fenwick, "'Bouncing Back': How Australia's Leading Women's Magazines Portray the Postpartum 'Body'," *Women and Birth* 25, no. 3 (2012); Margaret J. Harrison and Sue A. Hicks, "Postpartum Concerns of Mothers and Their Sources of Help," *Canadian Journal of Public Health / Revue Canadienne de Sante'e Publique* 74, no. 5 (1983).

⁶⁰¹ Spock, *The Commonsense Book of Baby and Childcare*; Lisa Mellor, "Mayes, Bruce Toomba," in *Faculty of Medicine Online Museum and Archive* (Sydney NSW: The University of Sydney, 2008).

⁶⁰² Bruce Mayes, *A Textbook of Obstetrics* (Sydney NSW: Australasian Publishing Company, 1950); *Practical Obstetrics* ed. Vergil Lo Schiavo (Sydney NSW: The Australasian Publishing Co, 1947). Note: Mayes' *Textbook of obstetrics* was the standard text for Australian medical students with several editions from the late 1940s to the 1970s.

⁶⁰³ *Practical Obstetrics* 456 – 457.

⁶⁰⁴ *Ibid.* 456.

⁶⁰⁵ "Advertising."

“control” and “support” featured in the advertising, along with medical advocacy of maternity bras, it could be argued that lactating breasts and breastfeeding itself were constructed as things that needed to be hidden, controlled and minimized.⁶⁰⁶ Maternity bras were in a category of their own, somewhere between surgical corsets and practical hard wearing, boilable bras.⁶⁰⁷ The effect of the maternity bras has been profound, setting in women’s minds the idea that wearing a maternity bra is an essential part of breastfeeding akin to the necessity of wearing personal protective clothing in industry.⁶⁰⁸

Social mores regarding women’s bodies in the early 1960s and reinforced by the media until recently were strict. Because they assumed the sexual connotations of the breast and denied the dependent relationship of the baby on its mother’s body they acted effectively as a disincentive to breastfeed.⁶⁰⁹ The battle for public breastfeeding was still a long way off as authorities sought to

⁶⁰⁶ "Advertisement: Overalls Look Pretty Save Money," *Courier-Mail (Brisbane, Qld. : 1933 - 1954)*, October 14, 1952. "Advertising: Body Shapes - a New Kind of Captivity by Berlei," *Canberra Times (ACT : 1926 - 1995)*, October 28, 1969.

⁶⁰⁷ "Advertising: What You Should Know About Pregnancy and Your Figure," *Australian Women’s Weekly (1933 - 1982)*, December 23, 1970.

⁶⁰⁸ Jill Fields, *An Intimate Affair; Women, Lingerie and Sexuality* (Berkeley: University of California Press, 2007). 15.

⁶⁰⁹ "Bikinis, but Not Too Brief," *Biz (Fairfield, NSW : 1928 - 1972)*, September 6, 1961; Nicole Bridges, "Breastfeeding in the Australian Media," *Public Communication Review* 1 (2010); Pat Hoddinott and Roisin Pill, "Nobody Actually Tells You: A Study of Infant Feeding," *British Journal of Midwifery* 7, no. 9 (1999).

control swimwear.⁶¹⁰ The possibility of “exposure” of the breast for breastfeeding in public was unthinkable.⁶¹¹

Meanwhile, Hollywood was showing some influence of attachment theory in its depiction of family life and a less stereotypical view of women’s dress and sexualisation by the sixties. There were movies which questioned the roles of children, mothers and fathers, encouraging a responsiveness to the emotional needs of the child and valuing the mother-child relationship.⁶¹²

Newsreels shown at the movies depicted certain views of motherhood and infant nutrition and represented a powerful source of information and influence. There had been movies advocating antenatal care for mothers and new baby care as early as the 1920s.⁶¹³ In the film advertising Vegemite, a nurse

⁶¹⁰ "'Bikini Girl'; Fined £3," *Canberra Times (ACT : 1926 - 1995)*, December 13, 1961.

⁶¹¹ Francis, "Interview by Jan Hodge." 15.

⁶¹² Robert Stevenson, "Mary Poppins," (USA: Buena Vista Distribution Company, 1965). Robert Wise, "The Sound of Music," (USA: Robert Wise Productions, 1965). Margaret Carmody, "Take Another Look at Mary Poppins by Australian Author P. L. Travers " *Lu Rees Archives: Notes, Books and Authors* 18 (1996). Linda Ruth Williams and Michael Hammond, *Contemporary American Cinema* (UK: McGraw-Hill Education, 2006). B. E. Van Alstyne, "Parental Leadership: The Mary Poppins Metaphor," *Journal of Conscious Evolution* 5 (2010); Anne McLeer, "Practical Perfection? The Nanny Negotiates Gender, Class and Family Contradictions in 1960s Popular Culture," *National Women's Studies Association Journal* 14, no. 2 (2002); Caitlin Flanagan, "Becoming Mary Poppins: P. L. Travers, Walt Disney, and the Making of a Myth," *The New Yorker (USA: 2005)*, December 19, 2005.

⁶¹³ "His Majesty the Baby," in *Preservation Material Film 16mm*, ed. New South Wales Department of Health (Canberra ACT: National Film and Sound Archive, c. 1925). Note: such newsreels included advertisements and endorsements for products such as Berlei Corsetry, Listerine toothpaste, Faulding Solyptol antiseptic, Lancet Castile Soap and Soul's Clinic Emulsion.

recommends it to a mother of a baby and provides details about vitamin B.⁶¹⁴

Newsreels featured such items as the celebration of the centenary of the Royal Women's Hospital with a soundtrack declaring, "Australia has no better immigrant than a baby a great contribution to Australia's prosperity".⁶¹⁵

Childbirth and breastfeeding were rarely seen in the cinema due to censorship; they had not been depicted in Hollywood movies since the 1939 *Gone with the Wind*.⁶¹⁶ The first televised birth in Australia was in 1957.⁶¹⁷ In a controversial move, it was screened in Australia at antenatal classes after Lady Cilento managed to import a copy despite censorship.⁶¹⁸ The first televised breastfeeding was in 1958.⁶¹⁹ By the 1960s, there was increasing use of film by

⁶¹⁴ "[Vegemite Cinema Advertisement]: Sister Knows Best," (Australia1948).

⁶¹⁵ "Australian Diary No. 092 [Moving Images] : Melbourne Royal Women's Hospital Is 100 Years Old " in *Duping (FAC) Video/mov*, ed. Australian News and Information Bureau. Film Division (Canberra ACT: National Film and Sound Archive, 1956).

⁶¹⁶ Flemming, Cukor, and Wood, "Gone with the Wind." Motion Picture Association of America, *A Code to Govern the Making of Motion Pictures: The Reasons Supporting It and the Resolution for Uniform Interpretation* (USA: Motion Picture Association of America, 1955). Michael Brooke, "The Hays Code: The Moral Code That Governed Mid-20th Century American Film-Making," British Film Institute, <http://www.screenonline.org.uk/film/id/592022/>. Note: The Code was generally known as "Hay's Code". It stated, "Scenes of actual child-birth in fact or in silhouette, are never to be presented" [emphasis in original].

⁶¹⁷ BBC, "Story from BBC News: 50 Facts About Panorama," BBC News Channel, http://news.bbc.co.uk/go/pr/fr/-/1/hi/programmes/panorama/50th_birthday/3198149.stm.

⁶¹⁸ Alison MacKinnon, "Interview with Phyllis Cilento," in *The New Women: Adelaide's Early Women Graduates* (Netley SA: Wakefield Press, 1986). 94-95.

⁶¹⁹ Australian Broadcasting Commission. "Baby in the House: What to Expect When You're Expecting." In *Women's World*, 18 minutes. Australia: Talks Department of the ABC, 1958. Television. <https://www.youtube.com/watch?v=tXj781N2NHo>.

hospitals in their antenatal classes.⁶²⁰ Most of these films encouraged a compliant attitude on the part of the mothers and depicted the standard routine practices used by hospitals for a normal delivery with brief information about breastfeeding and bottle feeding.

A great deal of caution is needed when viewing the films related to maternal education. For instance, one film from the late 1940s depicts an Aboriginal mother in an idyllic setting, living a traditional lifestyle which includes breastfeeding her beautifully healthy baby, yet this film is depicting this approach to mothering as undesirable. Produced by the Australian Board of Missions of the Church of England, the film associates the mother's behaviour with an uncivilized lifestyle and instead, advocates life on a mission where mothers and babies were often separated.⁶²¹ Other news films reinforced the

⁶²⁰ Huffam, "Interview by Margaret Carmody." 4. D. M. Hatfield, "Labor and Childbirth," in *Education for childbirth* (San Francisco CAL: Medical Films Inc., 1950). "Is That What You Wanted," in *Preservation Material Docs/tar* (Canberra ACT: National Film and Sound Archive, 1977); Ann-Marie Widstrom, Anna-Berit Ransjo-Arvidson, and Kyllike Christensson, "Breastfeeding Is: Baby's Choice," (Sweden : Liber Utbildning). "Procedure for Breast-Feeding Baby," in *Preservation Material Film 16mm* (Canberra ACT: National Film and Sound Archive, 1958).

⁶²¹ Ian Shevill, "Children of the Wasteland," in *Preservation Material Video/mxf*, ed. Australian Board of Missions (Church of England) (Canberra ACT: National Film and Sound Archive, 1953). The Australian Anglican Directory, "The Anglican Church of Australia," The Australian Anglican Directory, http://australiananglicandirectory.com.au/anglican_church. Note: The Church of England has been known as the Anglican Church of Australia since 1981.

medicalisation of childbirth and implicitly promoted formula feeding.⁶²² Films sponsored by formula companies purporting to be educational, but which clearly and unapologetically advocated artificial feeding, were used in antenatal classes.⁶²³

As in New Zealand, the UK and the USA, newspapers and magazines across Australia ran columns generally written by a nurse or a doctor advising mothers about various aspects of parenting and infant nutrition and the services available to them.⁶²⁴ These columns represented an important source of general information for mothers, encouraging a heutagogical approach to learning.⁶²⁵ Not only do the writers universally advise methods based on Truby King's ideas, but the columns are often surrounded by advertisements for products such as infant

⁶²² "Australian Diary No. 092," (Australia1956). "Matron Shaw: Guardian Angel to 100,000 Babies," in *Duping (FAC) Video/mov*, ed. Australian National Film Board (Canberra ACT: National Film and Sound Archive).

⁶²³ "A Nestle Lactogen Factory in Australia," in *Preservation Material Film 16mm* (Canberra ACT: National Film and Sound Archive, 1930).

⁶²⁴ "To Help Mothers," *The Daily News (Perth, WA : 1882 - 1950)*, August 29, 1932; "Dear Doctor: Your Child's Health," *The Australian Women's Weekly* 1976.

⁶²⁵ "The Nursing Mother: First in a Series of Weekly Talks on Child Welfare Problems by 'Truby King Nurse'," *Canberra Times (ACT : 1926 - 1995)*, September 8, 1937. Mary Truby King, "For Mothers and Young Wives," *Australian Women's Weekly (1933 - 1982)*, 30 September 1933; Sister Mary Jacob, "Baby's Layette," *ibid.*, 11 March 1950; "For Young Wives and Mothers. Truby King System. Mistake of Early Weaning," *ibid.*, 16 August 1941; Mary Truby King, "For Young Wives and Mothers," *ibid.*, 11 July 1936; Sister Mary Jacob, "Give Baby a Chance," *ibid.*, 25 July 1956.

formula.⁶²⁶ Sometimes adjacent articles advocated breastfeeding and formula feeding.⁶²⁷

Consumers

Natural childbirth

Fuelled by mistrust of scientific evidence in relation to mothers and babies after the Thalidomide disaster, by the mid-1960s there was serious questioning by health professionals and parents of scientific motherhood, medicalised birth and low breastfeeding rates in the UK, the USA and Australia.⁶²⁸ The discussion about birth was led by advocates of natural childbirth such as Dr Grantly Dick Read whose revolutionary book *Childbirth without fear*, first published in 1944, defined childbirth as “woman’s supreme triumph”.⁶²⁹ His views were in direct

⁶²⁶ "Advertising: Berlei Girdles," *ibid.*, October 9, 1963.

⁶²⁷ "Breastfed Baby Adopts New Mother," *Canberra Times (ACT : 1926 - 1995)*, March 10, 1971.

⁶²⁸ William G. McBride, "Thalidomide and Congenital Abnormalities. Letter to the Editor," *The Lancet* 2, no. December (1961). "Thalidomide Maker Apologises," *Canberra Times (ACT : 1926 - 1995)*, August 24, 1962; "Effects of Thalidomide," *Canberra Times (ACT : 1926 - 1995)*, August 8, 1962; "Health Department Issuing Booklet Drug Guide to Doctors," *Canberra Times (ACT : 1926 - 1995)*, August 7, 1962; "Pitfalls in Modern Medicine," *Canberra Times (ACT : 1926 - 1995)*, August 6, 1962; "New Laws on Danger Drugs," *Canberra Times (ACT : 1926 - 1995)*, August 4, 1962; "Letters to the Editor: Experts Can Be Wrong," *Canberra Times (ACT : 1926 - 1995)*, October 11, 1963; "Fluoridation Tests Rejected," *Canberra Times (ACT : 1926 - 1995)*, June 13, 1963; "Fluoride: An Answer to 'Cranky' Charge," *Canberra Times (ACT : 1926 - 1995)*, November 23, 1964; "Citizen's Right of Refusal," *Canberra Times (ACT : 1926 - 1995)*, May 19, 1964; "Government to Inquire into Pill Side Effects," *Canberra Times (ACT : 1926 - 1995)*, November 10, 1964.

⁶²⁹ Grantly Dick Read, *Childbirth without Fear* (New York: Harper, 1944). M. D. Donald Caton, "Who Said Childbirth Is Natural? The Medical Mission of Grantly Dick Read," *Anesthesiology* 84, no. 4 (1996). Peter M. Dunn, "Dr Grantly Dick-Read (1890 - 1959) of Norfolk and Natural Childbirth," *Archives of disease in childhood* 71 (1994).

contrast to current practice.⁶³⁰ Another advocate for change was Fernand Lamaze who studied Russian methods and published *Painless childbirth* in 1956.⁶³¹ Even the Pope contributed to the debate with his Encyclical in 1957 which specifically endorsed Read's techniques and advocated "intensive instruction" for mothers.⁶³²

This questioning heralded the entry of mothers as consumers into discussions about maternal education. As Francis says, "The need [for change] came from the grass roots which was the mothers".⁶³³ The focus of the consumer groups was on childbirth, campaigning for better conditions for mothers and advocating a natural approach to childbirth: breastfeeding was not their primary concern.⁶³⁴ In 1960 the International Childbirth Education Association was formed in the USA, with the first branch founded in NSW, Australia in 1961.⁶³⁵

⁶³⁰ Wellbeing of Women, "Our History," Wellbeing of Women, <https://www.wellbeingofwomen.org.uk/about-us/our-history/>. Caton, "Who Said Childbirth Is Natural? The Medical Mission of Grantly Dick Read." Note: Organisations such as the National Birthday Trust Fund campaigned in the UK for analgesia and anaesthesia during childbirth.

⁶³¹ F. Lamaze, *Painless Childbirth: Psychoprophylactic Method* (H. Regnery, 1956).

⁶³² Pope Pius XII, "Painless Childbirth," in *Guide for Living: An Approved Selection of Letters and Addresses of His Holiness Pope Pius XII*, ed. Maurice Quinlan (New York: Longmans Green & Co, 1960). 50.

⁶³³ Francis, "Interview by Jan Hodge."

⁶³⁴ Weiner, "Reconstructing Motherhood: The La Leche League in Postwar America."

⁶³⁵ The International Childbirth Education Association, "ICEA: History," ICEA, <http://icea.org/>. Childbirth Education Association of Australia (NSW), "About the Childbirth Education Association (NSW) Ltd (Cea)," <http://www.cea-nsw.com.au/>.

However, a different group of consumers was concerned not only with childbirth but also breastfeeding.

La Leche League

In 1956, a small group of Chicago mothers led by Mary White started the La Leche League in response to their concerns about low breastfeeding rates and the lack of information available for mothers who wished to breastfeed.⁶³⁶ It distinguished itself from other women's groups which supported women in their mothering role, and groups which supported women through childbirth.⁶³⁷ The League was strongly influenced by its founders' personal involvement with mid-century Catholic beliefs about family.⁶³⁸ It was based on the pre-Vatican II Cardijn-inspired groups in the Catholic church such as the Young Christian Workers and the Christian Family Movement which were based on the principle of "see, judge [analyse], act", and had the philosophy that "like should teach

⁶³⁶ Julie DeJager Ward, *La Leche League: At the Crossroads of Medicine, Feminism, and Religion* (Chapel Hill: UNC Press Books, 2000). 4. La Leche League International, "Brief History of La Leche League International," <http://www.llli.org/llihistory.html>.

⁶³⁷ "La Leche League Purpose," <http://www.llli.org/purpose.html?m=1,0,4>.

⁶³⁸ Thulier, "Breastfeeding in America: A History of Influencing Factors."

like".⁶³⁹ Thus for White and the other founders, it was essential that help for breastfeeding should be provided "mother-to-mother".⁶⁴⁰

The League had characteristics of a community of practice with its shared domain of knowledge, its members engaging in joint activities and the development of resources.⁶⁴¹ League education, based on progressive adult education principles,⁶⁴² was provided as one-to-one counselling via telephone and letter by leaders who were trained mothers with extensive breastfeeding experience and via publications. Discussion groups on five set topics were held in members' homes and sometimes for remote area mothers via letter.⁶⁴³ The five set topics covered: advantages of breastfeeding, techniques of breastfeeding, childbirth and breastfeeding, fathers' meeting and nutrition.⁶⁴⁴ This approach facilitated mothers' health literacy, particularly functional and interactive health

⁶³⁹ Eugene Langdale, "Short Biography of Cardijn," <http://www.josephcardijn.com/>; Weiner, "Reconstructing Motherhood: The La Leche League in Postwar America." Christian Family Movement, "Christian Family Movement: History," CFM USA, <http://www.cfm.org/history>. Ward, *La Leche League: At the Crossroads of Medicine, Feminism, and Religion*. 7. Australian Catholic Social Justice Council, "Catholic Teaching Series - Reading the Signs of the Times," Australian Catholic Social Justice Council, <http://www.socialjustice.catholic.org.au/spirituality-for-justice/10-social-teaching/94-reading-the-signs-of-the-times>.

⁶⁴⁰ Ward, *La Leche League: At the Crossroads of Medicine, Feminism, and Religion*. 8.

⁶⁴¹ Wenger, "Communities of Practice: A Brief Introduction."

⁶⁴² John Dewey, *How We Think. A Restatement of the Relation of Reflective Thinking to the Educative Process* (D.C. Heath and Company, 1933).

⁶⁴³ La Leche League International, *The Womanly Art of Breastfeeding*, 2nd ed. (Franklin Park, ILL: La Leche League International, 1963). Ward, *La Leche League: At the Crossroads of Medicine, Feminism, and Religion*. 15. Virginia Phillips, "Correspondence Groups," *Talkabout* 2, no. 3 (1971).

⁶⁴⁴ Ward, *La Leche League: At the Crossroads of Medicine, Feminism, and Religion*. 15 – 16.

literacy.⁶⁴⁵ Medical advisers lent authority and respect. In addition, the League engaged in community education and advocacy for the rights of breastfeeding mothers.⁶⁴⁶

The League championed the right of the child to breastmilk and a particular view of motherhood, “League maternalism”, which celebrated the closeness of the mother and child and the life-long benefits of breastfeeding to the family.⁶⁴⁷ The leaders were guided by the 10-point La Leche League Philosophy.⁶⁴⁸ It encouraged women to reclaim their bodies and take an active

⁶⁴⁵ Nutbeam, "Health Literacy as a Public Health Goal: A Challenge for Contemporary Health Education and Communication Strategies into the 21st Century."

⁶⁴⁶ La Leche League International, "Brief History of La Leche League International"; "La Leche League Purpose".

⁶⁴⁷ Thulier, "Breastfeeding in America: A History of Influencing Factors."

⁶⁴⁸ La Leche League International, "La Leche League Philosophy," La Leche League International, <https://www.llli.org/about/philosophy/>. Christina G. Bobel, "Bounded Liberation: A Focused Study of La Leche League International," *Gender & Society* 15, no. 1 (2001). 149. Note: The philosophy of La Leche League is summarized in the following statements:

- Mothering through breastfeeding is the most natural and effective way of understanding and satisfying the needs of the baby.
- Mother and baby need to be together early and often to establish a satisfying relationship and an adequate milk supply.
- In the early years the baby has an intense need to be with his mother which is as basic as his need for food.
- Breast milk is the superior infant food.
- For the healthy, full-term baby, breast milk is the only food necessary until the baby shows signs of needing solids, about the middle of the first year after birth.
- Ideally the breastfeeding relationship will continue until the baby outgrows the need.
- Alert and active participation by the mother in childbirth is a help in getting breastfeeding off to a good start.
- Breastfeeding is enhanced and the nursing couple sustained by the loving support, help, and companionship of the baby's father. A father's unique relationship with his baby is an important element in the child's development from early infancy.

part in birth. It celebrated the intimacy of breastfeeding a child and demanded a total devotion to the needs of the child. However, such total devotion was incompatible with other activities. Until 1985, the League “strongly discouraged” mothers from working outside the home⁶⁴⁹ which presented a major problem for many women. As Christina Bobel has argued, “The mother is held up as the only truly suitable, appropriate primary care giver ... one oppressive expectation is exchanged for another”.⁶⁵⁰ Bronwen Highton, a La Leche League Leader in New Zealand, explains, “[The League] is about parenting as well as breastfeeding”.⁶⁵¹ There were also economic and social assumptions underlying the League maternalism which potentially excluded equity groups. As Bobel laments, “Without the privilege of race, class, and the material support of a male partner, most women will inevitably fall short of League ideals”.⁶⁵² Weiner argues, “The La Leche League reconstructed mothering in a way that was both liberating and constricting and so ironically offered both prologue and counterpoint to the

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- Good nutrition means eating a well-balanced and varied diet of foods in as close to their natural state as possible.
 - From infancy on, children need loving guidance which reflects acceptance of their capabilities and sensitivity to their feelings.

⁶⁴⁹ "Bounded Liberation: A Focused Study of La Leche League International." 139.

⁶⁵⁰ Ibid. 143.

⁶⁵¹ Highton, "Interview by Margaret Carmody." 5.

⁶⁵² Bobel, "Bounded Liberation: A Focused Study of La Leche League International." 147.

emerging movement for women's liberation".⁶⁵³ The extended breastfeeding and co-sleeping advocated by the League gave its members a reputation as "hippies".⁶⁵⁴ Members opposed scientific motherhood and its reliance on external parameters rather than meeting the needs of the child.⁶⁵⁵

The League spread to the UK in the 1970s but in 1979 some members left and began the Association of Breastfeeding Mothers, providing a similar mix of counselling, classes, support and information.⁶⁵⁶ There have been small League groups in Australia such as the local chapter in the ACT active from the mid-1980s to the early 1990s.⁶⁵⁷ Highton recalls that La Leche League NZ was established "with great enthusiasm" in the 1960s and became an affiliate in the 1980s, making it semi-independent from the USA.⁶⁵⁸ The League was influential

⁶⁵³ Weiner, "Reconstructing Motherhood: The La Leche League in Postwar America."

⁶⁵⁴ Highton, "Interview by Margaret Carmody." 7.

⁶⁵⁵ Weiner, "Reconstructing Motherhood: The La Leche League in Postwar America." Ward, *La Leche League: At the Crossroads of Medicine, Feminism, and Religion*. 15.

⁶⁵⁶ Association of Breastfeeding Mothers, "About the ABM," Association of Breastfeeding Mothers, <https://abm.me.uk/abm-membership/>.

⁶⁵⁷ "Life Style People: Breastfeeding." *Canberra Times* (ACT : 1926 - 1995), 07 November 1985, 24.

"Encouraging Breastfeeding." *Canberra Times* (ACT : 1926 - 1995), 30 November 1984, 22. "Fridge Door: New Mothers." *Canberra Times* (ACT : 1926 - 1995), 08 March 1993, 16.

⁶⁵⁸ La Leche League NZ, "Connect with a Leader near You," La Leche League NZ, <http://www.lalecheleague.org.nz/get-help>. Highton, "Interview by Margaret Carmody." 3 – 4, 7. Kath Ryan, "The Power of Support Groups: Influence on Infant Feeding Trends in New Zealand," *Journal of Human Lactation* 13, no. 3 (1997). 188 – 189.

in Australia due to its publications, notably, *The Womanly Art of Breastfeeding* published in 1963.⁶⁵⁹

Conclusion: From minimalism to attachment.

The knowledge that had existed about caring for babies and breastfeeding had been handed down from generation to generation and enhanced by midwives, but by the early 60s it was difficult for mothers to find out about breastfeeding.⁶⁶⁰ There does not seem to be any single factor to explain this lack of information. It was very complex, and occurred due to a combination of circumstances such as the suburban isolation of mothers, increased refrigeration and better transport of fresh cow's milk, the development of powdered milk and "humanized" milk. It was also influenced by the baby boom, changing views about women's bodies and their role in society reinforced by movies and the media, along with increasing medicalisation of childbirth, government and social concerns about infant welfare and a genuine desire by all mothers to do the best for their babies. Health experts encouraged certain behaviours, institutions were established with guidelines and procedures that rationalized and minimized

⁶⁵⁹ La Leche League International, *The Womanly Art of Breastfeeding*.

⁶⁶⁰ Francis, Glenise. Interview by Jan Hodge. Nursing Mothers' Association of Australia Oral History Project John Oxley Library State Library of Queensland Australia, Brisbane QLD. 2

contact with the baby and made any approach to infant nutrition, other than artificial feeding, almost certain to fail. Then, with the natural childbirth movement there arose consumer groups that focused on birth and breastfeeding. In was in this context that, in 1964, there arose a small group of women in Melbourne Australia, led by Paton, who sought information about breastfeeding and to do something different to educate and support mothers who wanted to breastfeed their babies.

4: An Australian Association

"We didn't know what we were starting".⁶⁶¹

This chapter describes in detail the rationale behind the establishment of the Association. It identifies the core principles of the education model the Foundation Members devised for mothers and outlines their innovative practices which differentiated the Association from earlier providers. It describes the criticisms of the Association and its responses to those criticisms. The chapter ends with an analysis of the principles of the education model in terms of adult education, communities of practice and health literacy theories and it identifies its attitudes to learners, to authority, to knowledge and to what constituted learning.

The first and foremost concern of the Association has always been the education of mothers, followed closely by the training of counsellors to facilitate the mothers' learning and community education to create the supportive environment the mother needs. This chapter examines the ideas behind the Association's activities.

⁶⁶¹ Rosemary Balmford, "Interview by Gwendolyn Dawlings," in *Nursing Mothers' Association of Australia Oral History Project* (Brisbane, QLD: John Oxley Library, State Library of Queensland, Australia, 2000). 11.

Mary Paton's ideas

Breaking new ground

As discussed in the previous chapter, with the steady decline in breastfeeding, Australia in the 1960s was a place where there were very few breastfed babies. This was the world that faced Paton, a young mother living in Melbourne. Paton says, "In 1964, a group of six mothers banded together to help other women who wished to breastfeed their babies, and to create an awareness in the community of the unique place of breast milk in the nutrition of infants".⁶⁶² Rosemary Balmford, a solicitor and early member reflected that when the Association started, it was, "Ignorant enthusiasm. We didn't know what we were starting. We thought we did. But we didn't".⁶⁶³

They considered various names for their organisation such as "Bosom Pals" and "Breastfeeding League", however, they chose the "Nursing Mothers Association" because, "there's more to it than the breastfeeding".⁶⁶⁴ The name reflected their view of the purpose of the Association, which is evident from Paton's recent comments, "It is the nursing couple. A nice, a beautiful, warm

⁶⁶² "Nursing Mothers," *Canberra Times (ACT : 1926 - 1995)*, December 2, 1976.

⁶⁶³ Balmford, "Interview by Gwendolyn Dawlings." 11.

⁶⁶⁴ Paton, "Past and Future of NMAA."

relationship".⁶⁶⁵ The emphasis on nursing allowed the Association to focus on the importance of holding babies, and of the closeness of the mother and child relationship.⁶⁶⁶

Initially, the Foundation Members, Paton, Barry, Francis, Woods, Pick, and Patterson considered becoming a branch of the La Leche League; however by the time of their second meeting they had decided against this suggestion.⁶⁶⁷ They were advised by Doctor Lorna Lloyd-Green, Vice-President of the Australian Federation of Medical Women to "be Australian", as the baby health care system in Australia was so markedly different from the USA. There were practical considerations such as the difficulty of communicating with the USA.⁶⁶⁸ But more significantly, the Foundation Members considered the League's book "mushy".⁶⁶⁹ Paton says that they decided to "go it alone" and taking a practical

⁶⁶⁵ Paton, "Interview by Margaret Carmody." 22.

⁶⁶⁶ "Past and Future of NMAA."

⁶⁶⁷ Ibid.

⁶⁶⁸ Lorna Lloyd-Green, "Interview by Frances Fiddian," in *Nursing Mothers' Association of Australia Oral History* (Brisbane, QLD: John Oxley Library, State Library of Queensland, Australia, 1999).

⁶⁶⁹ La Leche League International, *The Womanly Art of Breastfeeding*. Paton, "Past and Future of NMAA." Note: Paton did not specify which parts of the book were "mushy" but it is likely that she disliked passages such as the comparison of a mother breastfeeding with a cat feeding kittens "she just lies there (usually purring) and lets them nurse" and emotional statements such as "breastfeeding fills his [the baby's] soul".

view, concentrate on “what mothers really required and how to go about it”.⁶⁷⁰

She explains:

That’s how I did picture it; Australia-wide, so that there would be groups in the community all around, just like there are groups of people in a church. There would be groups of mothers. There would be the group leader running [each group] ... They did need our trained mothers leading them. Our special Nursing Mums trained counsellors.⁶⁷¹

Based on her observations as an occupational therapist working with people with mental health conditions at Royal Park Psychiatric Hospital, Paton believed that the early experience of the child could affect it later in life.⁶⁷² She noted, the “Mental health of the individual is dependent on the mother ... The encircling environment of trust is of the utmost importance for it protects the couple [mother and baby] from pressures and contributes to good self-image in the individual”.⁶⁷³

The Foundation Members wanted to support, encourage and educate mothers who chose to breastfeed their babies, providing them with reliable

⁶⁷⁰ Paton, "Past and Future of NMAA."

⁶⁷¹ "Interview by Margaret Carmody." 11. "Past and Future of NMAA."

⁶⁷² Donald Woods Winnicott, *The Maturation Processes and the Facilitating Environment: Studies in the Theory of Emotional Development*, 2nd ed. (London: Karnac Books, 1990). Public Record Office Victoria, "Agency Va 2845. Royal Park (Receiving House 1907-1909; Hospital for the Insane 1909-1934; Mental Hospital 1934-1954; Psychiatric Hospital 1959-1999)," in *Agency*, ed. Royal Park (Melbourne VIC: Public Record Office Victoria, 2005).

⁶⁷³ Mary Paton, "Baby's First Mirror," in *Drawing on 30 years experience* (Cooma NSW: Nursing Mothers' Association of Australia, ACT/Southern NSW Branch, 1994).

information about breastfeeding, in the face of overwhelming medical and community support for artificial feeding. This approach was summarised in the Association's submission to the Royal Commission on Human Relationships 1975, which stated, "A mother is the protector of her family's emotional health and physical welfare and should receive education and social encouragement to enable her to find enjoyment and satisfaction in this role".⁶⁷⁴

The underlying concept of the education provided to mothers by the Association has always been "mother-to-mother", reflecting the humanistic concept of the adult learner as autonomous and self-directed and the teacher as a facilitator of learning rather than an instructor.⁶⁷⁵ The concepts of demand feeding⁶⁷⁶ and the breastfeeding couple that is, mother and baby, were new ideas that the Association promoted in the Statement of Principles along with the value of breastmilk and breastfeeding, the rights of the child, the rights of the parents to information, procedures for the establishment and management of lactation

⁶⁷⁴ Nursing Mothers' Association of Australia, "The Royal Commission on Human Relationships, Submission by Nursing Mothers' Association of Australia, March 1975." 9.

⁶⁷⁵ Roger Hiemstra, "Moving from Pedagogy to Andragogy," Roger Hiemstra, <http://www-distance.syr.edu/andraggy.html>.

⁶⁷⁶ Hartmann, "Nursing Mothers' Oral History. Dr Peter Hatmann (WA). 2nd Interview. Queensland Branch Conference." 15. Note: Peter Hartmann claims that the concept of demand feeding or the self-regulatory method was first proposed by Wicks in 1953.

and the roles of the mother and father.⁶⁷⁷ In her recent interview, Paton, reading from her notes, quoted Doctor John Michael in his book, *You Can Breastfeed Your Baby even in Special Circumstances*:

Breastfeeding is a specific act of feeding, of giving and receiving food. Nursing is a holistic experience and way of life; the ability to give and receive that extra psychological, emotional and physical warmth and support so desperately necessary for total human development".⁶⁷⁸

These ideas represented a radical departure from other providers of maternal education where the psychological underpinnings of the earlier experts and their concerns to promote the mother-child relationship had sometimes become subsumed in the practicalities of managing infant nutrition and care. An example is Spock's opposition to demand feeding and justification of the practice of "propping the bottle" saying, "some busy mothers with other children and a husband to take care of have to prop the bottle at certain feedings ... it does no harm for a loving but busy mother to prop some of the bottles if she can make up to the baby in other ways".⁶⁷⁹ The Founders felt that in some cases, mothers could

⁶⁷⁷ Paton, "Interview by Margaret Carmody." 23. Merrell P. Middlemore, *The Nursing Couple* (London: Hamish Hamilton Medical Books, 1941); Nursing Mothers' Association of Australia, "Nursing Couple Symposium," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, 1969). Eril Jolly, "Statement of the Principles 2nd Draft," *ibid.*, ed. Nursing Mothers' Association of Australia (1975).

⁶⁷⁸ Paton, "Interview by Margaret Carmody." 23. Note: Publication details of the book by John Michael are unknown.

⁶⁷⁹ Benjamin Spock, *Baby and Child Care* (New York: Pocket Books, 1972). 121 – 122.

gain the impression that there was separation of the act of feeding from the relationship.

The five defining features of the Association had significant implications for its approach to the education of mothers: it was a voluntary organisation of mothers guided by a Code of Ethics; it sought to support, encourage and teach mothers through discussion groups and the provision of counselling by its own trained volunteers and written materials; it sought to change community attitudes by education, taking a “softly, softly” approach to the health care providers; it was an independent Australian organisation; and it needed to engage in fundraising to support its activities.⁶⁸⁰

When the Association Publicity Officer, Bridget Sutherland visited the League founders in Chicago in 1967, she found they were mystified and a little annoyed that the Association was independent. She recalls, “They couldn’t quite, didn’t grasp why we were independent, and writing our own literature”.⁶⁸¹

⁶⁸⁰ Nursing Mothers' Association of Australia, "Introducing Nursing Mothers' Association of Australia," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, 1981).

⁶⁸¹ Bridget Sutherland, "Interviewed by Clare Gleeson-Maguire," in *Nursing Mothers' Association of Australia oral history* (Brisbane, QLD: John Oxley Library, State Library of Queensland, Australia, 2000). 10.

However, the Australianness of the Association appealed to mothers; McIntyre relates, there was, “that feeling of belonging to a large organisation that’s doing some good work in Australia”.⁶⁸² The explanation of the name *Talkabout* for the counsellors’ journal is a case in point:

We tried to think of an Australian name originally, to convey the feeling of togetherness amongst groups throughout the country ... Walkabout seemed to sum up just what we meant – but we couldn’t use that name for obvious reasons [name of another publication] – then Megan Jenkinson suggested “Talkabout”. Hope you like it – it means exactly what it says.⁶⁸³

The Association reflected Australian values, particularly the value of a “fair go” because it had a classless view of society. It challenged the view that medical practitioners were socially superior to mothers or to other health care providers and attempted to dismantle the rigid class-based system of the provision of maternal education. The classless view extended to the government, in that the Foundation Members believed they should be independent of government and that their voice, not just the voices of powerful health professionals and formula manufacturers should be heard. As Wickes explained,

⁶⁸² Ellen McIntyre, "Interview by Lindy Harris " in *Nursing Mothers' Association of Australia Oral History Project* (Brisbane QLD: John Oxley Library, State Library of Queensland, Australia, 2001). 8.

⁶⁸³ Mary Paton, "Editorial," *Talkabout* 1, no. 2 (1968); Mitchell Rolls and Anna Johnston, *Travelling Home, Walkabout Magazine and Mid-Twentieth-Century Australia* ed. Anna Johnston, Anthem Studies in Australian Literature and Culture (London, UK ; New York, NY, USA: Anthem Press, an imprint of Wimbledon Publishing Company, 2016).

“Those who have heeded nature anyway, namely the nursing mothers, have seldom found it necessary to put pen to paper”.⁶⁸⁴ Paton stated:

A community role which is becoming increasingly important is that of educating governments (local, state and federal) in order that they can provide conditions in which mothers can breastfeed ... At the Nursing Mothers’ International Workshop, NMAA was able to contribute to the Australian Government submission to the World Health Organisation Breastmilk Substitute Marketing Code. The Workshop also set up an excellent two- way co-operation between the Commonwealth Department of Health and NMAA.⁶⁸⁵

The Foundation Members believed that mothers from all sections of society needed help with breastfeeding. They saw the common experience of breastfeeding as a factor that bound all mothers together. Paton said:

NMAA’s one definite aim and fundamental [belief is]: to support, encourage and educate mothers who wish to breastfeed. The breastfeeding aim cuts across all barriers, for no matter what race, sect, political persuasion, background, socio-economic group, age, voice, legs and nose, we are all equal in our aim and interest in breastfeeding. This is rare and seldom found in other associations.⁶⁸⁶

The Foundation Members firmly believed in their own importance and the truth of the knowledge they had. Paton said in an address to the Victorian Branch in

⁶⁸⁴ Wickes, "A History of Infant Feeding. Part V - Nineteenth Century Concluded and Twentieth Century." 500.

⁶⁸⁵ Mary Paton, "The Strength of NMAA and Its Role in the Community by Mary Paton February 1982," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1982). 4

⁶⁸⁶ "The Strength of NMAA and Its Role in the Community: Talk to Vic Branch Conference," (Darling Point NSW: Mary Paton Private Archive, 1982).

1982, "You are experienced mothers who realise the emotional and social implications of breastfeeding as well as the physical. This places the office bearers and NMAA apart from medical and allied professionals – a situation of unique strength".⁶⁸⁷ Their belief in their importance was reinforced by endorsement and support from significant people, particularly senior health professionals. Paton said, "That was one of the major things that helped us ... I couldn't get over the fact [of their support]".⁶⁸⁸ The confidence was tempered with caution, as Francis recalled, "We were very much aware that we were breaking new ground and we realised that we needed to tread very carefully".⁶⁸⁹

Francis relates how they settled on their aims, wrote a Constitution⁶⁹⁰ and a Code of Ethics and then, "worked very, very slowly, very carefully just feeling out supporters ... And interest did come straight away from Lloyd-Green".⁶⁹¹ This interest provided a link to Doctor Doris Officer who was the Vice-President of the Children's Welfare Association of Victoria and became the first Honorary Member of the Association.⁶⁹² Doctor James Smibert was another early

⁶⁸⁷ Ibid. 2-3.

⁶⁸⁸ Paton, "Interview by Margaret Carmody." 5.

⁶⁸⁹ Francis, "Interview by Jan Hodge." 5.

⁶⁹⁰ Nursing Mothers' Association of Australia, "Initial Constitution 1964," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, 1964).

⁶⁹¹ Francis, "Interview by Jan Hodge." 5.

⁶⁹² Nursing Mothers' Association of Australia, "Newsletter: Nma ? September 1965," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, 1965). 4.

supporter.⁶⁹³ She explains, "We got little inroads, we got support from various people *very* slowly, but it was virtually by word of mouth, particularly our husbands talking to their co-workers and different people".⁶⁹⁴ Paton recalled that the first talk she gave was in "about 1964 or 1965 at the Grey Sisters' place at Canterbury ... they were single mothers that they looked after".⁶⁹⁵ This period matches the stage of growth of a community of practice described by Wenger as "bootlegged", that is, the Association was only known to a small number of people as the members gathered their resources and started to have a small impact.⁶⁹⁶

The Association Foundation Members were devoid of religious connections or overtones. They did not subscribe to the tradition of the sacrificial Christian mother or promote an idealised form of motherhood. They were linked by shared beliefs in, "the central place of the mother".⁶⁹⁷ "The beginning of all love" they argued, "starts with breastfeeding".⁶⁹⁸ The Association offered,

⁶⁹³ Francis, "Interview by Jan Hodge." 6.

⁶⁹⁴ Ibid. 7.

⁶⁹⁵ Paton, "Interview by Margaret Carmody." Missionaries of the Sacred Heart Australia, "Family Care Sisters (Grey Sisters)," Missionaries of the Sacred Heart Australia, <https://misacor.org.au/index.php/emagazine/current-news/1421-family-care-sisters>.

⁶⁹⁶ Wenger, "Communities of Practice: Learning as a Social System".

⁶⁹⁷ Note: Mary Paton conversation with the author of this thesis on 22 August 2016.

⁶⁹⁸ Mary Paton, "Baby's First Mirror," in *Drawing on 30 years experience* (Cooma NSW: Nursing Mothers' Association of Australia, ACT/Southern NSW Branch, 1994). "25th Birthday Melbourne." Note: Paton stated in 1989 at the 25th Birthday, "The beginning of all love starts with

“Mutual help and encouragement to mothers wishing to breastfeed their babies”,⁶⁹⁹ distinguishing itself from the natural birth movement and parenting organisations.⁷⁰⁰

Mother to mother and new concepts

To Paton, the key features of the Association’s education approach were:

Mother to mother immediately, apart from support and encouraging. But teaching what to do as well. And telephone counselling obviously and ... you had to have letter counselling. Writing, and obviously, you had to have material to send to people, so there were all those methods.⁷⁰¹

“Mother to mother” meant mothers learning in a variety of ways from other mothers, under the guidance of the trained volunteer counsellors who were mothers with extensive experience of breastfeeding. Paton thought that a mother was the best person to teach another mother, “Because she knows what it is really like, she has experienced it, personally. She knows what it is like. But then again, you had to educate the mother that was going to assist the new mother”.⁷⁰²

a harmonious breastfeeding relationship and that harmonious breastfeeding produces a maturing mother and healthy infant and a reasonably stable future adult”.

⁶⁹⁹ Women’s Action Alliance, “24 Hours with Dr Isbister: An ABC of Parenting, Compiled by Women’s Action Alliance, Toowoomba, Qld, ?1978,” in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers’ Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, ?1978).

⁷⁰⁰ Judith Laird, “From the President,” *Talkabout* 7, no. 4 (1976). Note: Some Members of the Association set up a separate but affiliated organisation, Parent Australia in the 1970s.

⁷⁰¹ Paton, “Interview by Margaret Carmody.” 1.

⁷⁰² *Ibid.* 1.

Closely aligned with the mother-to-mother approach was the support for mothers, “to provide an environmental holding. That security of the group accepts the nursing mum no matter how she may act or feel, with understanding and caring”.⁷⁰³ As Paton explained in 1968, “N.M.A. [Nursing Mothers’ Association] fulfils its aims, by providing a friendly and warm association where mothers can gain and give of their experience in breastfeeding and good mothering”.⁷⁰⁴ In explaining the origins of this approach, Paton noted, “I was interested in the psychology and the psychiatry side. And to me, it was absolutely essential that there was the close bonding between a mother and baby for at least two years, for at least that time. I reckon everything started from that”.⁷⁰⁵ Speaking in 1994, she explained:

[The Association group provides] environmental holding in order to support and protect the mother and baby. The mother can learn skills, shielded from pressures. The mother is accepted as a mother, at her own pace, in her own way. This is the [stage of the] primary maternal preoccupation. NMAA has created for mothers an environmental holding, it is a firm structure, essential to NMAA.⁷⁰⁶

⁷⁰³ Paton, "The Strength of NMAA and Its Role in the Community: Talk to Vic Branch Conference."

⁷⁰⁴ Nursing Mothers' Association of Australia, "NMA Newsletter Supplement, July-August 1968," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, 1968). 6.

⁷⁰⁵ Paton, "Interview by Margaret Carmody." 6.

⁷⁰⁶ "Baby's First Mirror."

These Association groups functioned in a way that recognised the psychological state of a new mother. This was a major difference from “New Mother Groups” run by maternal and child health nurses which could be described as communities of learners. They created an environment “where participants come together to explore an idea or resolve a dilemma, feel free to express their ideas, provide mutual support and constructive feedback”.⁷⁰⁷ Such communities of learners serve a useful function when the learners need to rapidly acquire particular skills to function in a new role, such as learning how to feed a premature baby. However, using Lave and Wenger’s criteria, new mothers’ groups should not be confused with communities of practice because they have health professionals who play the role of “didactic caretakers” who assume the learners need external motivation and need to change their ideas and identities. The learning activities are organised according to the pedagogical structure and the learners are not entering a community with a particular culture and understanding.⁷⁰⁸

Describing the difference between groups such as new mothers’ groups and the Association’s groups, Paton explains, that the latter:

⁷⁰⁷ Garrison, *Thinking Collaboratively: Learning in a Community of Inquiry*.

⁷⁰⁸ Lave and Wenger, *Situated Learning: Legitimate Peripheral Participation*. 112.

Allowed the mother to return from her primary maternal preoccupation to her old self at her own pace. It is achieved by involving the mother in various sorts of activities such as hostess, locality mothers, picnics, saleswomen and so on, as she so desires.⁷⁰⁹

This is the way that communities of practice operate, where newcomers gradually become involved. The groups were based on the psychological understanding of the mother's "preoccupation" with her newborn. Paton comments:

To base a structure on this human fundamental is indeed most unusual. This structure preceded any other world women's associations that I know of. I admit in the early years, I did not know the reasons why I automatically believed that the way our group shared functions was the right way.

Only later did I finally analyse the underlying human motivational reasons. Of course, our methods are being copied elsewhere, which is a compliment and whether those people understand why the method works, I do not know.⁷¹⁰

In its submission to the Royal Commission on Human Relationships, the Association summed up this approach stating, "Mothers need support and encouragement to ably handle the task and responsibilities of mothering their young, totally dependent infants".⁷¹¹

⁷⁰⁹ Paton, "The Strength of NMAA and Its Role in the Community: Talk to Vic Branch Conference."

⁷¹⁰ Ibid.

⁷¹¹ Nursing Mothers' Association of Australia, "The Royal Commission on Human Relationships, Submission by Nursing Mothers' Association of Australia, March 1975." 7.

Making suggestions not giving advice

Two unique features of the Association's approach are inviting comparison of ideas and making suggestions rather than giving advice. Paton states in the first edition of *Talkabout*, "We suggest to mothers, not advise".⁷¹² In this way, the Association enabled and encouraged mothers to integrate into their new role by making up their own mind about what suited them best. This approach of suggesting rather than advising reflected Freire's views on the person as subject rather than object, "Integration results from the capacity to adapt oneself to reality *plus* the critical capacity to make choices and to transform that reality".⁷¹³ This was a positive, humanistic view of the mother as decision maker, desiring to become masterful, with, as Maslow lists, "autonomy ... growth tendencies ... [becoming] the active agent".⁷¹⁴ In many ways it could be argued that Paton had anticipated the positive psychology movement championed by Martin Seligman and Mihaly Csikszentmihalyi which concentrated on human strengths and sought to be "systematically building competency, not correcting weakness".⁷¹⁵

⁷¹² Mary Paton, "President's (May Paton) Introductory Talk to First Meeting of Group Leaders - May 1968," *Nursing Mothers' Association [Talkabout]* 1, no. 1 (1968). 2.

⁷¹³ Freire, *Education for Critical Consciousness*. 4.

⁷¹⁴ Maslow, *Motivation & Personality*. 291.

⁷¹⁵ Seligman and Csikszentmihalyi, "Positive Psychology: An Introduction." 5.

In its provision of maternal education, the Association did not try to recruit individual mothers. It was not evangelical or missionary and did no “cold calling”:

Emphasis is placed upon encouragement and information for mothers WHO WISH TO BREASTFEED [capitalisation in original]. Counselling as information is provided at the request of the mothers. Over 56,000 requests for counselling and information were received by NMAA office bearers in the year to June 30, 1974.⁷¹⁶

The members concentrated on mothers who came to them via a variety of access points. Unlike the maternal and child health nurses, they did not have access to lists of newborn babies. The Foundation Members were intensely aware from their own experiences that there were many women who wanted to breastfeed but were unsuccessful mostly due to following the poor advice they received from health professionals and their friends and families. They also recognised that such mothers could be isolated in their belief in the efficacy of and commitment to breastfeeding. These “seekers of knowledge” about breastfeeding became their target group of learners.⁷¹⁷

⁷¹⁶ Nursing Mothers' Association of Australia, "The Royal Commission on Human Relationships, Submission by Nursing Mothers' Association of Australia, March 1975." 11.

⁷¹⁷ Ibid. 11.

The topics covered by the Association began with the concepts of demand feeding and the breastfeeding couple. The members opposed the standard scheduled feeding approach, arguing, “This practice cannot be justified on any scientific grounds”.⁷¹⁸ They took a practical approach, with information about managing breastfeeding and engaged in problem-based learning.

With their professional backgrounds, particularly in occupational therapy, the Foundation Members were able to simplify the steps and identify the ergonomic and practical physical aspects of breastfeeding such as “positioning and attachment” and understood the importance of mothers’ grasping those aspects. These aspects of maternal education are evident in the booklets and publications and are a constant counselling topic in *Talkabout*.⁷¹⁹

⁷¹⁸ Ibid. 5.

⁷¹⁹ Sue Cox, Nursing Mothers' Association of Australia. Tasmanian Branch, and Peter McKinley & Associates, *Mother & Baby ... Getting It Right : Breastfeeding : Positioning & Attachment with Sue Cox* (Hobart TAS: Peter McKinley & Associates for the NMAA Tasmanian Branch, 1996), 1 videocassette VHS 20 mins; Sue Cox, *Breastfeeding with Confidence: A Do-It-Yourself Guide*, Rev. and updated ed. (Lane Cove, NSW: Finch, 2004); Nursing Mothers' Association of Australia, *Basically Breastfeeding* (Nunawading, Vic: Nursing Mothers' Association of Australia). *An Introduction to Breastfeeding* ed. Nursing Mothers' Association of Australia (Nunawading, VIC: NMAA, 1985).

Mothering – something to be valued

Attachment theory

The Association encouraged mothers to think about mothering as an occupation and to consider how breastfeeding fits into this role. As one interviewee, Dot Newbold explains, “We were saying that the role of the mother at home was something to be valued”.⁷²⁰ Underlying this was attachment theory, emphasising the importance of the bond between the mother and baby. Paton says she was influenced by the talks given by Winnicott on ABC radio, especially his concept of the “primary maternal preoccupation” which he defines as “a heightened sensitivity” in the mother in late pregnancy and the first few weeks after the baby is born and his concept of the “ordinary devoted mother”, also described as “the good enough mother”.⁷²¹ He regarded babies as “a going concern”, that is, they have great potential.⁷²² Paton was in communication with international experts in the field such as Bowlby, Marshall Klaus and James and

⁷²⁰ Dot Newbold, "Interview by Judy Valero," in *Nursing Mothers' Association of Australia Oral History Project* (Brisbane, Qld: John Oxley Library, State Library of Queensland, Australia 2001). 8.

⁷²¹ Donald Woods Winnicott, "Primary Maternal Preoccupation," in *Identification, Desire and Transgenerational Issues*, ed. Paola Mariotti (London: Routledge, 2012). 61. Lesley Caldwell and Helen Taylor Robinson, eds., *The Collected Works of D. W. Winnicott: Volume 4, 1952-1955* (UK: Oxford, 2016). Winnicott, "The Theory of the Parent-Infant Relationship." Paton, "Interview by Margaret Carmody."

⁷²² "Programme 2: The Family Situation," in *The first five years* (Sydney NSW: The Australian Broadcasting Commission, 1973).

Joyce Robertson who had made an influential film about the impact of separation on children in hospitals.⁷²³ Bowlby spoke to NSW counsellors at the Branch Conference in 1973.⁷²⁴ Paton participated in one of Klaus' classes and recalled astonishing the class by her knowledge of baby and mother relationships.⁷²⁵ Klaus' ideas about bonding of the newborn and mother were used extensively by the Association.⁷²⁶

The Foundation Members were very interested in the psychology of the mother and baby and indeed the whole family. The Association raised concerns in the submission to the Royal Commission on Human Relationships in 1975 about the detrimental effect of separating a mother and newborn in hospital from

⁷²³ Paton, "Interview by Margaret Carmody." 7. "Letter from Mary Paton to John Bowlby, 27 April 1978," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1978). John Bowlby, "Letter from John Bowlby to Mary Paton, 9 May 1978" *ibid.*; Mary Paton, "Letter from Mary Paton to John Bowlby 21 May 1978," in *Records, 1964-1997*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1978); "'Jane, 17 Months in Foster care for Ten Days', a Film by James and Joyce Robertson Tavistock Institute of Human Relations (Flyer)," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, n.d.); Mary Paton, "Note by Mary Paton and Published Reviews of 'Young Children in Hospital' by James and Joyce Robertson, 1970," *ibid.* (1978); "Letter from Mary Paton to R. D. Laing, 27 April 1978," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1978). Klaus, "About Marshall Klaus".

⁷²⁴ Judith Laird, "NMAA Newsletter Supplement President's Report for the Year Ended June 1973," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1973). 6.

⁷²⁵ Paton, "Interview by Margaret Carmody."

⁷²⁶ Nursing Mothers' Association of Australia, "The Royal Commission on Human Relationships, Submission by Nursing Mothers' Association of Australia, March 1975." 4.

the father and other siblings.⁷²⁷ Topics such as “understanding your baby” featured in the discussions. As the Association provided resources for working and breastfeeding, the focus was primarily on how the bond between the mother and infant would be maintained despite the separation due to work.⁷²⁸

In a radical shift from previous models of maternal education, Association education was provided by trained volunteers, not health professionals. The mother-to-mother approach did not mean that they ignored medical evidence, but it did mean that they primarily valued their own experience; as Paton said, “Our own experience was important It required confidence, but it just seemed like common sense”.⁷²⁹

The Foundation Members recognised the pressures on new mothers. The Association’s response to the dilemma of managing a house and a young family was twofold. First, it defined the mother’s role as that of “nurturer” rather than “housewife” with mothers looking after their own needs as well as those of the baby.⁷³⁰ Second, it provided “survival” home-cooked meals to its members in

⁷²⁷ Ibid. 6.

⁷²⁸ Margaret Hunter, *Working and Breastfeeding* (Hawthorn, Vic: Nursing Mothers' Association of Australia, 1982).

⁷²⁹ Paton, "Past and Future of NMAA."

⁷³⁰ Nursing Mothers' Association of Australia, "The Royal Commission on Human Relationships, Submission by Nursing Mothers' Association of Australia, March 1975." 7.

times of great need, with such practical assistance described by Reiger as the Association's "concrete manifestation".⁷³¹ The Association promulgated its view in discussions and booklets such as *Survival Plan* and *Looking after Yourself*, which urged a relaxed approach to managing a house, where the needs of the baby were prioritised and other demands were efficiently dealt with or indeed ignored.⁷³² One interviewee commented about the Association's attitude to housework, "The baby won't hold it against you if there's dust under the bed".⁷³³ Francis, who had studied Domestic Science, recalls, "We had lots of suggestions that came up ... on housework".⁷³⁴ An example is the attitude prevalent in the booklets, "Try not to worry if your home is not as tidy as usual. Focus on doing those few things that are most important to you. Learning about your new baby is a full-time job in the early weeks".⁷³⁵ This was a revolutionary approach to the

⁷³¹ "Geelong Survival Committee," *Talkabout* 1, no. 4 (1970). Reiger, *Our Bodies, Our Babies: The Forgotten Women's Movement*. 163.

⁷³² *Survival Plan: A Booklet of Meal Suggestions and Housekeeping Hints* ed. Nursing Mothers' Association of Australia (Hawthorn, Vic: Nursing Mothers' Association of Australia, 1980). *Looking after Yourself: Practical Ideas for Mothers of Young Children* (Nunawading VIC: Nursing Mothers' Association of Australia, 1988). Margaret Geddes, *Mother & Baby: A Survival Guide for the First Twelve Months and Beyond* (Ringwood, Vic: Viking O'Neil in association with the Nursing Mothers' Association of Australia, 1988).

⁷³³ Marianne McKay, "Interview by Clare Gleeson-Mcguire " in *Nursing Mothers' Association of Australia Oral History Project* (Brisbane QLD: John Oxley Library, State Library of Queensland, Australia, 2000). 19.

⁷³⁴ Francis, "Interview by Jan Hodge." 7. Nursing Mothers' Association of Australia, "Discussion No. 3: Management of Feeding in Relation to Family and Home."

⁷³⁵ Australian Breastfeeding Association, *Breastfeeding: An Introduction* ed. Association Australian Breastfeeding, Breastfeeding Information Series (Australian Breastfeeding Association) (East Malvern VIC: Australian Breastfeeding Association, 2011). 21.

role of caring for young children at home because it empowered women to cope long term with their many responsibilities including feeding a baby, without becoming dependent on a “Mothers’ Help” (nursemaid), and without viewing themselves as drudges.

The Association took a broad view of motherhood and of the mother herself, rather than defining the mother in a way that emphasised her relationship with her breastfed child at the expense of her relationship with her husband or partner. This included her desire for personal development, her need to work and her relationship with her partner in addition to the intimacy of breastfeeding. Moreover, the mother was acknowledged as a sexual being with the publication of the Association’s booklet *Sex and the Breastfeeding Woman*.⁷³⁶ This was an easy to read compilation of ideas from Australian mothers that was influenced by writers such as Kitzinger and Derek Llewellyn-Jones.⁷³⁷

The Association was a women’s group with a separate agenda from emerging feminist organisations. The members sought to emphasise “friendship

⁷³⁶ Nursing Mothers' Association of Australia, *Sex and the Breastfeeding Woman* (Nunawading, Vic: Nursing Mothers' Association of Australia, 1986).

⁷³⁷ Kitzinger, *The Experience of Breastfeeding*. 170 – 178. Derek Llewellyn-Jones, *Breast Feeding, How to Succeed: Questions and Answers for Mothers* (London ; Boston: Faber and Faber, 1983).

and communication, instead of aggression and non-communication".⁷³⁸ They believed in avoiding "battles"⁷³⁹ by using a cooperative approach and their communication channels established within their hierarchical structure made them effective and efficient in promoting their views.⁷⁴⁰ They defined themselves as "Mothers in a changing world" and resolved at their Talkabout Conference in 1975:

To engender confidence in women to exert their rights and options,
To foster communication that will demonstrate our caring for each other,
To seek the friendship of minority groups in our community with a view to learning from each other,
To support Australian women in their endeavours to attain their various roles and needs,
To listen and to learn from women worldwide how we can best assist each other in our changing mother roles,
And to speak up for change.⁷⁴¹

In her study of women's groups that were not part of the mainstream feminist movement, Reiger positions the Association as "maternalist" rather than

⁷³⁸ Margaret Fowler, "News from the Executive," *Talkabout* 6, no. 3 (1975).

⁷³⁹ Paton, "The Strength of NMAA and Its Role in the Community by Mary Paton February 1982."

⁷⁴⁰ Nursing Mothers' Association of Australia, "The Status of Women Enquiry Authorised by the Victorian State Government Submission by the Nursing Mothers' Association of Australia 31 March 1975," *ibid.* (State Library of Victoria, Australia, 1975). Note: See "Table 2 Structure of the Nursing Mothers' Association" for diagrammatic representation of the structure of the Association.

⁷⁴¹ Fowler, "News from the Executive." "Mothers in a Changing World," *ibid.* Note: The Talkabout Conference received \$4,000 funding from the International Women's Year Secretariat.

“feminist”.⁷⁴² In response to the debate about the role of women and the validity of attachment theory,⁷⁴³ the Association asserted that motherhood itself was a career and that mothers should have better conditions.⁷⁴⁴ The Association’s National Mothering Week has run since 1979 and has been sponsored by the Federal Government.⁷⁴⁵ The theme of National Mothering Week in 1988 was “Every mother is a working mother”.⁷⁴⁶ Despite the Association’s resources for working and breastfeeding,⁷⁴⁷ this slogan could have been interpreted by some to mean that mothers who chose or needed to work were somehow less devoted to their children. The Association addressed the genuine concerns of women who

⁷⁴²Jill Barnard and Karen Twigg, "Mother to Mother': Mary Paton's Leadership in the Nursing Mothers' Association of Australia, 1964 - 1975," in *Seizing the Initiative: Australian Women Leaders in Politics, Workplaces and Communities* (2012). Reiger, *Our Bodies, Our Babies: The Forgotten Women's Movement*. 64.

⁷⁴³ Ann Oakley, *Housewife* (Harmondsworth: Penguin Books, 1974). 208. Marilyn Lake, *Getting Equal: The History of Australian Feminism* (St Leonards, NSW: Allen & Unwin, 1999).

⁷⁴⁴ Ann Oakley, *The Sociology of Housework* (London: Martin Robertson, 1974). Joanne Baker, "Young Women and Housework: Awkward Relics of Modernity and Post-Feminist Empowerment," *Australian Feminist Studies* 27, no. 74 (2012). Patricia Mainardi, "The Politics of Housework," *Ms* 2, no. 6 (1992); Australian Breastfeeding Association, *Breastfeeding: An Introduction*.

⁷⁴⁵ Minister Assisting the Prime Minister: Status of Women, "Senator Reynolds Acknowledges National Mothering Week," news release, 2 May, 1988, <https://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id%3A%22media%2Fpressrel%2FHPR08017960%22;src1=sm1>. Australian Breastfeeding Association, "Australian Breastfeeding Association Celebrates National Mothering Week 7 - 13 May 2018," news release, 2018, <https://www.breastfeeding.asn.au/sites/default/files/imce/National%20Mothering%20Week%202018%20-%20Media%20Release%20-%20FINAL.pdf>. Paton, "The Strength of NMAA and Its Role in the Community by Mary Paton February 1982."

⁷⁴⁶ "Being Good Maters with Mum," *Canberra Times* (ACT : 1926 - 1995), May 1, 1988.

⁷⁴⁷ Hunter, *Working and Breastfeeding*.

wanted or needed to work as well as having a young family. They did this by providing information in discussions and written resources about combining breastfeeding and work, actively participating in industrial change to make this a reality with the Mother Friendly Workplace initiative, and their general acceptance that there are many different ways of approaching infant nutrition.

An optimistic view of motherhood

Paton took a positive view of motherhood and breastfeeding. She believed that if mothers could be encouraged to take an optimistic view of their role, if they had the opportunity to make informed decisions, and if they believed they could accomplish what they wanted, then they would flourish. This was a kind of happiness from doing what is best as in the Aristotelian concept of eudaimonia.⁷⁴⁸ In this view, happiness is the result of virtuous activity. Thus, the Association was constructing breastfeeding and motherhood generally as virtuous activity. For example, Paton stated, "The beginning of all love starts with the harmonious breastfeeding relationship".⁷⁴⁹

⁷⁴⁸ Aristotle, *Nicomachean Ethics*, trans. W. D. Ross (Adelaide SA: eBooks@Adelaide The University of Adelaide Library, 2015).

⁷⁴⁹ Paton, "The Strength of NMAA and Its Role in the Community: Talk to Vic Branch Conference."

To bolster the view of motherhood as a socially important career where the mother can manage efficiently and independently, the early discussions according to Francis, were about “how to take care of the house and particularly good cooking, good meals”.⁷⁵⁰ In this context, cooking was seen as a nutritionally important, creative activity and thus the Association not only published cookbooks and a booklet *And so to Family Foods*, but also recipes and items about family nutrition.⁷⁵¹

There was a fundamental problem for women who adhered to feminist views of women’s liberation and yet wanted to have children. There was a tension between the feminist focus on the importance of independence and self-determination and the Association’s focus on the rights of the child and the importance of the mother-child relationship. As Dux and Simic point out, “Feminist goals ... clash with the ways in which mothers enmeshed their children”.⁷⁵² This challenge to the traditional roles of women at home with children presented a threat to the Association for whom the role of the mother was intrinsically important. Reiger contests this notion of dichotomy, suggesting

⁷⁵⁰ Francis, "Interview by Jan Hodge." 8.

⁷⁵¹ Nursing Mothers' Association of Australia, *And So to Family Foods* (Hawthorn, Vic: Nursing Mothers' Association of Australia, 1980). *NMAA Cooks* (Hawthorn, Vic: Nursing Mothers' Association of Australia, 1977).

⁷⁵² Monica Dux and Zora Simic, *The Great Feminist Denial* (Melbourne VIC: MUP, 2008). 114.

that there were parallel versions of feminism coexisting.⁷⁵³ Within this broader movement, she argues, “childbirth and lactation have been neglected sites of struggle”.⁷⁵⁴ There was not only openness to feminist thought on the part of the Association in its definition of motherhood as a career, but also on the part of individual counsellors as they became exposed through counselling mothers to the realities of the restrictive forces in women’s lives. This exposure did raise the counsellors’ awareness of the issues of equality, as Pamphilon explains, “Nursing Mothers’ made me more politically aware”.⁷⁵⁵

As an adjunct to the debate about the role of women as mothers, the Association sidestepped the financial issue and, concentrating on the psychological reality, defined the role of an office bearer in the Association as an “occupation”, albeit an unpaid career, but a worthwhile occupation. Seligman and Csikszentmihalyi argue, “At the group level [building positive qualities] is about the civic virtues and the institutions that move individuals towards better citizenship: responsibility, nurturance, altruism, civility, moderation, tolerance

⁷⁵³ *Our Bodies, Our Babies: The Forgotten Women’s Movement*.

⁷⁵⁴ Reiger, “Sort of Part of the Women’s Movement, but Different’: Mothers’ Organisations and Australian Feminism.”

⁷⁵⁵ Barbara Pamphilon, “Interview by Catherine Woodward,” in *Nursing Mothers’ Association of Australia Oral History Project* (Brisbane QLD: John Oxley Library, State Library of Queensland, Australia, 2000). 8 – 9.

and work ethic".⁷⁵⁶ Paton stated in her address on the occasion of the 25th

Anniversary of the Association:

The ability to give of oneself without receiving or expecting monetary reward is declining [across Australia] and consequently volunteer numbers are decreasing. Apparently only occupations that have a salary or a wage are credible! Volunteerism can "move mountains" as NMAA has demonstrated, because the occupation is performed by dedicated people who believe firmly in the objective for which they are working.⁷⁵⁷

As the years passed, the view of motherhood broadened to be one of balanced responsibilities for the mother. Articles in the press told stories of women successfully combining breastfeeding and work, with the Association's help.⁷⁵⁸ The Association produced resources such as a booklet, *Working and Breastfeeding* and was involved in writing Government materials for women who were combining paid work with breastfeeding, such as *Balancing Breastfeeding and Work* (Figure 25).⁷⁵⁹

⁷⁵⁶ Seligman and Csikszentmihalyi, "Positive Psychology: An Introduction." 5.

⁷⁵⁷ Mary Paton, "25th Birthday Melbourne: Talk to Vic Branch," (Darling Point NSW: Mary Paton Private Archive, 1989). 2.

⁷⁵⁸ Steven Corby, "When Work Does Not Have to Mean Wean," *Canberra Times* (ACT : 1926 - 1995), June 1, 1994.

⁷⁵⁹ Hunter, *Working and Breastfeeding*. University of Adelaide, South Australian Employers Chamber of Commerce & Industry Inc, and Australia Department of Health and Aged Care, *Balancing Breastfeeding and Work: Important Information for Workplaces* (Canberra: Dept. of Health and Aged Care, 2000). Note: *Balancing Breastfeeding and Work* was edited by the author of this thesis.

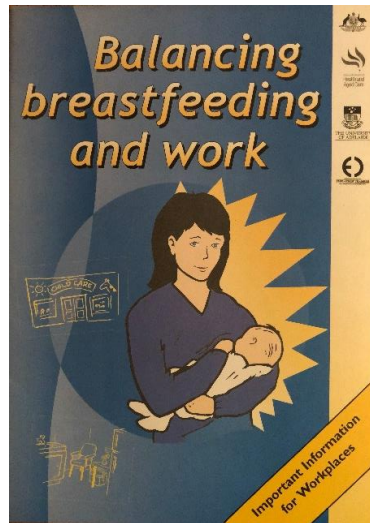


Figure 25. University of Adelaide, South Australian Employers Chamber of Commerce & Industry Inc, and Australia Department of Health and Aged Care, *Balancing Breastfeeding and Work: Important Information for Workplaces* (Canberra: Dept. of Health and Aged Care, 2000).

The Association challenged conservative views of motherhood and at the same time provided support for the everyday practicalities of being a working mother.

The Association was prepared to question the grand narratives, the scientifically based “truths” about infant nutrition, because those narratives ignored all the inconsistencies the Foundation Members knew existed in the social practice of breastfeeding. The Association conducted this opposition in two ways. Its submission to the Royal Commission on Human Rights argued that, “Western ‘Linear’ scientific conditioning too often ignores the age-old ‘curved’ bio traditional method of child spacing – that is, lactation”.⁷⁶⁰ They

⁷⁶⁰ Nursing Mothers' Association of Australia, "The Royal Commission on Human Relationships, Submission by Nursing Mothers' Association of Australia, March 1975." Labbok, "Effects of Breastfeeding on the Mother."

gathered mini narratives from mothers based on their personal experiences and at the same time gathered information from scientific sources and engaged in research themselves.

Much of the Association's knowledge was provisional and experiential, based on mothers' knowledge of the performance and practice of breastfeeding and therefore was preceded typically with the phrase, "Some mothers find ...". The Foundation Members were acutely aware of the differences between health professionals' and mothers' knowledge of breastfeeding and the potential for discord and control.⁷⁶¹ Pamphilon comments, "It really taught me that all knowledge is provisional".⁷⁶² The interview transcripts display a view of knowledge which allows for a multiplicity of views, quite unlike the modernist view.⁷⁶³

Paradoxically, much of this provisional knowledge, such as the value of early initiation of breastfeeding and rooming-in, has since been verified by scientific research, and is actively supported by the World Health

⁷⁶¹ Reiger, "Medical 'Blokes and Spinsters': Intersections of Professional and Maternal Knowledge."

⁷⁶² Pamphilon, "Interview by Catherine Woodward." 15.

⁷⁶³ Ibid. 15.

Organisation.⁷⁶⁴ At other times, the Association presented the scientific evidence and then supported it with experiences of the members such as the benefits of rooming in.⁷⁶⁵

The Foundation Members' view of breastfeeding and motherhood was quintessentially Australian: it had a preparedness to follow what they knew to be true, to adjust to circumstances and to resist ways of doing things simply because they had come from traditions and practices overseas. They were convinced that they were right; however, they admitted that there are differing approaches to breastfeeding including facilitation and regulation and that these were all valid. They took a broad, non-judgemental, pragmatic perspective on the matter. Paton acknowledged that "formula has its place and the Code of Ethics stressed the importance of supporting the mother who bottle feeds".⁷⁶⁶ She noted that ironically her husband worked as an engineer for a glass manufacturer which produced among many items, babies' bottles and that some members worked in

⁷⁶⁴ Emily R. Smith et al., "Delayed Breastfeeding Initiation and Infant Survival: A Systematic Review and Meta-Analysis.," *PLoS ONE* 12, no. 7 (2017); Sharifah Jaafar, Jacqueline Ho, and Kim Seng Lee, "Rooming-in for New Mother and Infant Versus Separate Care for Increasing the Duration of Breastfeeding," *Cochrane Database of Systematic Reviews* 8 (2016); World Health Organisation Unicef, *Protecting, Promoting and Supporting Breast-Feeding: The Special Role of Maternity Services* (Geneva: World Health Organisation, 1989).

⁷⁶⁵ Nursing Mothers' Association of Australia, "The Royal Commission on Human Relationships, Submission by Nursing Mothers' Association of Australia, March 1975." 7.

⁷⁶⁶ "Memo from Mary Paton to NMAA Board Re: N.M.A.A Relationship to Formula Companies," in *Records, 1964 - 1997 [Manuscript]* (Melbourne VIC: State Library of Victoria, Australia, 1981).

places that sold formula, bottles and teats or were dairy farmers and so on.⁷⁶⁷

Advice in *Talkabout* recognised that mothers might want or need to use formula, dummies or feeding bottles for a variety of reasons.⁷⁶⁸ With regard to complementary feeding it was decided to not produce a leaflet about it, but, "If a bottle is ever given, [a] Nuk teat should be used as it is the nearest to the natural suckling action".⁷⁶⁹ The Association welcomed mothers who bottle fed.⁷⁷⁰

Pamphilon recalls that in the 80s in the new suburbs in Canberra, "Usually a third of our members didn't breastfeed".⁷⁷¹

Research

Like a bushfire creating its own weather, the Association created a need for research about breastfeeding because the members were asking questions and they wanted answers.⁷⁷² The careful attention paid to ensuring that information was accurate established the Association as a reliable source of information both with mothers and with health professionals.⁷⁷³

⁷⁶⁷ Paton, "Past and Future of NMAA."; Nursing Mothers' Association of Australia, "Memo from Mary Paton to NMAA Board Re: N.M.A.A Relationship to Formula Companies."

⁷⁶⁸ Mary Paton, "N.U.K. Teats," *Talkabout* 1, no. 2 (1968).

⁷⁶⁹ "Group Leader Conference 8/10/69: Minutes," *Talkabout* 1, no. 3 (1970). 2.

⁷⁷⁰ McKay, "Interview by Clare Gleeson-Mcguire ". 7.

⁷⁷¹ Pamphilon, "Interview by Catherine Woodward." 15.

⁷⁷² John Ross, "Sky-High Bushfires Creating Thunderstorms of Their Own," *The Australian*, February 14, 2017.

⁷⁷³ Lloyd-Green, "Interview by Frances Fiddian."

The Foundation Members decided what they thought mothers wanted to know based on their own experience, and then turned to their volunteer advisers to ensure that their materials reflected current research in health and nutrition.⁷⁷⁴ They established an Advisory Board to assist them,⁷⁷⁵ and they wrote the Rules and Regulations in 1964, replaced by a Code of Ethics in 1966, demanding a “softly, softly” approach.⁷⁷⁶ That decision to establish the Advisory Board increased the credibility of the Association.⁷⁷⁷ Its members, general practitioners, paediatricians, obstetricians, lawyers and a nutritionist⁷⁷⁸ never met,⁷⁷⁹ but offered advice to the Board and responded to specific counselling questions in *Talkabout*.⁷⁸⁰

⁷⁷⁴ Lloyd-Green, "Interview by Frances Fiddian." Ward, *La Leche League: At the Crossroads of Medicine, Feminism, and Religion*. 24.

⁷⁷⁵ Balmford, "Interview by Gwendolyn Dawlings." Paton, "Interview by Trisha Edgoose". 9. "Annual Report of the Nursing Mothers' Association of Australia," in *Records 1964 - 1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1978). Betty Wagner, "Letter to Mary Paton," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1981).

⁷⁷⁶ Australian Breastfeeding Association, *Code of Ethics of the Australian Breastfeeding Association* (East Malvern VIC: Australian Breastfeeding Association, 2012).

⁷⁷⁷ Lloyd-Green, "Interview by Frances Fiddian."

⁷⁷⁸ Nursing Mothers' Association of Australia, "Newsletter: NMA c. September 1965." 4. C. J. Rolles, "Letter from C. J. Rolles to Mary Paton , 5 July 1978," *ibid.*, ed. Nursing Mothers' Association of Australia (State Library of Victoria, 1978); Mary Paton, "Letter from Mary Paton to C. J. Rolles, 28 September 1978," *ibid.* (State Library of Victoria, Australia); Nursing Mothers' Association of Australia, "Nursing Mothers' Association of Australia. Members of Advisory Panel, January 1981," *ibid.*, ed. Nursing Mothers' Association of Australia (Box 49, 1981).

⁷⁷⁹ Wilson, "Interview by Simone Yemm". 8.

⁷⁸⁰ Beverley Rae, "Counselling: Counselling Problem," *Talkabout* 5, no. 1 (1974).

Having established the Association, the Foundation Members encouraged research to support and expand the information available. The early members did not have access to medical journals, so for research, to “support the status of the organisation” and to demonstrate that “they know what they’re talking about”, they relied initially on members whose spouses were medical professionals to give them access to the material.⁷⁸¹ It is apparent from the interviews that many husbands were involved in the early days.⁷⁸² Compiling research resources was a major focus of the Association: Susan Woods, Research Officer reports in 1965, “There is little Australian literature available. We intend to file any interesting articles under appropriate headings to enable quick references”.⁷⁸³ In addition to published information, the Association also maintained, “An information file on ‘special circumstances’ of breastfeeding and lactation experiences”.⁷⁸⁴ This file is an indicator of the Association’s knowledge base: in addition to researched information and mothers’ own general experiences, they also had information about exceptional circumstances “to

⁷⁸¹ Paton, "Interview by Margaret Carmody." 13.

⁷⁸² Janice Barry, "Interview by Frances Fiddian," in *Nursing Mothers' Association of Australia Oral History Project* (Brisbane QLD: John Oxley Library State Library of Queensland Australia, 2000). Paton, "Past and Future of NMAA." Note: As Paton relates, three of the husbands of the six Foundation Members were medical practitioners.

⁷⁸³ Nursing Mothers' Association of Australia, "Newsletter: NMA ? September 1965." 2.

⁷⁸⁴ Beverley Rae, "Research Report," *Talkabout* 5, no. 1 (1974).

supply ... mother-to-mother contact for someone needing extra help with the same problem or circumstance".⁷⁸⁵ An example of a special circumstance is the request for counsellors to send any information about breastfeeding babies with cystic fibrosis.⁷⁸⁶ The research interests were very broad, as indicated by a list in 1976 which includes, "The physiology of bonding, the suckling reflex, classification and statistics in cot death, allergies, house dust mites, parent/child relationships, supporting breastfeeding".⁷⁸⁷

The research collection evolved into the Lactation Resource Centre.⁷⁸⁸ In the view of one interviewee, it made the Association "the credible source of information for women".⁷⁸⁹ Counsellors found it very useful in complex counselling situations.⁷⁹⁰ Paton thought it was an important feature of the Association's information service.⁷⁹¹ From 1983, the Association published its

⁷⁸⁵ Ibid.

⁷⁸⁶ Rosemary Rhoden, "Research Librarian's Report: Cystic Fibrosis," *ibid.* 6, no. 2 (1975).

⁷⁸⁷ "From the Research Department," *ibid.* 7, no. 5 (1976).

⁷⁸⁸ "Australian Breastfeeding Association," <https://www.healthdirect.gov.au/partners/australian-breastfeeding-association>.

⁷⁸⁹ McKay, "Interview by Clare Gleeson-Mcguire ". 18.

⁷⁹⁰ Joanne Widdup, "Interview by Margaret Carmody," (Kaleen ACT 2016). 21.

⁷⁹¹ Paton, "Interview by Margaret Carmody." 12. Note: The Lactation Resource Centre was closed in 2013 amid some heated dissension. As Paton recently stated, "What I really wanted to see, certainly in every state, to have an office in every state, but also, to have the Lactation Resource Centre in each state, as well as the office ... one of the big mistakes they've made is not to have the Lactation Resource Centre. Absolutely crazy. Because you've got to have the material behind you, to be able to teach. Your Counsellors, your trainees, and for outside people to just come in and write, ring, email, whatever, and [say] 'I need information about a, b and c' and they should be able to get it. That to me is just so short-sighted. I get very angry about it".

own refereed research journal, *Breastfeeding Review* "to make available the experience of breastfeeding mothers and the results of breastfeeding research".⁷⁹²

The Association also engaged in collaborative research on such topics as the relationship between breastfeeding and breast cancer,⁷⁹³ pesticides in human milk,⁷⁹⁴ and the development of childbirth and breastfeeding support groups.⁷⁹⁵

Other projects did not fit the Association's interests. Reiger and Elizabeth

Donoghue's application to conduct a "Research Project on Historical

Development of NMAA" was rejected by Paton who doubted such a project

would further the interests of the Association.⁷⁹⁶

⁷⁹² Hazen Waller, "Memo to Board from Hazen Waller: Guidelines for Breastfeeding Review Working Group" in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1983). Newbold, "Interview by Judy Valero." 17. Nursing Mothers' Association of Australia, "Board Handbook: Newsletter, Talkabout, Breastfeeding Review, NMAA Training," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, n.d.). 14.

⁷⁹³ Jackie Atkinson, "Nursing Mothers': Breastfeeding Research," *Western Tiers (Tas. : 1980 - 2004)*, January 30, 1992. "Lexie's Town and Country: Were You a Breastfed Baby? Was Your Mother a Member of Nursing Mothers?," *ibid.*, July 23.

⁷⁹⁴ Denise Murray, "Interview by Joy Anderson," in *Nursing Mothers' Association of Australia Oral History Project* (Brisbane, QLD: John Oxley Library, State Library of Queensland, Australia, 2000). 8 P. Munslow-Davies, "Western Australian Branch Annual Report," *Talkabout* 1, no. 4 (1970). Peter Hartmann, "The Lactating Breast: An Overview from Down Under," *Breastfeeding medicine : the official journal of the Academy of Breastfeeding Medicine* 2 (2007).

⁷⁹⁵ McKay, "Interview by Clare Gleeson-McGuire". 18. Reiger, *Our Bodies, Our Babies: The Forgotten Women's Movement*.

⁷⁹⁶ Kerreen Reiger and Elizabeth Donoghue, "Historical Development of NMAA and Covering Letter to P. Fletcher," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1984).

On the basis of its research and the experience of the members, the Association was able to bring about change in the provision of maternity services.⁷⁹⁷ It was prepared to challenge the statements made by powerful organisations, for example, questioning the MBHA's advice about scheduled feeds, vitamin C for breastfed babies and contraception.⁷⁹⁸

Structure of the Association

A community

The Foundation Members and particularly Paton put a great deal of energy and effort into the development of policies, protocols, management, support and training methods.⁷⁹⁹ Paton commented in 1981, "A good structure prevents problems or minimises them".⁸⁰⁰ The Association described its organisational structure as a tree, which enabled its members to grow.⁸⁰¹

Although Paton said, "NMAA is like breastfeeding itself, i.e. a co-operative

⁷⁹⁷ "Mother-in-Ward Idea Backed," *Canberra Times (ACT : 1926 - 1995)*, August 4, 1977.

⁷⁹⁸ B. H. Jeanes, "Letter from B. H. Jeanes to Margaret Fowler, 25 October 1974," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1974); Margaret Fowler, "Letter from Margaret Fowler to B. H. Jeanes, 5 November 1974," *ibid.*

⁷⁹⁹ Governor General, "Australia Day 1978 Honours " *Commonwealth of Australia Gazette No. S 15* 26 January 1978; "Australia Day 2006 Honours," *Commonwealth of Australia Gazette No. S 1* 26 January 2006.

⁸⁰⁰ Mary Paton, "Letter from Mary Paton to Rae 6 February 1982," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne VIC: State Library of Victoria, Australia, 1982).

⁸⁰¹ Seligman and Csikszentmihalyi, "Positive Psychology: An Introduction." 127.

venture, and adventure",⁸⁰² it actually adopted a traditional voluntary organisation hierarchical structure rather than a collective model preferred by the emerging feminist groups.⁸⁰³ As one interviewee commented, "Trying to explain Nursing Mothers' structure and the way it works to people who have no idea is a challenge".⁸⁰⁴

In the early years of the Association, there were regular General Meetings in Melbourne. The meetings with guest speakers were held in halls and attracted a lot of attention.⁸⁰⁵ Mothers would travel great distances to attend and bring their friends and sign them up. The guest speakers were prominent in their fields.⁸⁰⁶ Paton said, "We picked top people in their profession We would ask them or write to these people. Sometimes we used friends as a lead in".⁸⁰⁷ The

⁸⁰² Mary Paton, "Minute to Pamela Fletcher from Mary Paton NMAA Organisational Structure 3 September 1981," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1981).

⁸⁰³ Reiger, *Our Bodies, Our Babies: The Forgotten Women's Movement*. 82.

⁸⁰⁴ Karen Commisso, "Interview by Narelle Dwyer," in *Nursing Mothers' Association of Australia Oral History* (Brisbane, QLD: John Oxley Library, State Library of Queensland, Australia, 2000). 20.

⁸⁰⁵ Note: Capitals for General Meetings, Guest Speakers and Groups as used in Newsletter and Bulletins of the time.

⁸⁰⁶ Nursing Mothers' Association of Australia, "NMA Newsletter Supplement, July-August 1968." 3. Note: "This is the list of Guest Speakers for 1969: Professor Carey of the University of New South Wales, Dr. K. Campbell, Paediatrician, Dr. P. Jeffreys, Obstetrician, Dr. H. Cash, Dental Surgeon, Miss Val Douglas, Social Worker, and the Anti-Cancer Council of Victoria. At some Group Discussion meetings, we had sister Hewitt of Berlei, and from G. D. Searle, Sister Idstein, showing films on the Contraceptive Pill" [Capitals as in original].

⁸⁰⁷ Paton, "Past and Future of NMAA."

general meetings were used for publicity and “created a sense of unity” among the members who all belonged to small groups scattered throughout Melbourne.⁸⁰⁸

The groups

The basis of the Association was the small groups. As they spread first across Melbourne and then beyond Victoria to all other states and territories, each state was divided into regions and each region had many groups. For instance, in 1982 there were over 500 groups across Australia.⁸⁰⁹ Each of these groups was started by an office bearer who would get together a small number of interested members and her friends. The groups met at least bi-monthly and they were “entitled to certain privileges, including a gift of NMAA goods to the value of \$10 retail, a cash loan of \$10 for the first year of its existence and discount rates for goods purchased”.⁸¹⁰ There were strict rules about the groups, which could only meet when a “qualified O.B. [office bearer] is present We do

⁸⁰⁸ Ibid.

⁸⁰⁹ Paton, "The Strength of NMAA and Its Role in the Community by Mary Paton February 1982." 3

⁸¹⁰ Joan North and Eril Jolly, "Group Controllers' Department: Groups of NMAA," *Talkabout* 5, no. 1 (1974).

not have 'sub-groups' or 'informal groups'".⁸¹¹ The Association devised a unique structure for its groups, where members were appointed to roles, not elected.

The group leader was responsible for her group as a whole, including finances.⁸¹² In addition to the usual roles in voluntary groups such as group leader, treasurer and membership secretary, there were potentially numerous other roles, some of minor responsibility but all integral to the functioning of the group. All of the roles, trained and untrained, were described as "office bearers" not as "volunteers". Paton explains:

I use [in the 1998 speech notes] the words "office bearer". Now I pulled up the CEO, the other day, and said, "I wish you wouldn't use that word 'volunteer' all the time" I said, "they are office bearers" They're a 'volunteer office bearer' to give it the full title Because even the girl in the group who looks after the library books, she's an office bearer.⁸¹³

These roles included sales, birth secretary, public relations, community educator, librarian, raffle coordinator, bulletin editor, equipment officer, locality contact and survival.⁸¹⁴ Paton believed the titles of the roles, "should clearly state the position the person holds and remain as unpretentious as possible in order to

⁸¹¹ Ibid.

⁸¹² Ibid.

⁸¹³ Paton, "Interview by Margaret Carmody." 22. "25th Birthday Melbourne."

⁸¹⁴ Australian Breastfeeding Association, "Volunteering with Your Local Group," Australian Breastfeeding Association, <https://www.breastfeeding.asn.au/volunteering/roles>.

keep a type of mother-to-mother equality. Pretentious position titles attract those who seek status".⁸¹⁵

The roles had their own specific responsibilities and allowed members to gradually become involved in running the group, reflecting Paton's ideas of the group providing "environmental holding" for its members.⁸¹⁶ This was an evolutionary "gradualism" approach to encourage mothers to become involved at their own pace as they emerged from their fundamental maternal preoccupation.⁸¹⁷ One interviewee, Karen Commisso who was a Branch President and Board Member recalls that her first job was "Tea and Toy Lady": "I used to have to bring the tea and coffee and the cordial and the bag of toys to the meetings ... I was really thrilled ... It just made me feel like I was wanted and part of the group".⁸¹⁸ Some roles were ongoing and required regular attendance at group meetings, some were "one off activities" and some were "behind the scenes".

⁸¹⁵ Nursing Mothers' Association of Australia, "Memo to Pamela Fletcher from Mary Paton Re: N.M.A.A. Organisational Structure 30 September 1981," ed. Nursing Mothers' Association of Australia Records: 1964 - 1997 (Melbourne VIC: State Library of Victoria Australia, 1981).

⁸¹⁶ "The Strength of NMAA and Its Role in the Community: Talk to Vic Branch Conference." 3.

⁸¹⁷ Reed W. Larson, "Toward a Psychology of Positive Youth Development," *American Psychologist* 55, no. 1 (2000).

⁸¹⁸ Commisso, "Interview by Narelle Dwyer." 1 - 2.

Lave and Wenger argue that in a community of practice, “Peripheral, less intense, less complex, less vital tasks are learned before more central aspects of practice”.⁸¹⁹ These semi-official, untrained positions which were supervised by qualified office bearers, that is, group leaders who were counsellors, served a similar purpose to the large numbers of monitors working under teachers in schools in Australia and Ireland in the late nineteenth and early twentieth centuries.⁸²⁰ For many members taking on a minor role in the group was the first step to becoming a counsellor. The duties of these untrained positions were the “apparently trivial activities” of newcomers that provided members with their understanding of the structure of the Association.

There was a humanistic responsiveness to the learning needs of the learners in their own settings.⁸²¹ The untrained group roles played a significant part in providing this education. Interviewees remarked that personal contact

⁸¹⁹ Lave and Wenger, *Situated Learning: Legitimate Peripheral Participation*. 96.

⁸²⁰ Thiele, *Grains of Mustard Seed*. 62. Enda O'Flaherty, "Teachers and the Role of Women in Irish Education in the 19th and 20th Centuries," Enda O'Flaherty, <https://endaoflaherty.com/2017/03/08/women-both-as-teachers-and-pupils-in-the-irish-education-system-through-the-19th-and-20th-century/>.

Note: In 1901 in South Australia there were a total of 1,318 teachers, 416 were provisional, 64 were pupil teachers and 234 were monitors. Source: Thiele, Colin Milton. *Grains of Mustard Seed*. Adelaide SA: Education Department South Australia, 1975.

⁸²¹ Knowles, *Andragogy in Action*.

with a friendly Sales Lady had led to attending an Association discussion.⁸²² Each group had its own library of approved books which was so small that it fitted into a suitcase.⁸²³ The books were also available for loan by non-members of the Association.⁸²⁴ Paton regarded the libraries in the groups, and access to the Central Library which became the Lactation Resource Centre, as paramount to community education.⁸²⁵ In 1972 she said, "What you need now is one hell of a good Research Dept. behind you ... We should be the leaders in this field and have the most comprehensive B.F. and Mothering research library in Australia".⁸²⁶

Unlike the older maternal and child health organisations, the Association initially had no buildings to house its libraries and hold its meetings and even

⁸²² Beverley Timms, "Interview by Judy Gifford," in *Nursing Mothers' Association of Australia Oral History Project* (Brisbane, QLD: John Oxley Library, State Library of Queensland, Australia, 2000). 1.

⁸²³ Nursing Mothers' Association of Australia, "Nursing Mothers' Association: Library List July 1965," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, 1965). Note: The Association list for 1965 has just 17 books.

⁸²⁴ "Letter from Mary Paton to Mrs J. Hickey 20 March 1967," in *Nursing Mothers' Association Records 1964 - 1997* (Melbourne VIC: State Library of Victoria Australia, 1967).

⁸²⁵ Paton, "Interview by Margaret Carmody." 14.

⁸²⁶ "Letter from Mary Paton to Joan Hunt 1 November 1972," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne VIC: State Library of Victoria, Australia, 1972).

now has only administrative offices in each state, usually rented premises. This is an indication of its community of practice status.⁸²⁷

Raising funds

Fundraising, along with donations and government grants have enabled the Association to be independent, both intellectually and financially: "We have the freedom and strength to govern ourselves and our own agenda".⁸²⁸ A continuing activity of the Association throughout the period under consideration has been sales of items considered useful for mothers and children.⁸²⁹ Paton states that at the start, "We were not sponsored, our only finances were a membership fee of 10/- (\$1.00) and the Foundation Members each put in £1.0.0 (\$2.00). We had no money except a £10.0.0 (\$20.00) donation ... At the first AGM there was a financial statement showing a balance of £38.6.0 (\$76.60)".⁸³⁰

⁸²⁷ Lave and Wenger, *Situated Learning: Legitimate Peripheral Participation*. Jean Lave, ed. *Situating Learning in Communities of Practice*, Perspectives on Socially Shared Cognition. (USA: American Psychological Association, 1991). 66, 81.

⁸²⁸ Paton, "25th Birthday Melbourne." 2.

⁸²⁹ Nursing Mothers' Association of Australia, "Catalogue," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne VIC: State Library of Victoria, Australia, 1980).

⁸³⁰ Paton, "Past and Future of NMAA."

It was Association policy to have stalls only at General Meetings with Guest Speakers.⁸³¹ Groups raised funds through local community activities such as garage sales.⁸³² The Meh Tai baby sling was sold by the Association (Figure 26).⁸³³



Figure 26. "Meh Tai. Isobel and Caroline Brusse." Photograph. Queanbeyan NSW: Private Collection, 2018.

⁸³¹ "Interview by Margaret Carmody." 12. "Stalls at Meetings," *Talkabout* 1, no. 3 (1970).

⁸³² "Features: Garage Sale," *Canberra Times (ACT: 1926 - 1995)*, August 14, 1986.

⁸³³ Nursing Mothers' Association of Australia, "Why Do I Need a Meh Tai Baby Sling," in *Nursing Mothers' Association of Australia*, ed. Nursing Mothers' Association of Australia (Nunawading VIC 1984).

It was based on ones used by mothers in Asia and similar to one advocated by the La Leche League.⁸³⁴ The Meh Tai was originally sewn by mothers at working bees in their homes, then commercially.⁸³⁵

The Meh Tai became the central fundraising effort.⁸³⁶ The Association used the advertising and sales of items available from the Association to promote its other activities. Paton said:

Using goods such as lambskins etc, was a way (and still is) of getting [our] name over as well as keeping the Association buoyant (moneywise I mean) ... We could not have established ourselves via the media on B.F. alone, the public wasn't ready. It is now ... The doors are open to you now to bring in more about what the hell we are all about.⁸³⁷

The Tarweena lambskins sold by the Association (Figure 27) were based on research by the Wool Board in conjunction with the Association whose members trialled their use.⁸³⁸

⁸³⁴ Mary Paton, "Memo to P.S.C.-B, Board Members from Mary Paton 17 May 1978," in *Records, 1964-997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1978). "Vintage Mei Tai/Meh Dai Part 1," Hipababy, <https://www.hipababy.com.au/blog/vintage-mei-tai-meh-dai-part-1>. Note: This website has photographs of mothers with babies in Meh Tais, the original NMAA brochure about the Meh Tai and a short history of baby slings.

⁸³⁵ Francis, "Interview by Jan Hodge." 9.

⁸³⁶ "Advertising: Make Life Easier with a Meh Tai Baby Sling as Seen in Press and on TV," *Canberra Times (ACT : 1926 - 1995)*, June 6, 1970. Merona Martin, "Motherhood Can Be Fun," *Australian Women's Weekly (1933 - 1982)*, 23 November 1977.

⁸³⁷ Paton, "Letter from Mary Paton to Joan Hunt 1 November 1972."

⁸³⁸ "Shop Window: A Baby Will Happily Go Visiting If a Lambskin Rug Goes Along to Play or Sleep On," *Canberra Times (ACT : 1926 - 1995)*, June 3, 1971. Joan North, "Interview by Trisha



Figure 27. Joseph Carmody on lambskin. 1975. Unley SA. Private Collection.

The Association also sold nursing bras and clothing, children's Puddle Wear (Figure 28).⁸³⁹

Edgoose," in *Nursing Mothers' Association of Australia Oral History* (Brisbane QLD: John Oxley Library, State Library of Queensland, Australia, 2000). 10. Rosemary Deakin, "House Dust Mites and Infant-Use Sheepskins," *Talkabout* 7, no. 3 (1976).

⁸³⁹ "Puddle Suits," *Canberra Times (ACT : 1926 - 1995)*, July 19, 1974.

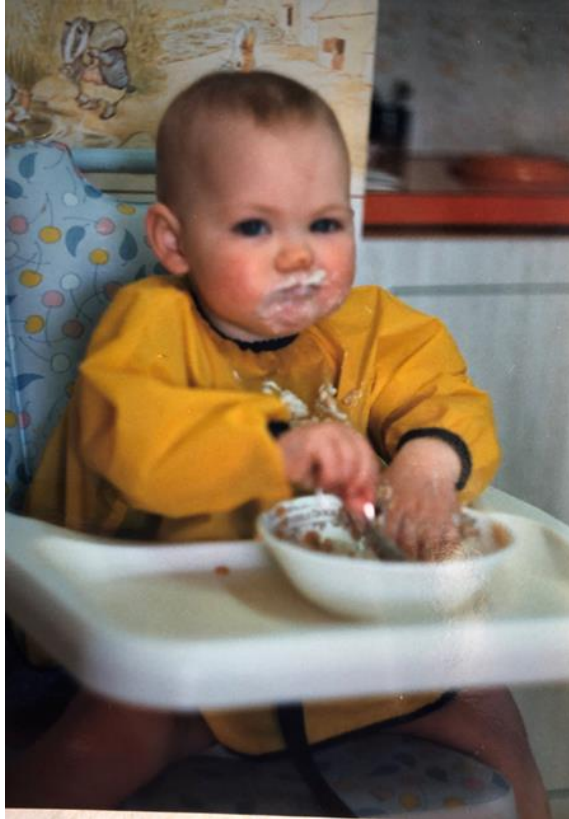


Figure 28. NMAA Puddle Feeder worn by Amelia Carmody 1988. Spence ACT. Private Collection.

There was a series of children's books and a book and tape recordings of children's songs, *Merrily, Merrily: A Book of Songs and Rhymes for Babies and Young Children* (Figure 29).⁸⁴⁰

⁸⁴⁰ Rae Paterson, *A Baby for Katie* (Melbourne VIC: Nursing Mothers' Association of Australia, 1980); *A Present for Katie* (Hawthorn, VIC: Nursing Mother's Association of Australia, 1981); *Katie and Simon* (Hawthorn, VIC: Nursing Mothers' Association of Australia, 1982); Judy McKechnie and Rae Paterson, *My Katie Book to Colour* (Hawthorn VIC Nursing Mothers' Association of Australia, c1980). Nursing Mothers' Association of Australia, *Merrily, Merrily: A Book of Songs and Rhymes for Babies and Young Children* (Hawthorn, Vic: Nursing Mothers' Association of Australia, 1979).

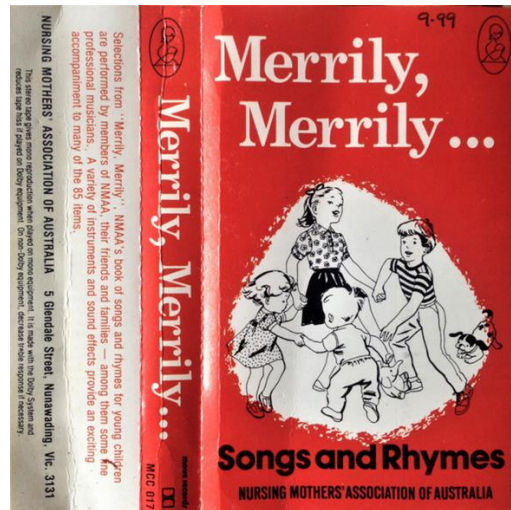


Figure 29. Nursing Mothers' Association of Australia. *Merrily, Merrily: A Book of Songs and Rhymes for Babies and Young Children*. Hawthorn, Vic: Nursing Mothers' Association of Australia, 1979.

The Foundation Members were well aware of the importance of the quality of the products they sold and of the sales operation and brought their own considerable professional expertise to the task. Balmford, who was a barrister, edited and indexed the recipe books the first of which, *NMAA Cooks*, “was 11 years in the works” (Figure 30).⁸⁴¹ The book and its companion, *NMAA Cooks Again* were favourably reviewed in the press.⁸⁴² Hugely popular for many

⁸⁴¹ Beverley Rae, "Stop Press," *Talkabout* 6, no. 4 (1975). Balmford, "Interview by Gwendolyn Dawlings." 12-13.

⁸⁴² "Timestyle," *Canberra Times (ACT : 1926 - 1995)*, August 12, 1984. Dagnija Balmford and Nursing Mothers' Association of Australia, *NMAA Cooks Again: A Companion Volume to NMAA Cooks* ed. Dagnija Balmford and Nursing Mothers' Association of Australia (Nunawading, VIC: Nursing Mothers' Association of Australia, 1983); Jacqueline Stodart, "Cooking: Three Gems from Aust. Kitchens," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne VIC: State Library of Victoria, Australia, 1976).

years, they are still in print.⁸⁴³ The attention to detail in the cookbooks indicates an awareness of the importance of well written materials, and the length of time to produce the book highlights the difficulty of publishing a professional standard book with voluntary labour.



Figure 30. Nursing Mothers' Association of Australia. NMAA Cooks. Hawthorn, VIC: Nursing Mothers' Association of Australia, 1977.

Consideration of the items sold highlights the perpetual problems that voluntary organisations have in raising funds, applying for grants and seeking sponsorship to enable them to carry out their education programs. A major

⁸⁴³ Australian Breastfeeding Association, "NMAA Cooks," Australian Breastfeeding Association, <http://www.mothersdirect.com.au/catalogue/id/120/cid/411/parent/0/pid/381/t/catalogue/title/NMAA+Cooks+-+Recipes+for+Busy+Mothers>.

expense was postage.⁸⁴⁴ As the Association grew, rented premises and employed some staff, there was an even greater need for funds. Beginning in 1970, the Association began to apply for government grants to fund specific projects as well as for administration and for the community education activities.⁸⁴⁵

Conclusion: Valuing experience.

The Association encouraged women to voice their experience and understanding of motherhood and specifically of breastfeeding. In doing this, they were voicing “subjugated knowledge”. This was not the knowledge that the powerful health professionals knew about and discussed, it was rather the knowledge that mothers possessed as a result of their personal experience of breastfeeding and caring for young children and from their observation of other mothers as well as from study of the matter through discussions and reading. It was learning “mother-to-mother”.

The Foundation Members realised that mothers needed reliable information and while they valued mini narratives and the mother’s experience,

⁸⁴⁴ Laird, "NMAA Newsletter Supplement President's Report for the Year Ended June 1973." 7.

⁸⁴⁵ "Letter from Judith Laird to the Hon, J. F. Rossiter M. P. Minister of Health," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne VIC: State Library of Victoria, Australia, 1970).

they also set about to ensure that the information in their publications was well researched and current. The attitude to knowledge was fluid, as demonstrated by the constant revision of its publications.

To achieve its goals it was necessary for the Association to raise its own funds in order for it to be intellectually independent; as Paton expressed it, "It is so you are on your own two feet and you're your own boss. No one's telling you what you must do".⁸⁴⁶

This independence gave the Association great flexibility in its operations but at the same time it restricted its activities in areas that would have required much funding, such as particular ethnic groups in the community. The Association developed items for sale including publications and mothering aids such as lambskins and the Meh Tai baby sling. These items not only provided income but were significant features of the Association's model of education.

⁸⁴⁶ Paton, "Interview by Margaret Carmody."

5: Emphasis on the mother

Mothers learning from mothers

This chapter describes in detail the three primary methods of education employed by the Association. These were first, group discussions; second, one-to-one counselling, supported by publications; and third, social events and activities. The discussions are described in detail including the topics, the functioning of the groups and the resources they used. Their counselling is examined, particularly the telephone counselling which was available to non-members as well as members. Then the social events such as morning teas and social activities, often of an administrative nature, are described. Finally, criticism of the provision of maternal education is evaluated. The chapter ends with an analysis of the Association's approach to education of mothers.

Maternal education

Group discussions

The group discussions, with question and answer format and flexibility to focus on the needs and concerns of those present are a strong feature of the Association's meetings. They were discussions which enabled learning by reflection, led by trained counsellors who were originally titled "group leaders"

or “office bearers⁸⁴⁷ and sometimes guest speakers.⁸⁴⁸ Paton said of the

Foundation Members:

We wanted to be very professional. We held trial discussions fortnightly for two – three months and then took stock and made notes for discussions [we] got people to come along by word of mouth. There were 12 – 15 people at each discussion.⁸⁴⁹

Barry recalled, “we really spent months going through those discussions and making sure they were right”.⁸⁵⁰ Paton explained the occupational therapy

origins of the discussions:

Having the informal group and making sure that everyone was introduced to one another and then we would bring in ... we had notes, prepared notes on a particular subject, which could be used, but it didn't matter if it went off on another tangent and it always meant that the participants could ask anything, at any time and felt at home. So, it really came from that, whereas the La Leche League gave a type of lectures. Ours was totally different, because we felt that this was the way to go, because Jan and Glen [Foundation Members] had experienced it at Royal Park.⁸⁵¹

There were four set topics which groups needed to run each year listed in the *Manual of the Nursing Mothers' Association of Australia*, which had been written

⁸⁴⁷ "Interview by Trisha Edgoose " in *Nursing Mothers' Association of Australia Oral History Project* (Brisbane, QLD: John Oxley Library, State Library of Queensland, Australia, 2000).

⁸⁴⁸ Elisabeth Wilson, "Interview by Simone Yemm " in *Nursing Mothers' Association of Australia, Oral History Project* (Brisbane QLD: John Oxley Library, State Library of Queensland, Australia, 2001).

⁸⁴⁹ Paton, "Past and Future of NMAA."

⁸⁵⁰ Barry, "Interview by Frances Fiddian."

⁸⁵¹ Paton, "Interview by Margaret Carmody." 10.

entirely by Paton in 1971.⁸⁵² The four topics were: the benefits of breastfeeding; the art of breastfeeding; breastfeeding in relation to family and home; and weaning and mother's diet.⁸⁵³ There were detailed notes for each of these topics⁸⁵⁴ which were frequently reviewed and revised.⁸⁵⁵

In developing the curriculum, the Foundation Members were acutely aware of the enormous variations in the matter of breastfeeding. While the curriculum was very loose it provided mothers with information about the physiology of breastfeeding: the let-down reflex, the role of hormones, milk production and the structures of the breast and of baby's mouth and the process of swallowing. It emphasised the nutritional value of breastmilk and provided information about the contents of breastmilk, the quantities produced and the variations in the breastmilk with the age of the babies. The aim was to give mothers confidence that they could breastfeed their babies.⁸⁵⁶ As Cox explains,

⁸⁵² Nursing Mothers' Association of Australia, *Manual of the Nursing Mothers' Association of Australia* (Nunawading VIC: Nursing Mothers' Association of Australia, 1971).

⁸⁵³ *Ibid.*

⁸⁵⁴ Nursing Mothers' Association of Australia, "Discussion No. 3: Management of Feeding in Relation to Family and Home."

⁸⁵⁵ "Discussion Notes," *Talkabout* 1, no. 3 (1970).

⁸⁵⁶ Nursing Mothers' Association of Australia, "Nursing Mother's Association of Australia, Breastfeeding for Beginners, 18 September 1976," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, 1976).

“The meetings were wonderful ... you couldn’t believe that there were people that knew all these things and did all these things that you did”.⁸⁵⁷

Apart from the four set topics, the groups determined their own topics and many others were discussed including unsettled babies, introducing solids, breast refusal, supply problems, inverted nipples and managing situations such as illness, crisis, separation and disability.⁸⁵⁸ The Association also concerned itself with social issues that affected breastfeeding such as pesticides in milk. Primarily, the Association’s response to these issues was educational, that is, it sought to explain the physical and political significance of these personal issues to its members, such as seeking to raise their consciousness and awareness of possible contaminants in their own domestic settings.⁸⁵⁹ This is an example of critical practice, focusing on the individual’s response in their own environment and the recognition that the personal is political.

⁸⁵⁷ Sue Cox, "Interview by Elizabeth Wilson," in *Nursing Mothers' Association of Australia Oral History Project* (Brisbane, QLD: John Oxley Library, State Library of Queensland, Australia, 2001). 2.

⁸⁵⁸ Joan North, "Discussion Meeting Topics," *Talkabout* 3, no. 2 (1972). Note: Topics listed in a 1972 edition of *Talkabout* included, "Planning your days; Sex education for young children by a psychologist; Safety aspects of child care by a I. W. C. Sister; The effect of hospitalisation on children by a doctor; Benefits and psychology of B.F. [breastfeeding] by a doctor; Background experiences for the pre-school child by a kindergarten teacher; Old wives' tales".

⁸⁵⁹ Munslow-Davies, "Western Australian Branch Annual Report."

It is evident from Paton's writing that the Association groups had far more discretion than the League's groups:

Form a group of NMAA mothers together as a team with a set function and purpose. Give that team freedom to move, to use their intelligence, initiative, abilities, expertise and ideas – pool all this together, feed it with encouragement, and wonderful things happen.⁸⁶⁰

The League's set of discussion topics was designed to be a complete course and included not only breastfeeding but also natural childbirth.⁸⁶¹ When an Association Counsellor, Margaret Rolfe attended a League leaders' meeting in 1975 she commented, "They concentrated totally on the subject – no gossip and side tracking at all!"⁸⁶² Association Vice President Robyn Wainwright attended a League conference in the 1990s and recalled taking Association booklets with her, *Breastfeeding through Pregnancy and Beyond* and *Sex and the Breastfeeding Woman*, "They didn't have anything like that, they just snapped them up and said 'Wow, you talk about that stuff'".⁸⁶³

⁸⁶⁰ Mary Paton, "The Strength of NMAA and Its Role in the Community by Mary Paton February 1982," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, 1982).

⁸⁶¹ La Leche League International, "Brief History of La Leche League International".

⁸⁶² Margaret Rolfe, "A Nursing Mother Visits America," *Talkabout* 7, no. 1 (1976).

⁸⁶³ Robyn Wainwright, "Interview by Kaylene Proud," in *Nursing Mothers' Association of Australia Oral History* (Brisbane, QLD: John Oxley Library, State Library of Queensland, Australia 2001). 18.

Significantly, there was no set order to the Association's discussion topics nor the publications, particularly the booklets. This effectively allowed the mothers to choose their own curriculum which, as Freire argues, empowers learners.⁸⁶⁴ This approach to education was closely aligned with the Foundation Members' perception of new young mothers needing support and valuing the opportunity to choose for themselves what they would learn. This was a positive, humanistic view that built on strengths and believed that, as Seligman and Csikszentmihalyi asserted, "The majority of 'normal' people also need examples and advice to reach a fuller and more fulfilling existence".⁸⁶⁵ Paton saw young mothers as being at risk of "Going in the wrong direction ... and desperately needing support in some way. You know, mothering the mother it's simple. It's an old term, but it really works".⁸⁶⁶ Interviewee Marg Crisp stated, "It's that personal touch that got me right from the start, and somebody taking an interest in me as a person and my child".⁸⁶⁷ This support is reminiscent of an arts and crafts style of educational approach in the tradition of craft classes and of

⁸⁶⁴ Paulo Freire, *Education for Critical Consciousness*, trans. Myra Bergman Ramos (London: Continuum, 2005). 139.

⁸⁶⁵ Martin E. P. Seligman and Mihaly Csikszentmihalyi, "Positive Psychology: An Introduction," *American psychologist* 55, no. 1 (2000). 11.

⁸⁶⁶ Paton, "Interview by Margaret Carmody." 10.

⁸⁶⁷ Crisp, Marg. "Interview by Joanne Packer " In *Nursing Mothers' Association of Australia Oral History Project*. Brisbane QLD: John Oxley Library, State Library of Queensland, Australia, 1999.

Occupational Therapy.⁸⁶⁸ This is where one mother teaches another, and then that mother in turn becomes the teacher. It is a clear indication of the Association as a community of practice.⁸⁶⁹

The format of the discussion meetings was strongly influenced by the practice of group therapy sessions.⁸⁷⁰ Meetings usually started at 8.00pm with "general chatter" and then introductions for 10 minutes. There was great emphasis on the gathering stage of a meeting, especially the introductions.⁸⁷¹

Paton stated,

This is easily forgotten, but perhaps the most helpful way for those gathered together to meet each other. Each introduction should be accompanied by a short lactation experience resume by the participant ... From this acquired information you can determine the needs of that particular discussion [group].⁸⁷²

⁸⁶⁸ Adamson, "Towards an Understanding of Occupational Therapy Professional Practice Knowledge in Mental Health Services "; Craft NSW, "The Society of Arts and Crafts NSW - Our History," Craft NSW, <http://www.artsandcraftsNSW.com.au/History.htm>.

⁸⁶⁹ Lave and Wenger, *Situated Learning: Legitimate Peripheral Participation*.

⁸⁷⁰ Paton, "Past and Future of NMAA." Public Record Office Victoria, "Agency Va 2845. Royal Park (Receiving House 1907-1909; Hospital for the Insane 1909-1934; Mental Hospital 1934-1954; Psychiatric Hospital 1954-Ct),"

<http://access.prov.vic.gov.au/public/component/daPublicBaseContainer?component=daViewAgency&breadcrumbPath=Home/Access%20the%20Collection/Browse%20The%20Collection/Agency%20Details&entityId=2845>; Adamson, "Towards an Understanding of Occupational Therapy Professional Practice Knowledge in Mental Health Services ". Wendy Weir, "Emerging from Behind Locked Doors," *Australian Occupational Therapy Journal* 38, no. 4 (1991). Paton, "Interview by Margaret Carmody."

⁸⁷¹ "Past and Future of NMAA."

⁸⁷² "On Introductions," *Talkabout* 1, no. 3 (1970).

Next there was the main topic for the evening “plus any particular problem a mother may wish discussed”.⁸⁷³ Mothers were encouraged to look carefully and objectively at different ideas and approaches which is indicative of critical health literacy.⁸⁷⁴ There was an opportunity for personal breastfeeding problems to be discussed further with the counsellor after the discussion, when they served supper which had quite specific guidelines,

Suppers must be simple, tea or coffee or even cool drinks in hot weather, and a couple of plates of simple nutritious biscuits or sandwiches – more than likely you will be feeding nursing and expectant mothers, and we do try to encourage good nutrition. So, keep away from cakes, and anything elaborate.⁸⁷⁵

Generally, the meetings with a discussion led by a counsellor were held in the evenings and there were typically mothers but not many children present, mostly only small babies. The preferred location was a private home or a small community centre.⁸⁷⁶ Group leaders were advised, “If it is humanly possible, hold meetings in a home. It is far more intimate, and the atmosphere is more

⁸⁷³ Nursing Mothers' Association of Australia, "You Wish to Become a Group Leader? ."

⁸⁷⁴ Elisabeth Wilson, "Interview by Simone Yemm " in *Nursing Mothers' Association of Australia, Oral History Project* (Brisbane QLD: John Oxley Library, State Library of Queensland, Australia, 2001). 6. Nutbeam, "Health Literacy as a Public Health Goal: A Challenge for Contemporary Health Education and Communication Strategies into the 21st Century."

⁸⁷⁵ Nursing Mothers' Association of Australia, "You Wish to Become a Group Leader? ." 3.

⁸⁷⁶ Chris Cadd, "Interview by Joanne Packer," *ibid.* (Brisbane, QLD). 3.

conducive to friendly chatter and relaxation than a hall or public place".⁸⁷⁷ This advice partly reflects the 1960s view of breastfeeding as a private, intimate act which would normally only ever occur in a private home, never in public. Significantly, the home of the group leader was an indicator to members of a distinct approach to motherhood:

Members can see, that, when meetings are held in a leader's home, she is human too – that her upholstery is worn, that Johnny has scribbled on the walls and broken the lampshade, or the curtains are not made, and her children cry sometimes too. No place like home for dispelling the thought that we may be the calm unruffled mothers with no problems!⁸⁷⁸

These gatherings were a new experience for many first-time mothers, especially the opportunity to observe toddlers being breastfed. King recalls her first Association meeting, "I was just hooked by the camaraderie of women and watching women breastfeed for the first time ever – I was just mesmerised by the whole thing and knew that that's what I wanted to do".⁸⁷⁹

The ideal size group was 15 members however it is evident that many groups far exceeded this number with 30+ mothers⁸⁸⁰ and their children which

⁸⁷⁷ Nursing Mothers' Association of Australia, "You Wish to Become a Group Leader?," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library, Victoria, Australia, n.d.). 1.

⁸⁷⁸ *Ibid.* 1.

⁸⁷⁹ Juletta King, "Interview by Joy Anderson," *ibid.* (Brisbane, QLD2000). 1.

⁸⁸⁰ Nursing Mothers' Association of Australia, "Talkabout Vol 13 No 2 March 1982." 22, 23. Note: The average size of NSW Group in 1977 was 72 and had dropped to 39 in 1982.

must have been very cramped in the average suburban house. It was estimated in the early 70s that in excess of 1,000 mothers attended Association events across Australia every month.⁸⁸¹ As Counsellor and General Practitioner Robyn Leeson recounts, "I can vividly remember a meeting at our place ... where people just kept pouring into our little house".⁸⁸² The meetings did not match some mothers' expectations of formality. Crisp remembers, "it was boisterous, and I really was impressed with the information that I received ...mothers sat on floor with toddlers".⁸⁸³

Counsellors were guided by the Code of Ethics regarding their role of encouraging mothers who wished to breastfeed, cooperating with health professionals, enabling mother-to-mother contact and maintaining confidentiality.⁸⁸⁴ Describing the group discussions, Widdup comments, "We

⁸⁸¹ "The National Hospitals and Health Services Commission Interim Committee Submission by the Nursing Mothers' Association of Australia, (N.D.)," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, ?1973). 9.

⁸⁸² Robyn Leeson, "Interview by Margaret Carmody," (Colonel Light Gardens, SA2011). 1. Marg Crisp, "Interview by Joanne Packer " in *Nursing Mothers' Association of Australia Oral History Project* (Brisbane QLD: John Oxley Library, State Library of Queensland, Australia, 1999). 1. Mary Paton, "A Note from the Founder," *Talkabout* 2, no. 2 (1971). Eril Jolly, "Editorial," *ibid.* 6, no. 4 (1975). Note: The large groups were mostly due to the slow process of training to be a Counsellor in a time of rapid expansion of the Association. In 1971, membership "snowballed" with four new members daily. By February 1973, with membership over 6,000, the Association was growing at the rate of 11 new members a day.

⁸⁸³ Marg Crisp, "Interview by Joanne Packer " *ibid.* (Brisbane QLD1999). 1.

⁸⁸⁴ Australian Breastfeeding Association, *Code of Ethics of the Australian Breastfeeding Association* (East Malvern VIC: Australian Breastfeeding Association, 2012); Mary Paton, "The Founder, Mary Paton, Talks About the Code of Ethics, 3rd Revision, September 1982," in *Records, 1964-1997*

don't say that we've got all the answers. I never pretended that I knew the lot and I never pretended that I had any medical knowledge or background ... It was talking with, not talking at".⁸⁸⁵ There were concerns that large discussion groups may not be meeting the needs of new mothers.⁸⁸⁶ The counsellors sometimes needed to adopt strategies to divide the group.⁸⁸⁷ Running group discussions required advanced skills and some counsellors noted they used their teacher training with the groups which were typically very mixed in their knowledge about breastfeeding, the number and ages of their children and therefore their personal experience of breastfeeding, their educational backgrounds and their cultural backgrounds.⁸⁸⁸

Overwhelmingly, at these meetings, mothers found a friendly empathetic group where there was non-judgemental understanding of the complexity of the problem such as unsettled baby, low weight gain and so on.⁸⁸⁹ The Association

[*Manuscript*], ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1982).

⁸⁸⁵ Widdup, "Interview by Margaret Carmody." 22, 25.

⁸⁸⁶ Felicity Welsh, "How Much Can We Do? Felicity Welsh, Turramurra," in *Records, 1964-1997* [*Manuscript*], ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, n.d.).

⁸⁸⁷ Barbara Pamphilon, "Interview by Catherine Woodward," in *Nursing Mothers' Association of Australia Oral History Project* (Brisbane QLD: John Oxley Library, State Library of Queensland, Australia, 2000). 9.

⁸⁸⁸ Beverley Timms, "Interview by Judy Gifford," in *Nursing Mothers' Association of Australia Oral History Project* (Brisbane, QLD: John Oxley Library, State Library of Queensland, Australia, 2000).

⁸⁸⁹ Wilson, "Interview by Simone Yemm ". 4. Widdup, "Interview by Margaret Carmody." 22.

groups' environment contributed to the learners feeling safe to take risks with their learning and gave them confidence in their abilities and knowledge.⁸⁹⁰ This reflects Knowles' precept of adult learning as a social activity.⁸⁹¹

The experience of participating in Association events empowered women to breastfeed their babies. In terms of Freire's emphasis on the importance of people being without fear to overcome their oppression this approach was radical.⁸⁹² In this context mothers feeding their babies becomes a demonstration against that fear.⁸⁹³ By encouraging discussion among the members, the Association was facilitating mothers' functional and interactive health literacy.

The educational outcomes of these discussions were not measurable by any externally construed factors such as weight gain of the babies or breastfeeding rates. There were no essays to write, no tests or examinations to ascertain if mothers had gained competency, nor certificates awarded. The outcomes were in the category of qualitative responses. Interviewees remarked that the discussions made them "feel better".⁸⁹⁴ Feeling better about their

⁸⁹⁰ Knowles, *Andragogy in Action*.

⁸⁹¹ Knowles, Holton III, and Swanson, *The Adult Learner*.

⁸⁹² Nina Wallerstein and Edward Bernstein, "Empowerment Education: Freire's Ideas Adapted to Health Education," *Health Education Quarterly* 15, no. 4 (1988). Freire, *Pedagogy of the Oppressed*.

⁸⁹³ *Pedagogy of Hope: Reliving Pedagogy of the Oppressed*, trans. Robert R. Barr (London: Bloomsbury, 2014). 115.

⁸⁹⁴ Wilson, "Interview by Simone Yemm ". 19.

problems or concerns in relation to breastfeeding translated into a general feeling of confidence about their mothering role.⁸⁹⁵ In a wider context, it could be that learners changed their perceptions of themselves and that this confidence was transformative.⁸⁹⁶ Balmford described her time in the Association as a “Warm feeling of belonging and having done something useful ... and the friendships”.⁸⁹⁷ Significantly, the Association has proven conclusively that the assumption, based on a traditional teacher - centred approach, that adults need to learn without distractions is unfounded: mothers learned in crowded rooms full of distractions – breastfeeding babies and noisy toddlers.⁸⁹⁸

Resources for learning

The Association provided a variety of learning opportunities to accommodate different learning styles such as visual, auditory and kinaesthetic. These included written materials, posters, films, talks and discussions as well as workshops and opportunities to observe mothers as they fed and cared for their babies. The Association’s approach to learning reflects Freire’s descriptions of

⁸⁹⁵ Cadd, "Interview by Joanne Packer." 6.

⁸⁹⁶ Willans and Seary, "I'm Not Stupid after All' - Changing Perceptions of Self as a Tool for Transformation."

⁸⁹⁷ Rosemary Balmford, "Interview by Gwendolyn Dawlings," *ibid.* (Brisbane, QLD). 15.

⁸⁹⁸ Darlene McDonough, "Similarities and Differences between Adult and Child Learners as Participants in the Natural Learning Process," *Psychology* 4, no. 3A (2013).

desirable adult education.⁸⁹⁹ In addition, there were elements of a self-determined heutagogical approach in the resources which mothers could read at their own pace, according to their own interests.

The Association regarded the mothers as self-directed, autonomous learners. They took a heutagogical approach and provided information in the form of publications that mothers could borrow or purchase, according to their own needs.⁹⁰⁰ The Association expressly takes into consideration women's ways of knowing and learning.⁹⁰¹

The early Association members used books which reflected their ideas such as Karen Pryor's *Nursing Your Baby*.⁹⁰² Another was *The Nursing Couple* by Merrell P. Middlemore.⁹⁰³ They were influenced by the *League Newsletter*⁹⁰⁴ and used some League publications.⁹⁰⁵ They were gradually compiling a list of

⁸⁹⁹ Freire, *Education for Critical Consciousness*. 38.

⁹⁰⁰ Hiemstra, "Moving from Pedagogy to Andragogy".

⁹⁰¹ Mary Field Belenky et al., *Women's Ways of Knowing: The Development of Self, Voice, and Mind* (New York: Basic Books, 1986).

⁹⁰² Karen Pryor and Gale Pryor, *Nursing Your Baby* (New York: HarperResource, 2005). Robyn Leeson, "Interview by Margaret Carmody," (Colonel Light Gardens, SA2011); Paton, "Interview by Margaret Carmody."

⁹⁰³ Middlemore, *The Nursing Couple*.

⁹⁰⁴ Note: Ironically, La Leche League New Zealand now uses Association publications, as outlined in an interview with Bronwyn Highton who is a La Leche League Leader. Source: Highton, Bronwyn (Brylin). "Interview by Margaret Carmody." Dalmore, Dunedin, NZ, 2011.

⁹⁰⁵ Paton, "Note on La Leche League Leaders' Packet by Mary Paton."

approved books for use in discussions, as adjuncts to counselling and in community education. The lists of approved books were published in the *Newsletter* and *Talkabout*. Each group had its own small library of resources including children's literature that depicted breastfeeding both in stories and science and information books. Interviewees commented on the usefulness of group libraries before the days of the internet.⁹⁰⁶

The Foundation Members wrote and distributed information sheets on basic topics such as *Weaning* and *Preparation for Breastfeeding*. The sheets were used as the basis of group discussions and were also sold. By the late 1960s it became apparent that the Association needed its own booklets. The first one was *Learning to Breastfeed* which took two years to produce.⁹⁰⁷ The Association became a leader in providing resources that mothers could read for themselves such as the book *Breastfeeding Naturally* (Figure 31),⁹⁰⁸ and the many booklets and

⁹⁰⁶ McKay, "Interview by Clare Gleeson-Mcguire ". 20.

⁹⁰⁷ Nursing Mothers' Association of Australia, "Editorial - History of NMAA Publications 1964 - 1970," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, ?1970).

⁹⁰⁸ Jane Cafarella, *Breastfeeding - Naturally* (Melbourne VIC: Merrily Merrily Enterprises, 1996); Jill Day and Australian Breastfeeding Association, *Breastfeeding: Naturally*, 2nd revised ed. (East Malvern VIC: Australian Breastfeeding Association, 2005).

resources to support discussions including leaflets,⁹⁰⁹ posters⁹¹⁰ and films.⁹¹¹ The innovative teaching resource *Breast Atlas* was the first of its kind in the world.⁹¹² It was developed by a group of Canberra members in the late 1980s to illustrate milk production in the breast. It consists of transparent pages depicting the anatomy and physiology of the breast and was used for discussions and community education.⁹¹³ There were also detailed notes to use in community education settings.⁹¹⁴

⁹⁰⁹ Australian Breastfeeding Association, "Breastfeeding, While Natural Is Still a Learned Skill," ed. Australian Breastfeeding Association (Glen Iris VIC: Mothers Direct, n.d.).

⁹¹⁰ Nursing Mothers' Association of Australia, "Editorial - History of NMAA Publications 1964 - 1970."

⁹¹¹ "Breastfeeding, What a Beautiful Thing to Do," (Melbourne VIC: Nursing Mothers' Association of Australia, 1979).

⁹¹² Paton, "25th Birthday Melbourne."

⁹¹³ Nursing Mothers' Association of Australia, *Breast Atlas* (Hawthorn VIC: NMAA, 1981).

⁹¹⁴ Lyn Lea, Helen Inman, and Hazen Waller, *The Basics of Breastfeeding: A Handbook to Accompany the National Slide Set* (Nunawading, VIC: Nursing Mothers' Association of Australia, 1984).

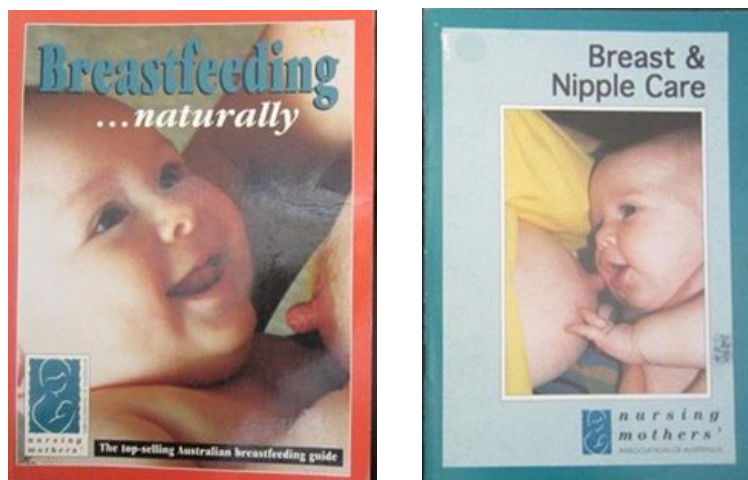


Figure 31. A. Cafarella, Jane. *Breastfeeding - Naturally*. Melbourne VIC: Merrily Enterprises, 1996. B. Nursing Mothers' Association of Australia. *Breast and Nipple Care*. Nunawading VIC: Nursing Mothers' Association of Australia, 1986.

The booklets can be broadly grouped into those which dealt directly with breastfeeding matters from the mother's point of view, those that dealt with managing the baby and breastfeeding, and those that dealt with matters related indirectly to breastfeeding.⁹¹⁵ The first group covered the full range of the usual concerns that mothers have regarding breastfeeding.⁹¹⁶ They also dealt with less

⁹¹⁵ Nursing Mothers' Association of Australia, *Basically Breastfeeding*.

⁹¹⁶ *An Introduction to Breastfeeding ; Preparing for Breastfeeding* (Hawthorn, Vic: Nursing Mothers' Association of Australia, 1981); Nursing Mothers' Association of Australia Dandenong /Noble Park Group, *Learning to Breastfeed* (Hawthorn, VIC: Nursing Mothers' Association of Australia, 1980). Nursing Mothers' Association of Australia, *Increasing Your Supply* (Nunawading, VIC: Nursing Mothers' Association of Australia, 1988); *Too Much: Coping with an over-Abundant Milk Supply* (Hawthorn, Vic: Nursing Mothers' Association of Australia, 1982); *Coping with Breast Refusal* (Nunawading, VIC: Nursing Mothers' Association of Australia, 1986); *About Breast and Nipple Problems* (Hawthorn, VIC: Nursing Mothers' Association of Australia, 1981); *First Aid for Breasts and Nipples* (Hawthorn, Vic: Nursing Mothers' Association of Australia, 1981); Lenore Humphrey, *Cool Baby Cool* (Hawthorn, VIC: Nursing Mothers' Association of Australia, 1981); Christine MacDowall, *Let's Go by Car* (Hawthorn, VIC: Nursing Mother's Association of Australia, 1982); Hunter, *Working and Breastfeeding*; Nursing Mothers' Association of Australia, *Expressing & Storing Breast Milk* (Nunawading, VIC: Nursing Mothers' Association of Australia, 1986); *Understanding Wakeful Babies* (Nunawading, VIC: Nursing Mothers' Association of Australia, 1984); *Why Is My Baby Crying?* (Hawthorn, Vic: Nursing Mothers' Association of Australia, 1982). *Especially for Grandmothers* (Nunawading, VIC: Nursing Mothers' Association of

common issues such as feeding when hospitalized, feeding babies with medical conditions, feeding twins and multiples, working and breastfeeding, expressing and storing breastmilk.⁹¹⁷ The booklets often began as just a few pages and then became more substantial with revisions and contributions from mothers who had breastfed babies with particular conditions such as the booklets about breastfeeding and Down syndrome.⁹¹⁸ The politics of breastfeeding, particularly in relation to feeding in public and social attitudes to the breast, along with the economic realities, were also examined.⁹¹⁹

Australia, 1985); Marita Bushell, *And So to Family Foods* (Hawthorn VIC: Nursing Mothers' Association of Australia, 1982).

⁹¹⁷ Nursing Mothers' Association of Australia, *Breastfeeding Twins* (Nunawading VIC: Nursing Mothers' Association of Australia, 1984). Ann Boadle, *Breastfeeding and Hospitalization* (Nunawading VIC: Nursing Mothers' Association of Australia, 1983). Anne Hapke, *Plastered Kids: How to Cope with Babies and Children in Plaster and Splints* (Hawthorn, Vic: Nursing Mothers' Association of Australia, 1974). Hunter, *Working and Breastfeeding*; Nursing Mothers' Association of Australia, *Breastfeeding Your Premature Baby* (Nunawading, VIC: Nursing Mothers' Association of Australia, 1983). Jenny Pandey, *Two for the Price of One? The Care and Breastfeeding of Twins* (Hawthorn, VIC: Nursing Mothers' Association of Australia, 1982). Nursing Mothers' Association of Australia, *Breastfeeding Twins ; Your Toddler and the New Baby* (Nunawading, VIC: Nursing Mothers' Association of Australia, 1985); *Breastfeeding Babies with Clefts of Lip and/or Palate* (Nunawading, VIC: Nursing Mothers' Association of Australia, 1985); *Inverted Nipples* (Nunawading, VIC: Nursing Mothers' Association of Australia, 1987); *Breast Feeding after a Caesarean Birth* (Nunawading, VIC: Nursing Mothers' Association of Australia, 1987); *Breastfeeding Higher Order Multiples* (East Malvern, VIC: Nursing Mothers' Association of Australia, 2000). *Gastro-Oesophageal Reflux and the Breastfed Baby* (East Malvern, Vic: Nursing Mothers' Association of Australia, 2000).

⁹¹⁸ Nursing Mothers' Association of Australia, *Breastfeeding Your Baby with Down Syndrome* (East Malvern VIC: Nursing Mothers' Association of Australia, 1998), 26 p. 21 cm; *Breastfeeding a Baby with Down's Syndrome* (Nunawading VIC: Nursing Mothers' Association of Australia, 1986), 4 p. 22 cm; *Breastfeeding a Baby with Downs Syndrome*, Revised. ed. (Nunawading VIC: Nursing Mothers' Association of Australia, 1988), 3 p. 22 cm.

⁹¹⁹ Australian Breastfeeding Association, "Breastfeeding in Public - Your Legal Rights," Australian Breastfeeding Association, <https://www.breastfeeding.asn.au/bf-info/breastfeeding-and-law/legalright>; Julie. P. Smith, Lindy H. Ingham, and Mark D. Dunstone, *The Economic Value of Breastfeeding in Australia: Nceph Working Paper Number 40*, Nceph Working Paper, 1033-1557; No. 40 (Canberra: Australian National University. National Centre for Epidemiology and Population Health, 1998); Wendy Brodribb et al., "What Do Australian Medical Programs Teach Medical Students About Breastfeeding?," *Focus on Health Professional Education: a Multidisciplinary Journal* 9, no. 2 (2007); Wendy Brodribb, Sue Kruske, and Yvette Miller, "Baby-Friendly Hospital Accreditation, in-Hospital Care Practices, and Breastfeeding," *Pediatrics* 131, no. 4 (2013); Brenda Fitzpatrick, *Thallikool. Aboriginal Outreach Project Report* (Nunawading, VIC: Nursing Mothers'

The purpose of the booklets was to provide information on a particular topic in a ready reference, inexpensive format in A5 size available from the groups or as a complete set of 28 booklets.⁹²⁰ The drafting and revision of booklets was a very detailed process, guided by Association policies.⁹²¹ There was a "rigorous writing process" according to McKay with information vetted by medical advisers.⁹²² They were under constant review, often prompted by detailed comments from members.⁹²³ There was an Executive Editor with groups involved by making suggestions, gathering ideas, photographs and comments on particular topics and drafting sections of booklets.⁹²⁴ The original version of the booklet *Survival Plan*, for instance, began as "a Leaflet of Menus to help the new mother" written by the Geelong Group.⁹²⁵

The Foundation Members thought that mothers needed to learn about breastfeeding, rather than obeying instructions. This attitude is evident in

Association of Australia, 1987); Virginia Thorley, "Softly, Softly: How the Mothercraft Association of Queensland Co-Existed with Government Policy, 1931-1961," *Health and History* 3, no. 2 (2001); Nursing Mothers' Association of Australia, "The Status of Women Enquiry Authorised by the Victorian State Government Submission by the Nursing Mothers' Association of Australia 31 March 1975."; "NMAA Submission to the Consultative Council on Pre-School Child Development June 1972," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, 1972).

⁹²⁰ *Basically Breastfeeding*.

⁹²¹ "Draft of NMAA Booklet Policy," in *Nursing Mothers' Association of Australia Records 1964 - 1997* (Melbourne VIC: State Library of Victoria Australia, 1984); "Policy Standing Committee - A. Breastfeeding Policy, 12-13 June 1978," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, 1978).

⁹²² McKay, "Interview by Clare Gleeson-Mcguire ". 20.

⁹²³ Nursing Mothers' Association of Australia, "Survival Plan - File," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, n.d.). *Survival Plan: A Booklet of Meal Suggestions and Housekeeping Hints*.

⁹²⁴ *And So to Family Foods*, 3rd ed. (East Malvern VIC: Nursing Mothers' Association of Australia, 1997). Note: the 1997 revised version of the booklet *And so to Family Foods* had illustrations of food prepared and photographed by the author of this thesis and a photograph of fathers holding babies including Anthony Carmody with his daughter Amelia.

⁹²⁵ "Editorial - History of NMAA Publications 1964 - 1970." Elvia Gaward, "Geelong Group - Case Study in Group Dynamics: How to Muddle Your Way through a Group Project," *Talkabout* 1, no. 4 (1970).

Association publications. The 1986 edition of the booklet *Breast and Nipple Care*

noted:

Breastfeeding is a learned art and it is normal to feel awkward at first. The midwifery staff can be a big help at this time and so can another experienced nursing mother – don't hesitate to ask for help if you need it.⁹²⁶

In the 1995 revised edition the attitude to learning is much more explicit:

Breastfeeding isn't meant to hurt!

This is a learning time for both you and your baby. Whether your baby is born in hospital, at a birth centre or at home, it can be reassuring to have someone available to help you as you learn to breastfeed.⁹²⁷

In terms of health literacy, an outstanding feature of the booklets was the very clear, simple explanations of complex neurophysiological processes.⁹²⁸ An example is the explanation of the suck reflex and the let-down of milk, illustrated with line drawings by Counsellor and Occupational Therapist, Ros Escott:

- By sucking at the breast, your baby triggers tiny nerves in the nipple
- These nerves cause hormones to be released into your bloodstream fluid
- One of these hormones (prolactin) acts on the milk-making tissues

⁹²⁶ Nursing Mothers' Association of Australia, *Breast and Nipple Care* (Nunawading VIC: Nursing Mothers' Association of Australia, 1986). 8.

⁹²⁷ *Breast and Nipple Care* (Nunawading VIC: Nursing Mothers' Association of Australia, 1995).

⁹²⁸ E. Burns et al., "Liquid Gold from the Milk Bar: Constructions of Breastmilk and Breastfeeding Women in the Language and Practices of Midwives " *Social science & medicine* 75, no. 10 (2012).
Nina Wallerstein and Edward Bernstein, "Empowerment Education: Freire's Ideas Adapted to Health Education," *Health Education Quarterly* 15, no. 4 (1988).

- The other hormone (oxytocin) causes the breast to push out or “let down” the milk. Some mothers feel the let-down as a tingling feeling, which can be quite strong, or a feeling of sudden fullness, or they notice milk dripping from the other breast.⁹²⁹

In contrast to the resources used by earlier organisations, the booklets used the voice of the mother. They were written in a non-judgmental tone, “We understand your situation, have you thought about this? Or perhaps this might work for you? Some mothers find ...” They did not exhort the mother to be “efficient” in her approach to feeding.⁹³⁰ They did not have the scientific language, charts or timetables that had dominated earlier resources.⁹³¹ They were not sponsored by formula manufacturers. They valued the mother’s experience and encouraged the mother to reflect on the facts through the lens of her experience and then make up her own mind about how to proceed. This was part of what Freire calls, “The development of the awakening of critical awareness”.⁹³²

The language used in the Association’s publications contributed to the distinctive Australian identity of the Association in the sense of the Australian accent, walk, food, and dress. This use of language familiar to Australian

⁹²⁹ Australian Breastfeeding Association, *Breastfeeding: An Introduction* 10.

⁹³⁰ King, *Feeding and Caring for Baby*. 71.

⁹³¹ *Ibid.* 71, 74.

⁹³² Freire, *Education for Critical Consciousness*. 15.

mothers was the discourse of the Association and had the effect of placing the power with the learner. An example reflecting the Australian way of life was, "Visitors may be happy to make you a cup of tea or bring in the washing [from the rotary clothesline in the back garden]".⁹³³ Mothers use of colloquialisms in their ordinary conversations about infant feeding were reflected in *Breastfeeding Higher Order Multiples*, which used the expressions "comps" [complementary feeds] and "rough patch" [difficult time] "sanity saver" [help in a time of great stress].⁹³⁴ From *Breastfeeding and Family Foods*, "Noah was totally [exclusively] breastfeeding and loving [satisfied with] it".⁹³⁵

The Foundation Members were aware that mothers from equity groups were not accessing the Association's services well. In response, they made attempts to extend its services. In 1969, for example, the pamphlet *Increasing Your Supply* was translated into Greek and Italian; however, as Paton comments, "[It] never really got off the ground as we were unable to supply the back-up services that were needed."⁹³⁶ These back-up services would have included counselling,

⁹³³ Australian Breastfeeding Association, *Breastfeeding: An Introduction* 21.

⁹³⁴ Nursing Mothers' Association of Australia, *Breastfeeding Higher Order Multiples*. 16.

⁹³⁵ Australian Breastfeeding Association, *Breastfeeding: And Family Foods*, ed. Australian Breastfeeding Association, Parenting Information Series (Australian Breastfeeding Association) (East Malvern VIC: Australian Breastfeeding Association, 2011). 5.

⁹³⁶ Nursing Mothers' Association of Australia, "Editorial - History of NMAA Publications 1964 - 1970."

group discussions and further publications in those languages.⁹³⁷ Later, there was a low literacy program including a leaflet (Figure 32) and a comic book about breastfeeding which was successfully used in community education and by Maternal and Child Health nurses.⁹³⁸

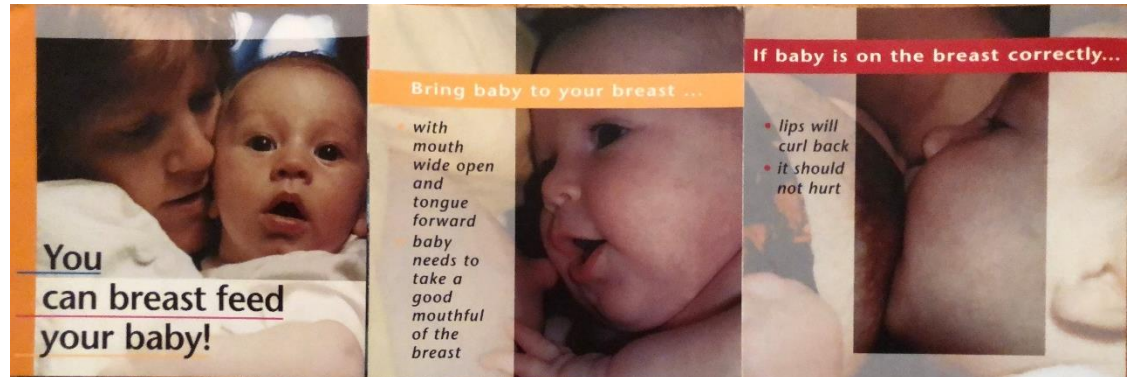


Figure 32. NMAA Tasmania. *You Can Breastfeed Your Baby!* South Hobart: Nursing Mothers' Association of Australia, 1996. 3, 4.

Interviewees commented that they learned about breastfeeding through reading and observation: "I think it was that sense of getting a hold of something that you really knew about, that you rigorously studied and understood and not just from the book stuff, but from the ding [sic] of it".⁹³⁹ In this comment, McKay has defined learning first as a product: mastery of what is already known about a topic through rigorous study; second as a process, understanding the meaning of

⁹³⁷ Sutherland, "Interviewed by Clare Gleeson-Maguire." 11.

⁹³⁸ Nursing Mothers' Association of Australia, "Breastfeeding in Pictures, NMAA," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, 1976).

⁹³⁹ McKay, "Interview by Clare Gleeson-Mcguire ". 16.

her own experience; and third as a function, by sounding out her ideas. This accurately reflects Smith's definition, "Learning is used to describe ... a product, a process or a function".⁹⁴⁰ It also reflects the humanistic psychology of Rogers.⁹⁴¹

Another significant channel of communication was the *Newsletter*, which was distributed to all members bi-monthly. "The role of the Newsletter is one of unification – a bringing together of all the members, however isolated or inactive, in touch with the essential spirit of NMAA."⁹⁴² It began, as Paton recalls, as "one foolscap sheet and then grew into sheets folded in half".⁹⁴³ Paterson, who was one of the Foundation Members, designed the first Association logo.⁹⁴⁴ The content included:

- Articles to provide education and information on all aspects of lactation.
- Articles to provide a medium for interchange of members' breastfeeding and mothering experiences.
- News of group, region, branch and national NMAA activities.
- Articles to disseminate NMAA breastfeeding policy.
- Articles to record NMAA progress.

⁹⁴⁰ Robert M. Smith, *Learning How to Learn: Applied Theory for Adults* (UK: Open University Press, 1982). 34.

⁹⁴¹ Rogers (1969) quoted by Malcolm S. Knowles, Elwood F. Holton III, and Richard A. Swanson, *The Adult Learner: The Definitive Classic in Adult Education and Human Resource Development* (London: Taylor and Francis, 2014). 43.

⁹⁴² Paton, "Past and Future of NMAA."

⁹⁴³ Ibid.

⁹⁴⁴ Francis, "Interview by Jan Hodge." 12.

- Book reviews.⁹⁴⁵

There were strict guidelines, “Advertisements for products and services which are inimical to NMAA’s aims or similar to NMAA’s products not to be accepted”.⁹⁴⁶ It grew in size and adopted a colour magazine format in the 1990s.

Renamed *Essence* in 2001,⁹⁴⁷ the *Newsletter* (Figure 33) was an important source of information for health professionals,⁹⁴⁸ as well as mothers. Widdup commented it was, “so affirming”.⁹⁴⁹ Wilson said “The general impression is that almost any difficulty can be overcome, one way or another.”⁹⁵⁰ By the 1980s, as the provision of baby health clinics became rationalised across Australia,⁹⁵¹ mothers had less contact with the clinics and the monthly *Newsletter* became increasingly important as a source of information. Escott comments, “[The *Newsletters*] had all these amazing stories about people who breastfed despite all

⁹⁴⁵ Nursing Mothers' Association of Australia, "Board Handbook: Newsletter, Talkabout, Breastfeeding Review, NMAA Training."

⁹⁴⁶ Ibid.

⁹⁴⁷ Australian Breastfeeding Association, "Our Magazine: Essence," Australian Breastfeeding Association, <https://www.breastfeeding.asn.au/content/our-magazine>. Jill Barnard, Karen Twigg, and Australian Breastfeeding Association, *Nursing Mums: A History of the Australian Breastfeeding Association - 1964 - 2014* (Glen Iris VIC: Australian Breastfeeding Association, 2014). 260.

⁹⁴⁸ Huffam, "Interview by Margaret Carmody." 6.

⁹⁴⁹ Widdup, "Interview by Margaret Carmody." 21.

⁹⁵⁰ Wilson, "Interview by Simone Yemm ". 3.

⁹⁵¹ Karen Hobson, "Changes 'Will Not Be Forced' on Public," *Canberra Times* (ACT : 1926 - 1995), November 16, 1988.

these amazing difficulties and it didn't put me off all the problems they had – what it said to me was this must be much more important than I imagined".⁹⁵²



Figure 33. "Nursing Mothers' Association of Australia. Newsletter ". Cover of Newsletter with black and white photograph. Melbourne VIC: Nursing Mothers' Association of Australia, 1978.

The *Bulletin*, was also bi-monthly, alternating with the *Newsletter* and listed the topics of "house meetings" [group discussions] throughout the metropolitan area of Melbourne. The *Bulletin* started life as "just a little slip gestetnered [duplicated]",⁹⁵³ the printing of which was very laborious.⁹⁵⁴ By 1968,

⁹⁵² Ros Escott, "Interview by Sue Cox," in *Nursing Mothers' Association of Australia Oral History* (Brisbane, QLD: John Oxley Library, State Library of Queensland, Australia, 2007). 3. Note: Escott's first child was born in 1985.

⁹⁵³ Paton, "Past and Future of NMAA."

⁹⁵⁴ Wilson, "Interview by Simone Yemm ". 9.

each group had its own *Bulletin* which typically had a title such as "Tit Bits" and included local group activities, congratulations to members with new babies, summaries of recent meetings, reprints of articles, recipes, jokes and information as to where to buy a lambskin.⁹⁵⁵ From the incorporation of the Association in 1975, all group news sheets and bulletins conformed to the title "(Group Name) Bulletin".⁹⁵⁶ The bulletins were a significant part of the Association's educational approach particularly in their function of giving the group an identity, making readers feel welcome and providing information.⁹⁵⁷ Arguably the *Newsletter* and bulletins helped to create communities of learners, particularly among the mothers who rarely attended any discussions or activities.⁹⁵⁸ They still had a sense of learning within a community which was distinctly different from the individualistic learning associated with a visit to the baby health centre or privately reading a handbook.

An emerging resource for information for mothers was the Association website which was first set up in 1997.⁹⁵⁹ It immediately provided a forum for

⁹⁵⁵ Widdup, "Interview by Margaret Carmody." 28. Dot Drew, "Interview by Liz Mcguire," in *Nursing Mothers' Association of Australia Oral History Project* (Brisbane QLD: John Oxley Library, State Library of Queensland, Australia, 2000). 4. Paton, "Past and Future of NMAA."

⁹⁵⁶ Margaret Fowler "!! Stop Press !!," *Talkabout* 6, no. 2 (1975).

⁹⁵⁷ Barbara Lockwood, "Group Bulletins," *ibid.* 7, no. 4 (1976).

⁹⁵⁸ Garrison, *Thinking Collaboratively: Learning in a Community of Inquiry*.

⁹⁵⁹ Paton, "Past and Future of NMAA." Barnard, Twigg, and Australian Breastfeeding Association, *Nursing Mums: A History of the Australian Breastfeeding Association - 1964 - 2014*. 268.

online discussions similar to group discussions, as well as information about the Association and breastfeeding and how to contact a counsellor. It had information sheets written for mothers and the general public, such as “Why breastfeeding is important”. The processes of producing the *Newsletter*, booklets and other publications along with administration of the Association quickly became streamlined using information and communication technology, indicating the responsiveness of the Association to its members’ expectations of digital communication.⁹⁶⁰

Criticism of the Association model

The groups were located at the grass roots level of the structure of the Association and there was considerable internal criticism of the hierarchical structure of the Association, its tendency to appoint people regardless of their knowledge and capabilities and the communication processes used. One vocal critic was Minchin who stated in 1981 that the Association was “an organisation in decline”.⁹⁶¹ She was facing the dilemma typical of newcomers as they engage

⁹⁶⁰ *Nursing Mums: A History of the Australian Breastfeeding Association - 1964 - 2014*. 270.

⁹⁶¹ Maureen Minchin, "Memo from Maureen Minchin to Board Members "Where Is NMAA and What of the Future?"," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne VIC: State Library of Victoria, Australia, 1981). "Maureen Minchin," Maureen Minchin, <https://infantfeedingmatters.com/maureen-minchin/>. Note: This matter was part of extensive communications with Minchin, discussed in Chapter Five.

in existing practices and begin to establish their own identity in the community of practice and its future.⁹⁶²

Given the size of many of the groups, not a lot of the members would have had homes that were suitable for hosting meetings. While hosting events was not a requirement of being a Group Leader, an unfortunate aspect of members' homes as the choice of venue was that it potentially precluded some members from undertaking this role because they did not have homes suitable for large groups.⁹⁶³ This choice of homes as venues was the basis of Reiger's depiction of the Association as exclusive.⁹⁶⁴ The Association realised that the informal intimacy of a member's home could be replicated in other venues and it responded by diversifying its venues to include more small community locations and clubs where members felt "at home".

There was criticism of the Association's publications, particularly about its inherent middle-class values, the research base of publications and the avoidance of political issues concerning infant nutrition. Minchin thought that the Association needed to become more professional and allow greater freedom for

⁹⁶² Lave and Wenger, *Situated Learning: Legitimate Peripheral Participation*.

⁹⁶³ Ibid. 5.

⁹⁶⁴ Reiger and Donoghue, "Historical Development of NMAA and Covering Letter to P. Fletcher."; Reiger, *Our Bodies, Our Babies: The Forgotten Women's Movement*.

its members with specialist research knowledge to comment independently on matters related to breastfeeding such as the role of formula feeding in relation to allergies and long-term health. She stated, "Information from an OB [office bearer] is [considered to be] more reliable than information from someone who reads the latest research!"⁹⁶⁵ Minchin found herself in a disempowered position, denied access to participation as the Association, quite legitimately in their view, prevented her from participating more fully.⁹⁶⁶ The response of the Association was to clarify the rules about public statements and publications on behalf of the Association and to seek conciliation with Minchin.⁹⁶⁷

On other occasions, criticism was successfully dealt with in a positive manner. When a counsellor suggested a booklet for bottle feeding mothers, the Board decided against the idea, stating that, "NMAA does not provide

⁹⁶⁵ Maureen Minchin, "Branch Presidents? To the Board from Maureen Minchin, December 1980, July 1982," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1982). 2.

⁹⁶⁶ Lave and Wenger, *Situated Learning: Legitimate Peripheral Participation*. 36, 103. Note: The matter in terms of Minchin as a Trainee Counsellor in relation to the Code of Ethics is detailed in Chapter 6.

⁹⁶⁷ Judy McKecknie, "Memo to Board Members from Judy McKecknie, 8 January 1981," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1981); Pamela Fletcher, "Memo to All Board Members from Pamela Fletcher - Vic. Branch President Re Letter from Sue Carolan About Maureen Minchin," *ibid.*, ed. Nursing Mothers' Association of Australia (Melbourne VIC State Library of Victoria Australia). Paton, "Letter from Mary Paton to Rae 6 February 1982." Bev Holman, "Relationship between NMAA and Maureen Minchin Board Meeting June 1985; Letter to Maureen Minchin 20/8/1985," *ibid.*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC 1985).

information on bottle feeding management ... counsellors refer the mother to her local health worker".⁹⁶⁸ In a demonstration of consideration and gratitude, the President invited the counsellor to write an article for the *Newsletter* about how the Association can support a bottle feeding mother without providing bottle feeding information.⁹⁶⁹

The Association was responsive to the criticisms and well aware of the limited reach of the booklets. In 1987, there was a resolution at the National Planning Conference that the "NMAA will develop a community outreach process applicable to any group of people for whom our current ways of operating are not appropriate".⁹⁷⁰ After the difficulties experienced with translated materials in the 60s, it had continued to address the equity issue, but it was not a simple matter. For instance, the Association was advised in 1983 by the Department of Immigration and Ethnic Affairs to not translate its booklets because of ethnic and cultural differences which might make some of the material offensive and it was suggested that the Association produce one document that could be translated without fear of discrimination, rather than

⁹⁶⁸ NMAA President, "Letter to Margaret Lewis from NMAA President 28 December 1983,"*ibid.*, ed. Nursing Mothers' Association of Australia (1983).

⁹⁶⁹ *Ibid.*

⁹⁷⁰ Nursing Mothers' Association of Australia, "NMAA Victorian Branch Outreach Project,"*ibid.* (Melbourne VIC1988).

trying to translate all the booklets.⁹⁷¹ Interviewee Latham gives the example of the cultural practice of swaddling babies, which some would find controversial.⁹⁷² The limited focus of the Association was criticised by Reiger as the “stereotypical white, English speaking, nuclear family in suburbia” and she commented that the Association’s “class and ethnic basis ... has persisted in spite of their expressed concern to reach women throughout the Australian community”.⁹⁷³ Concerns about cultural competence resulted in caution about accommodating cultural traditions and any attempts at improving the health literacy of these groups. As Okan observes, culture has become important to health literacy approaches in adult education.⁹⁷⁴

Counselling

“How can I help you?”

One-to-one counselling of mothers, both face-to-face and by telephone, letter and later email is an essential part of the Association’s service. Their telephone counselling service has always received huge numbers of calls. In 1985

⁹⁷¹ Carolyn Purdue, "Memo to Brenda Barber," *ibid.* (1983).

⁹⁷² Marion Latham, "Interview by Tricia Edgoose," in *Nursing Mothers' Association of Australia Oral History Project* (Brisbane, QLD: John Oxley Library, State Library of Queensland, Australia, 2001).

⁹⁷³ Reiger, *Our Bodies, Our Babies: The Forgotten Women's Movement*. 55 – 56.

⁹⁷⁴ Okan, "From Saranac Lake to Shanghai: A Brief History of Health Literacy." 30

for example, across Australia there were estimated to be 80,000 calls.⁹⁷⁵ The Association counsellors provided one-to-one counselling on breastfeeding matters for mothers in a variety of settings. Often, mothers would seek counselling after a group discussion, sometimes immediately after, while the rest of the group was eating supper.

There were strict guidelines for the counsellors to follow in any counselling situation. They stated:

Breastfeeding is for the baby and not the baby for breastfeeding. Breastfeeding is not an end in itself – the end should be the happiness and welfare of the mother and baby. Breastfeeding can be a wonderful way to achieve a happy and contented relationship between a mother and baby. But this may not be so for everyone.⁹⁷⁶

When counselling a mother, the counsellor needed to take an empathetic view, provide the mother with encouragement, ask questions and listen carefully so that she could judge the nature of the problem. Crisp gives as an example of counselling:

[The mother] said, “You have no idea how many phone calls I have made and you’re the first person who understands what I am going through”. And I thought “Oh hey, maybe I am in tune and maybe this is working”

⁹⁷⁵ Barnard, Twigg, and Australian Breastfeeding Association, *Nursing Mums: A History of the Australian Breastfeeding Association - 1964 - 2014*. 157.

⁹⁷⁶ Margaret Rolfe, "A Guide to Counselling for NMAA Office Bearers," in *Nursing Mothers' Association Records 1964 - 1997* (Melbourne VIC: State Library of Victoria, Australia, n.d.).

and it is just comments like that that make you think ... So you keep going.⁹⁷⁷

Next the counsellor needed to find out what other advice the mother had received and how she felt about that advice. She also needed to decide if this was a problem where a counsellor could assist. The counsellor needed to be astute in perceiving the nature of the problem. There were boundaries to counselling as McIntyre explains, "When does a mother need an NMAA counsellor? A midwife? A child health nurse? A LC [Lactation Consultant]?"⁹⁷⁸ Sometimes it would be apparent that it was a medical problem and so the mother needed to see a health professional.

Having established an empathetic relationship, gone through the questions, and identified that this was within her role, the counsellor could then make some suggestions to the mother, using phrases such as, "Some mothers find ..." or "Have you tried ...?" or "Do you think ...?" She could give information such as how the let-down reflex works and suggest resources that the mother might find useful. It was a non-directive, "hands off" approach, providing the

⁹⁷⁷ Crisp, "Interview by Joanne Packer ". 6.

⁹⁷⁸ McIntyre, "Interview by Lindy Harris ". 5.

learner with suggestions and encouraging them to make up their own mind about the course of action to take.

The basis of much of the criticism of the Association was that it was too dogmatic about breastfeeding in its insistence on the non-directive, hands off approach.⁹⁷⁹ Critics argued that mothers often seek a definitive, authoritative answer to their problems, so they can follow the instruction and know it will work. In such circumstances, the non-directive approach was not entirely satisfactory with mothers finding suggestions confusing and that they were unable to make appropriate choices. As a Maternal and Child Health Nurse, Huffam found it difficult to adopt an approach which required the mother to consider possibilities and make decisions about the course of action to follow.⁹⁸⁰ Counsellor Anne Hunt also felt there was a place for direct instructions.⁹⁸¹ The expectation of specific instructions has arguably been fuelled by the prescriptive publications and manner of advising rather than suggesting traditionally used by the providers of baby health clinics. The Association's educational approach of

⁹⁷⁹ Newbold, "Interview by Judy Valero." Anne Hunt, "Interview by Judy Szallasi," *ibid.*, ed. Nursing Mothers' Association of Australia (Brisbane, QLD: John Oxley Library, State Library of Queensland, Australia); McKecknie, "Memo to Board Members from Judy McKecknie, 8 January 1981."; Minchin, "Branch Presidents? To the Board from Maureen Minchin, December 1980, July 1982."; Holman, "Pac-10017843."

⁹⁸⁰ Huffam, "Interview by Margaret Carmody."

⁹⁸¹ Hunt, "Interview by Judy Szallasi."

making suggestions and empowering the mother to make her own well-informed decisions rather than providing an instant answer sought to build mothers' health literacy from functional to interactive and ultimately critical. More than giving advice to solve the immediate problem, which establishes dependence on experts, the Association sought to encourage independent problem solving. This approach to maternal education gave individual mothers the confidence to speak up about their needs and request the style of care they needed, particularly in relation to hospital practices.⁹⁸² This courage to speak up became a form of community education as individual mothers steadily changed attitudes in health institutions and workplaces.⁹⁸³

The "hands off" policy of the Association meant that the counsellors in face-to face counselling were restricted to showing and demonstrating and talking but they could not physically touch the mother and baby. That was left to the professionals. This created problems for counsellors who were also health professionals, as described by Hunt.⁹⁸⁴ It was from this frustration that the

⁹⁸² Judy Salom, "Interview by Marion Offer " in *Nursing Mothers' Association of Australia oral history* (Brisbane, QLD: John Oxley Library, State Library of Queensland, Australia 2007). Muriel Jones and Diana Chapman, "Interview by Judy Gifford," in *Nursing Mothers' Association of Australia Oral History Project* (Brisbane, QLD: John Oxley Library, State Library of Queensland, Australia, 2000).

⁹⁸³ Balmford, "Interview by Gwendolyn Dawlings." 28.

⁹⁸⁴ Hunt, "Interview by Judy Szallasi."

Lactation Consultant role emerged.⁹⁸⁵ In terms of health literacy, the hands-off approach prompted mothers to develop their knowledge of the practice of breastfeeding. It meant that in a case, for example, where the counsellor was assisting a mother who was having difficulty positioning and attaching the baby to the breast, the mother's personal space was not invaded, she could watch and listen and then attempt to feed the baby with the new information she had and the encouragement of the counsellor. She learnt to do it by herself rather than having someone do it for her. Thus, the locus of control in the learning situation was firmly with the mother whose personal space, physical dignity and autonomy were respected.⁹⁸⁶

Telephone counselling

Mothers learnt how to handle their breastfeeding situations from the counsellors, usually via telephone counselling. Balmford reflects, "I've always thought of it ... of the young woman in tears ringing up the counsellor and being soothed and encouraged, cheered up".⁹⁸⁷ The counsellors used the same

⁹⁸⁵ Rebecca Mannel et al., *Core Curriculum for Lactation Consultant Practice*, 2nd ed. (Sudbury, Mass: Jones and Bartlett Publishers, 2008). Marsha Walker and International Lactation Consultant Association, *Core Curriculum for Lactation Consultant Practice* (Sudbury, MA: Jones & Bartlett, 2002).

⁹⁸⁶ Virginia Schmied and Deborah Lupton, "Blurring the Boundaries: Breastfeeding and Maternal Subjectivity," in *Abjectly Boundless: Boundaries, Bodies, and Health Work*, ed. Trudy Rudge and Dave Holmes (Farnham, Surrey; Burlington, Vt.: Ashgate Pub., 2009).

⁹⁸⁷ Balmford, "Interview by Gwendolyn Dawlings." 11.

counselling format as with face-to-face counselling, but with the added difficulty of not being able to see the mother they were counselling.⁹⁸⁸

The counsellors had great skills in listening, questioning, describing, giving step by step instructions about processes, reflecting, praising and encouraging.⁹⁸⁹ The counsellors operated under notable difficulties, considering the service they provided. With their expert knowledge, counselling and communication skills, personal experience and efficiency it had all the hallmarks of a professional service. To be able to provide empathetic support, assess the situation, make suggestions and give information all via telephone was no mean feat. As an example, a counsellor might talk a mother with a screaming baby through correct positioning and attachment without being able to see the mother or show her, and yet be able to help the mother to get the baby successfully feeding during the conversation. Francis explained, "The problems of trying to visualise by phone what was happening and going through, 'have you tried this?' Or 'Is this happening or is that not?' ... offering suggestions and not giving

⁹⁸⁸ Margaet Rolfe, "Guide to Counselling for NMAA Office Bearers " in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, n.d.).

⁹⁸⁹Widdup, "Interview by Margaret Carmody." 33.

medical advice – very difficult with phone counselling”.⁹⁹⁰ Widdup comments that the counsellors were:

Exceedingly astute in the way they could explain something clearly, slowly and logically over the phone, without physically demonstrating or anything. I think they had a good grasp of language ... you get a really good picture in your head and you think, “right, this is how you do it” and you go through it, step by step ... And they had to have very simple, logical explanations. Often there was a baby crying or your own baby might have been dragging at you, so you would have to be clear thinking.⁹⁹¹

The calls covered a wide variety of topics and sometimes were specific to the locality, as Widdup explains:

There are different counselling things in different places. In Bateman’s Bay [NSW], being a beachside town, a lot of people would go without bras and just wore little elastic top things see. I said, “Do you think it might be because you’re not wearing a bra?” and that was why she was getting mastitis because always her mastitis was underneath.⁹⁹²

The first Headquarters was Paton’s own house and she provided telephone counselling 24 hours a day.⁹⁹³ Initially, all counsellors were listed in the telephone directory and available for counselling at any time. The Annual Report

⁹⁹⁰ Francis, "Interview by Jan Hodge." 13 – 14.

⁹⁹¹ Widdup, "Interview by Margaret Carmody." 33.

⁹⁹² Widdup, "Interview by Margaret Carmody." 20.

⁹⁹³ Paton, "Past and Future of NMAA." Note: One of the outstanding features of the telephone counselling service is that it has always been available to the public as well as Members of the Association. Increasingly this has presented a problem for the Association because it is providing a service and callers usually do not go on to become Members. This service was often complex to provide.

for 1965 says, "Well over 20 mothers have been helped. It is impossible for me to count the number of telephone calls and 13 members have received help by letter".⁹⁹⁴ A roster system was developed in Melbourne in 1976, and eventually each region had its own phone number for calls.⁹⁹⁵ Many of the interviewees comment on difficulties they experienced in providing counselling. "I didn't have the phone on. I made counselling calls in a phone box with a row of coins".⁹⁹⁶

The demands placed on the counsellors by the telephone counselling were enormous and had effects on their families. Barry reflects on counselling in the early 70s when she would get six to 12 calls every day:

None of us had answering machines in those days ... I can remember our children went through enormous quantities of peanut butter because they liked it and they got into it, especially the younger one, and I couldn't say more than once while I was listening to some poor mother who was in

⁹⁹⁴ Nursing Mothers' Association of Australia, "Newsletter: Nma ? September 1965." 4.

⁹⁹⁵ Australian Breastfeeding Association, "Vital Support Funding Announcement Welcomed by Australian Breastfeeding Association," news release, 30 March, 2019, <https://www.breastfeeding.asn.au/sites/default/files/imce/ABA%20Helpline%20funding%20-%20media%20release%20final.pdf>. "Australian Breastfeeding Association," Health Direct Australia, <https://www.healthdirect.gov.au/partners/australian-breastfeeding-association>. The Allen Consulting Group, *National Breastfeeding Helpline Evaluation: Research Report* (Canberra ACT: Australian Government Department of Health and Ageing, 2012). Anne Heywood, "The Nursing Mothers' Association Australia (1964 - 2001)," in *The Australian Women's Register* (Melbourne, VIC: Melbourne University, 2001). Note: More recently, since 2007 there is a national hotline, staffed by volunteer Counsellors with significant Federal funding.

⁹⁹⁶ Timms, "Interview by Judy Gifford." 4.

floods of tears or something, "Please put down the peanut butter". Nor could I say, "Hang on a minute, stop crying".⁹⁹⁷

Murray reminisces, "The phone never stopped ringing. I was constantly on the phone".⁹⁹⁸ Drew recalls getting, "up to 100 calls a month".⁹⁹⁹ Murray describes how her own children played counselling games while she was on the telephone taking counselling calls and comments, "It was a bit of a strain, but there were so many rewards".¹⁰⁰⁰

It is evident from the interviewees' accounts that the counsellors were able to provide the telephone counselling service despite often working in conditions that would normally be regarded as completely unsuitable. Francis reminisces, "You had to put your own family on hold The potatoes are boiling or burning and the family's screaming in the background – this is the time people phone with colic around dinner time".¹⁰⁰¹

As Joan North, who was involved in training over many years observes, "It's just been ordinary mothers doing the job [counselling, it's] coming from them and working out really how you speak to people and how you help people,

⁹⁹⁷ Barry, "Interview by Frances Fiddian." 21.

⁹⁹⁸ Murray, "Interview by Joy Anderson."

⁹⁹⁹ Drew, "Interview by Liz Mcguire." 6.

¹⁰⁰⁰ Murray, "Interview by Joy Anderson."

¹⁰⁰¹ Francis, "Interview by Jan Hodge." 13, 14.

not be dogmatic".¹⁰⁰² Reiger supports this view when she comments, "One of the aspects that attracted women to ... Nursing Mothers was that it was possible to combine this form of activity with full-time mothering and be considered a legitimate extension of mothering".¹⁰⁰³

Time for listening

The counsellors are defined by the interviewees as "helping" rather than "teaching": "She helped me a lot" or "I learnt ..." are phrases frequently employed. One interviewee described her first encounter with a counsellor thus, "She just filled me with such inspiration to breastfeed that was really the starting point for Nursing Mothers [for me]".¹⁰⁰⁴

The learning that the Association provided to mothers through its counsellors was informal education: it was life-wide learning in the sense of Adult Learning Australia's definition, "Life-wide learning is developing the skills and knowledge required to engage in meaningful work".¹⁰⁰⁵ It was significantly different from other forms of maternal education because there was

¹⁰⁰² Joan North, "Interview by Trisha Edgoose," in *Nursing Mothers' Association of Australia Oral History* (Brisbane QLD: John Oxley Library, State Library of Queensland, Australia, 2000). 8.

¹⁰⁰³ Reiger, Kerreen. *Our Bodies, Our Babies: The Forgotten Women's Movement*. Carlton South VIC Melbourne University Press, 2001.

¹⁰⁰⁴ Murray, "Interview by Joy Anderson." 3.

¹⁰⁰⁵ Adult Learning Australia, "Lifelong and Lifewide Learning for All Australians: Find a Course," Adult Learning Australia, <https://ala.asn.au/>.

plenty of time for listening and asking questions, proposing solutions, talking about feelings, discussing ideas, weighing up what might suit the mother's circumstances. The approach empowered mothers to make their own decisions, and to have confidence about their mothering.

The student-centred approach of the Association embraced humanistic, progressive and radical philosophies which had their origins in Maslow's thinking, influential in adult education in the 1960s.¹⁰⁰⁶ Maslow recommended "increased concern with fresh experiences, with concrete and particular realities".¹⁰⁰⁷ This approach, characterised by the freedom and autonomy of the learner, carefully considered how to assist adult learners to learn. There was a sense of trust between the teacher and the learner and active cooperation in the learning process. The counsellors facilitated learning rather than teaching in the traditional sense, reflecting Knowles' description of an adult educator who guides the student on their learning journey.

The aim was to improve self-development and enable personal growth on the part of the student. In this model the mother became more aware of herself and ultimately there was social reform, in this case a measurable increase in

¹⁰⁰⁶ Maslow, *Motivation & Personality*. 223.

¹⁰⁰⁷ *Ibid.* 223.

breastfeeding in Australia attributed in part to the work of the Association.¹⁰⁰⁸

Furthermore, it was this sort of education that gave students the power to think independently and to change society.¹⁰⁰⁹ It gave them problem solving skills which made them independent of the teacher and thus made them critically health literate.

Learning through social interaction

Morning teas and picnics

The Association's discussion groups, and informal activities such as morning teas have a serious educational purpose and demonstrate a fundamental understanding on the part of the Foundation Members of how mothers learn best. They were a fine example of creating an optimal learning environment.

A major feature of the Association's approach to learning is the switch from an attitude of "provision of learning" to "provision of learning opportunities". This attitude placed the power in the hands of the student. Lave and Wenger argue that "participation in social practice is the fundamental form

¹⁰⁰⁸ James Smibert, "Nursing Mothers' Association of Australia. [Letter]," *Medical Journal of Australia* 1, no. 12 (1974)

¹⁰⁰⁹ Freire, *Pedagogy of the Oppressed*. *Education for Critical Consciousness*. 15.

of learning".¹⁰¹⁰ In addition to counselling, and group discussions, the Association held social occasions which were opportunities for mothers to learn by observation, friendly conversations and listening and asking questions. These were informal morning teas and social events and also from time-to-time group activities such as picnics and outings for members and their families and were frequently featured in the *Newsletter* and bulletins and the media (Figure 34).¹⁰¹¹



Figure 34. Nursing Mothers' Association of Australia Ginninderra Group Picnic at Lake Ginninderra. 1994. Private Collection.

The babies and young children at these events were learning as well.

Paton referred to these encounters as "the mirrors in a child's life" and claimed

¹⁰¹⁰ Lave and Wenger, *Situated Learning: Legitimate Peripheral Participation*.

¹⁰¹¹ Nursing Mothers' Association of Australia. "Out and About." *Nursing Mothers' Newsletter* 31, no. 1 (January/February 1995). 13. "What's on around the District at the Weekend," *Canberra Times* (ACT : 1926 - 1995), November 3, 1984.

that the people a child meets at Association gatherings become the mirrors beyond the mother and immediate family.¹⁰¹² Sometimes there was overlap with Association activities and various other groups. Crisp comments on the effect on her children:

I'll always remember really fondly the playgroup with my youngest one, Brad, because that was virtually a Nursing Mothers group of girls who became a playgroup as well ... [our] children have become "best friends". So, it's become a really important thing for my family as well as me I suppose, and it's certainly influenced my children.¹⁰¹³

"A most amazing potential resource and strength".¹⁰¹⁴

The informal morning teas with counsellors present but no actual discussion topic were an outlet where mothers could take a break from the stresses of their mothering role, where they could meet other mothers and exchange ideas and develop friendships. Mothers often brought all their children under school age to the morning teas (Figure 35).

¹⁰¹² "Baby's First Mirror."

¹⁰¹³ Crisp, "Interview by Joanne Packer ". 5.

¹⁰¹⁴ Paton, "The Strength of NMAA and Its Role in the Community by Mary Paton February 1982." 3.



Figure 35. Nursing Mothers' Association of Australia Ginninderra Group Morning Tea. Spence ACT. December 1993. Private Collection.

“Chaotic” and “boisterous” is the way the environment is described. This was chaos in defiance of social norms and matches Cambourne’s ideas of immersion which Darlene McDonough links to Knowles’ concept of adult learning.¹⁰¹⁵ A notable feature of that environment was a willingness to breastfeed in that “public place”.¹⁰¹⁶ An interviewee, Dorothy Pill recalls, “I was quite shocked actually, because people wore no bras and they just fed their

¹⁰¹⁵ Brian Cambourne, *Coping with Chaos*, ed. Jan Turbill (Sydney NSW: Primary English Teaching Association, 1987). Knowles, *Andragogy in Action*; McDonough, "Similarities and Differences between Adult and Child Learners as Participants in the Natural Learning Process."

¹⁰¹⁶ Leeson, "Interview by Margaret Carmody." 1.

babies all the time and I was just flabbergasted. I had never seen anything like it before ... I joined after that".¹⁰¹⁷

This learning was recognised by the mothers who relished these opportunities. McIntyre comments about the morning teas:

It's like you are at a job, and you talk about your work, at your job. When you're a mother at home, that's your job, so you need someone to talk to about it, particularly if you're a first-time mum, to be able to talk about your new job is really, really important ... I needed to talk about this mothering [it was] a sort of surrogate family.¹⁰¹⁸

The personal, friendly welcome to discussions and morning teas had a big impact and encouraged people to become involved in the Association. One interviewee, McKay said:

The thing, the very first thing I remember was when we paid our money on the first night and we got a letter from Jan Coles and it was just such a lovely warm welcoming note, just with the receipt, nothing overdone ... and that set the tone for us that this organisation really cared at the human level about the people who were active in it".¹⁰¹⁹

¹⁰¹⁷ Dorothy Pill, "Interview by Marg Mcafferty," in *Nursing Mothers' Association of Australia Oral History Project* (Brisbane QLD: John Oxley Library, State Library of Queensland, Australia, 1999). 2.

¹⁰¹⁸ Ellen McIntyre, "Interview by Lindy Harris " in *Nursing Mothers' Association of Australia Oral History Project* (Brisbane QLD: John Oxley Library, State Library of Queensland, Australia, 2001). 11.

¹⁰¹⁹ McKay, "Interview by Clare Gleeson-Mcguire ".

Interviewees found the informal atmosphere at Association meetings and morning teas very supportive. Murray elaborates:

I just felt like it was marvellous – I suddenly met kindred spirits as far as child-rearing went or ... nourishment of babies and actually made a good friend, a couple of great friends out of that group ... in those first days [1971] it was just great – people sat around in a lounge room, babies were very acceptable, you felt – everyone just felt very supported and it was just a wonderful support. I didn't have a supportive family network, so I suppose in some ways it replaced that, and I just felt that it was fantastic, and I wanted to do everything to support it myself.¹⁰²⁰

The social aspect was important. Some interviewees reported that they had joined the Association in one place and then moved several times and each time they had become involved in their new local group: their social isolation had prompted them to join the Association. For these women, the Association clearly provided an instant friendship group that enabled them to ease into their new home. Paton said in her address to the Victorian Branch in 1982, "The NMAA "doula" [counsellor] takes the place of the grandmothers and great aunts in our changing society, and she is aided still further with the acquired strength of breastfeeding knowledge".¹⁰²¹ Some reported that they had moved to Australia with a small baby or moved from a rural area to a city and that the Association

¹⁰²⁰ Murray, "Interview by Joy Anderson." 4.

¹⁰²¹ Paton, "The Strength of NMAA and Its Role in the Community: Talk to Vic Branch Conference."

had helped them with support.¹⁰²² Interviewees tell stories of travelling great distances to attend meetings, or meetings with huge numbers attending, especially in rural New South Wales and Western Australia. There is a strong sense of overcoming isolation by setting up and maintaining Association groups, whether it is in the suburbs or in rural areas.

The informal activities met “three related human needs: the need for competence, the need for belongingness and the need for autonomy”.¹⁰²³ Balmford reflects, “You’re working together at a time when you’ve got a lot in common because we’re all going through the same experience and any meeting you have there are children all over the floor, so you get to know each other’s children as well”.¹⁰²⁴ In the process of collating bulletins or sewing Meh Tais, the members were getting to know each other, telling their stories and building their knowledge, and they had opportunities to observe each other as they related to their children, responded to their needs and breastfed their babies. The learning that took place was reflected in changed behaviour due to the experience of meeting with other young mothers and their children. This was an example of

¹⁰²² Dot Drew, "Interview by Liz Mcguire," in *Nursing Mothers' Association of Australia Oral History Project* (Brisbane QLD: John Oxley Library, State Library of Queensland, Australia, 2000). 1. Francis, "Interview by Jan Hodge." 2.

¹⁰²³ Ibid. 11.

¹⁰²⁴ Balmford, "Interview by Gwendolyn Dawlings." 16.

what Bandura describes as “imitative behaviour” where people learn by observing and imitating others in a group.¹⁰²⁵ Moreover, they were learning attitudes to mothering and to breastfeeding from which these actions sprang. According to Gagne, attitudes are the fifth domain of learning and they are learned most effectively through the use of human models and “vicarious reinforcement”.¹⁰²⁶ Hartmann has commented about the Association’s effectiveness in raising breastfeeding rates,

For the mother, breastfeeding is a learned behaviour normally acquired in childhood by osmosis learning—as observed in traditional Aboriginal communities ... It is to be anticipated that in Western societies, in which breastfeeding in public is not readily accepted, most new mothers will not have acquired breastfeeding skills, such as “positioning and attachment.” Therefore, experience-based advice on how to breastfeed has greatly improved breastfeeding rates.¹⁰²⁷

Many interviewees found their experience of the Association very rewarding and they related that to the learning that occurred in the Association, a sharing of knowledge and experiences. Francis felt that, “To share the knowledge and to have it shared with you is the strength of it all”.¹⁰²⁸ Cadd

¹⁰²⁵ Bandura, "Social Learning through Imitation."

¹⁰²⁶ Gagne (1972) quoted in Malcolm S. Knowles, Elwood F. Holton III, and Richard A. Swanson, *The Adult Learner: The Definitive Classic in Adult Education and Human Resource Development* (London: Taylor and Francis, 2014). 45.

¹⁰²⁷ Hartmann, Peter. "The Lactating Breast: An Overview from Down Under." *Breastfeeding Medicine: The Official Journal of the Academy of Breastfeeding Medicine* 2 (03/01 2007): 3-9. <https://doi.org/10.1089/bfm.2006.0034>. 7 – 8.

¹⁰²⁸ Francis, "Interview by Jan Hodge." 20.

commented, "The rewards that it gave me I like to share and sharing other people's experiences has been good".¹⁰²⁹ The rewards of the education provided by the Association were not tangible, extrinsic rewards such as certificates or recognised skills for the workplace. They were intrinsic rewards for the students personally that they recognised because the learning assisted them in coping with their daily lives. This is an example of a humanistic approach to adult education where motivation to learn and thus the rewards for learning are internal rather than external. The learning has intrinsic value.¹⁰³⁰

"Emphasising what Nursing Mothers was about".¹⁰³¹

The healthy food mothers brought to morning teas was a reflection of the Association's definition of the mother's nutritive role. It was beyond the usual social practice of "bring a plate". Widdup explains:

Our morning teas weren't sponge cakes with cream and stuff. They were really hearty carrot cakes and boiled fruit cakes and cakes with pumpkin and ... we went through phases. All of a sudden, there was the boiled fruitcake phase, then there was the muesli slice phase and everyone came with their piece of slice, because we taught each other to cook in a way, and then the cookbooks came out and they were wonderful.¹⁰³²

¹⁰²⁹ Cadd, "Interview by Joanne Packer." 5.

¹⁰³⁰ Knowles, Holton III, and Swanson, *The Adult Learner: The Definitive Classic in Adult Education and Human Resource Development*. 30.

¹⁰³¹ North, "Interview by Trisha Edgoose." 18.

¹⁰³² Widdup, "Interview by Margaret Carmody." 23.

The Association's view of food is an example of its Australianness, emphasising "Eating well to feel good" and nutrition's contribution to quality of life.¹⁰³³ It reflects the medical advice about diet for pregnant and lactating women.¹⁰³⁴

The foods that it promoted and the recipes it included in group bulletins, the booklets¹⁰³⁵ and the recipe books¹⁰³⁶ were the ones that members were currently using with their own families.¹⁰³⁷ As such, they are an accurate representation of Australian family foods in the second half of the twentieth century. Through such publications, Widdup suggests that the Association contributed not only to infant nutrition but also to family nutrition.¹⁰³⁸ It was a continuation of interest in and concern about nutrition after weaning.

¹⁰³³ *Looking after Yourself: Practical Ideas for Mothers of Young Children* (Nunawading VIC: Nursing Mothers' Association of Australia, 1988). Australian Institute of Health and Welfare, "Australia's Food and Nutrition 2012," (Canberra Australian Institute of Health and Welfare, 2012). 9.

¹⁰³⁴ Bruce Mayes, *Practical Obstetrics* (Sydney NSW: Angus & Robertson, 1954). 65, 459. "Doctors Now Able to Forecast Thrombosis," *Australian Women's Weekly (1933 - 1982)*, 13 September 1947. Note: In this article Professor Mayes reiterates the importance of a good diet and claims that women have learnt to have good diets from conversations with other women in the antenatal clinics.

¹⁰³⁵ Marita Bushell and Nursing Mothers' Association of Australia, *And So to Family Foods* (Hawthorn VIC: Nursing Mothers' Association of Australia, 1982).

¹⁰³⁶ Nursing Mothers' Association of Australia. North Belconnen Branch, *Health Foods Cook Book* (Belconnen, A.C.T: North Belconnen Branch of the Nursing Mothers' Association of Australia, 19--). M. Macpherson and Nursing Mothers' Association of Australia, *Potential Chef. NMAA's Cookbook for Beginners* (Nunawading, VIC: Nursing Mothers' Association of Australia, 1986).

¹⁰³⁷ Joan North, "Recipe Book," *Talkabout* 2, no. 3 (1971).

¹⁰³⁸ Widdup, "Interview by Margaret Carmody." 23.

In a subtle way the Association engaged with mothers by providing items for consumption such as the Tarweena lambskins as alternatives to the paraphernalia of formula feeding. As North comments, “[We sold] things that would emphasise what Nursing Mothers was on about ... families, children, breastfeeding”.¹⁰³⁹ Not only did the Meh Tai slings provide income for the Association, they also encouraged a closeness and a responsiveness between mother and baby. For many mothers who used the sling, it was the key to overcoming the distressing problem of an unsettled baby. Paton stated in 1978, “It was the Meh Tai which revolutionised the baby sling/carrier scene in Australia, and only recently ‘authorities’ have acclaimed the advantages”.¹⁰⁴⁰ This view that the Meh Tai encouraged bonding is supported by research since the mid-1950s which has consistently established the psychological importance of skin-to-skin contact between babies and their mothers, including use of soft baby carriers.¹⁰⁴¹

¹⁰³⁹ North, "Interview by Trisha Edgoose." 18.

¹⁰⁴⁰ Mary Paton, "Memo to P.S.C.-B, Board Members from Mary Paton 17 May 1978," in *Records, 1964-997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1978). 2.

¹⁰⁴¹ K. Christensson et al., "Separation Distress Call in the Human Neonate in the Absence of Maternal Body Contact," *Acta Paediatr* 84, no. 5 (1995); R. Feldman et al., "The Nature of the Mother's Tie to Her Infant: Maternal Bonding under Conditions of Proximity, Separation, and Potential Loss," *J Child Psychol Psychiatry* 40, no. 6 (1999); E. Anisfeld et al., "Does Infant Carrying Promote Attachment? An Experimental Study of the Effects of Increased Physical Contact on the Development of Attachment," *Child Dev* 61, no. 5 (1990).

Mothers were taking on a new identity in the relations of the group and often the purchase of an item from the Association was the first step to involvement.¹⁰⁴² This was arguably defining members as “political consumers” as described by Swain and Smart.¹⁰⁴³ They did not separate themselves from the consumer society which included formula manufactured and sold for infants.

The Meh Tai sling is an example of being prepared to think globally, act locally and making a change in a small way that can have widespread implications. The Association was involved in focusing on specific local goals, demonstrated by the numerous “Group Projects” which had strict approval guidelines.¹⁰⁴⁴ It is significant that such products were often manufactured by the members until the demand became too great. In a society where these matters were, and still are to some extent, dominated by certain products such as bottles, teats, formula, dummies and sterilising equipment, this was a massive undertaking. These products had become in Foucault’s terms the signifiers of infant nutrition, or in Lave’s terms the artefacts: more than that, they had come to

¹⁰⁴² "Shop Window." Timms, "Interview by Judy Gifford." 1. Drew, "Interview by Liz Mcguire." 1. Escott, "Interview by Sue Cox." 3.

¹⁰⁴³ Shurlee Swain and Judith Smart, "Introduction," in *The Encyclopedia of Women and Leadership in Twentieth-Century Australia* (Melbourne VIC: Australian Women's Archives Project, 2014).

¹⁰⁴⁴ Nursing Mothers' Association of Australia, "Help!! Nursing Mothers' Association of Australia. South Australian Counsellors' and Trainees' Bulletin October 1981," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1981).

be the easily identified indicators of good mothering.¹⁰⁴⁵ The fact that they were relatively expensive only enhanced their importance as signifiers of good mothering especially in media use.¹⁰⁴⁶

Another example is the Association members' involvement in the design of nursing bras and clothing that accommodated breastfeeding. They were not enthusiastic about the unattractive nursing bras generally available in the 70s which were surgical in appearance, uncomfortable and impractical to wear, so they collaborated with manufacturers for improvements.¹⁰⁴⁷ Through its 1974 survey of mothers and subsequent liaison with major manufacturers of maternity bras, along with its sales of clothing suitable for breastfeeding, the Association made a major contribution to a more relaxed approach to breastfeeding, particularly in public.¹⁰⁴⁸ In an important sense, this clothing, along with the Meh Tai which allows the mother to "wear" her baby, is part of the Australian identity of the Association.¹⁰⁴⁹

¹⁰⁴⁵ Michel Foucault, *The Archaeology of Knowledge*, English edition ed. (London UK: Routledge Classics, 2002). Lave and Wenger, *Situated Learning: Legitimate Peripheral Participation*.

¹⁰⁴⁶ Lesley Henderson, Jenny Kitinger, and Josephine Green, "Representing Infant Feeding: Content Analysis of British Media Portrayals of Bottle Feeding and Breast Feeding," *BMJ* 321, no. 7270 (2000).

¹⁰⁴⁷ Margaret Fowler, "News from the Executive," *Talkabout* 5, no. 6 (1974).

¹⁰⁴⁸ Ibid. "Make Her Feel a Woman Again," *Canberra Times (ACT : 1926 - 1995)*, May 3, 1988.

¹⁰⁴⁹ Charles Hope Manning Clark, *The Quest for an Australian Identity* (St Lucia QLD: University of Queensland Press, 1980). 18.

The sale items themselves were an important part of the curriculum with a serious educational purpose. The Association was urging its members to take a critical view of consumption in relation to infant nutrition and mothering generally. This is a view of education which acknowledges the learner as a consumer and it has been argued by Reiger that there has been a blurring of support activities and consumption in the Association.¹⁰⁵⁰ As an example, breast pumps which were hired to mothers encouraged and enabled mothers to combine breastfeeding with work.

The construction of new identities by use of certain products is part of learning and becoming a member of a community of practice, as Lave and Wenger explain, "Learning thus implies becoming a different person with respect to the possibilities enabled by these systems of relations ... learning involves the construction of new identities".¹⁰⁵¹ They argue that learning should be viewed as legitimate peripheral participation and that "learning is not merely a condition for membership, but is itself an evolving form of membership".¹⁰⁵²

Learning as pleasure

¹⁰⁵⁰ Reiger, *Our Bodies, Our Babies: The Forgotten Women's Movement*.

¹⁰⁵¹ Lave and Wenger, *Situated Learning: Legitimate Peripheral Participation*. 53.

¹⁰⁵² *Ibid.*

The morning teas and other social activities of the Association appeared to be leisure, yet they were actually examples of education in enjoyable or recreational settings, described by Wenger as a characteristic of communities of practice, "an incidental outcome of member's interactions".¹⁰⁵³ It was natural learning, a humanistic acknowledgement of adults desiring to learn to meet their own needs rather than to acquire some sort of formal learning to meet external requirements. It is a view of learning as pleasure, of learners being immersed in a learning environment rather than learning as duty or discipline, and devoid of modernist assumptions about liberal or practical education. The Association has recognised that people have less leisure time and adult education needs to compete for that time so they combined leisure and enjoyment with learning.

The Association's social gatherings provided more than hedonic pleasure; they provided participants with enjoyment which led to personal growth.¹⁰⁵⁴ As the mothers became a community of learners, learning about breastfeeding and mothering generally, they also became part of a community of practice. This was

¹⁰⁵³ Wenger, "Communities of Practice: A Brief Introduction."

¹⁰⁵⁴ Seligman and Csikszentmihalyi, "Positive Psychology: An Introduction." 13.

learning that went beyond acquisition of knowledge, where the mothers became in Lave and Wenger's terms "persons-in-activity".¹⁰⁵⁵

Knowledge and information about aspects of breastfeeding and the various activities for mothers provided by the Association should not be thought of as discrete aspects of learning. As a community of practice, these were "in constant interaction".¹⁰⁵⁶ With their background in occupational therapy, the Foundation Members understood the significance of the seemingly unimportant gatherings for practical purposes, often related to administration or fundraising. They were in fact learning opportunities. Lave and Wenger explain:

As an aspect of social practice, learning involves the whole person; it implies not only a relation to specific activities, but a relation to social communities – it implies becoming a full participant, a member, a kind of person ... Activities, tasks, functions, and understandings do not exist in isolation; they are part of broader systems of relations in which they have meaning.¹⁰⁵⁷

An important part of the Association's approach to learning was acknowledging and appreciating contributions, as Paton reminded counsellors, "No matter how small a member's contribution is, it is so important to thank

¹⁰⁵⁵ Lave and Wenger, *Situated Learning: Legitimate Peripheral Participation*. 50 - 51

¹⁰⁵⁶ Ibid. 51 – 52.

¹⁰⁵⁷ Ibid. 53.

them".¹⁰⁵⁸ This indicates a positive approach as outlined by psychologists Seligman, Steen, Park and Peterson, where gratitude for actions promotes wellbeing.¹⁰⁵⁹ It also reflects educator Maria Montessori's concepts of courteousness and gratitude as part of the learning environment.¹⁰⁶⁰ While Reiger has condemned this courteous, appreciative side of the Association as an indicator of its middle class consciousness, it should also be viewed as part of a wider educational approach where developing friendships, considerate understanding of each other, praise and gratitude are regarded as important parts of the environment for learning. It was also part of a distinctive approach to organisational change and management which takes a positive rather than a problem-based view of the organisation.¹⁰⁶¹ When Paton argues that the Association, "Recreated a lost feature of our society. The [note] cards, coffee

¹⁰⁵⁸ Mary Paton, "From Our Founder - 'Think and Thank - a Gentle Reminder'," *Talkabout* 3, no. 3 (1972).

¹⁰⁵⁹ Martin E. Seligman et al., "Positive Psychology Progress: Empirical Validation of Interventions," *Am Psychol* 60, no. 5 (2005).

¹⁰⁶⁰ Knowles, Holton III, and Swanson, *The Adult Learner*. Maria Montessori, *The Montessori Method: Scientific Pedagogy as Applied to Child Education in "the Children's Houses" with Additions and Revisions by the Author*, (New York: Frederick A Stokes Company, 1912), <http://digital.library.upenn.edu/women/montessori/method/method.html>. 308, 376. *Dr. Montessori's Own Handbook* (New York: Frederick A. Stokes Company Publishers, 1914). 77

¹⁰⁶¹ Montessori, *The Montessori Method: Scientific Pedagogy as Applied to Child Education in "the Children's Houses" with Additions and Revisions by the Author*. 308, 376. Reiger, *Our Bodies, Our Babies: The Forgotten Women's Movement*; "Sort of Part of the Women's Movement, but Different': Mothers' Organisations and Australian Feminism." 585. Grant and Humphries, "Critical Evaluation of Appreciative Inquiry: Bridging an Apparent Paradox." 403

mornings, picnics *et cetera* [are all indicators of] courtesy and consideration of others", she was doing far more than instilling genteel values.¹⁰⁶² Paton was deliberately approaching a learning situation with the principles of courteousness and gratitude, and a group organisational situation with the attitude of acceptance of differences of opinion and ways of looking at issues.¹⁰⁶³ Furthermore, differences of opinion and ability were seen by Paton as a strength of the Association's groups, "Every mother has some individual quality, something in which she excels or could excel ... you will see a most amazing potential resource and strength".¹⁰⁶⁴

The Association's use of the concepts of courtesy and gratitude are arguably part of a complex model of adult education where people feel accepted, appreciated, encouraged. This aspect of the Association's model facilitated the relationship building which is an important feature of learning in communities of practice. As Wenger notes, "In pursuing their interest in their domain, members

¹⁰⁶² Paton, "Baby's First Mirror."

¹⁰⁶³ Kenwyn K. Smith and David N. Berg, "A Paradoxical Conception of Group Dynamics," *Human Relations* 40, no. 10 (1987). 649.

¹⁰⁶⁴ Paton, "The Strength of NMAA and Its Role in the Community by Mary Paton February 1982." 3.

engage in joint activities and discussions, help each other, and share information. They build relationships that enable them to learn from each other".¹⁰⁶⁵

From an organisational perspective, this sense of appreciation can also be viewed in terms of appreciative enquiry where there is acknowledgement and positive encouragement of people's skills and efforts along with a valuing of what is working well in the organisation.¹⁰⁶⁶ These attitudes of organisational appreciation are evident in Paton's writing and reveal her interest in organisational structures.

The Association took an evolutionary view, believing it could change awareness of and attitudes to breastfeeding through education, reflecting Freire's view, "The development of the awakening of critical awareness ... must grow out of critical educational effort".¹⁰⁶⁷ The philosophical base of the Association with its belief in the importance of experience, meant that its activities were meaningful and effective. Mothers were no longer prepared to blindly accept the modernist teachings of Truby King, with his simplistic and minimalist approach,

¹⁰⁶⁵ Wenger, "Communities of Practice: A Brief Introduction."

¹⁰⁶⁶ Suzanne Grant and Maria Humphries, "Critical Evaluation of Appreciative Inquiry: Bridging an Apparent Paradox," *Action Research* 4, no. 4 (2006).

¹⁰⁶⁷ Freire, *Education for Critical Consciousness*. 15.

which imposed what Freire calls “silence and passivity” on the mothers.¹⁰⁶⁸

Moreover, the Association provided a supportive environment for that learning and it took into consideration the situation of the learners and their readiness to learn which is a key feature of a humanistic approach to natural learning.¹⁰⁶⁹

Conclusion: A radical approach.

The Association’s approach is an example of “dedifferentiation” in adult education where the differences between various areas of study and also the differences between education, leisure and recreation become blurred. This represents a revolution in adult education because traditionally there have been clear differences between these concepts, each having its own characteristics that distinguished it from the others. It is clear that the Association, with its non-institutional approach, its flexibility regarding topics for discussions and preparedness to allow discussions to go off on tangents, along with its learning through morning teas and social gatherings, took a new approach to learning as a community of practice and was “boundless” in its attitude to knowledge.¹⁰⁷⁰

¹⁰⁶⁸ Ibid. 10.

¹⁰⁶⁹ Knowles, Holton III, and Swanson, *The Adult Learner*.

¹⁰⁷⁰ Ibid. 23. Wenger, *Communities of Practice: Learning, Meaning, and Identity*.

6: Training the counsellors.

A stupendous task.

This chapter describes the Association's methods of educating counsellors. It begins with a description of the early training, the curriculum, resources and processes used for training, and outlines the learning outcomes for the counsellors. It then takes the trainee counsellor perspective and describes their motivation to learn, their growth and the lengthy training program. It discusses the Code of Ethics in relation to trainee counsellors and criticism of the Association. The chapter examines this model of training in terms of adult education theory, communities of practice and health literacy. It identifies the concept of voluntarism developed by the Association. The chapter ends with an examination of the place of counsellors within the community of practice and the significance of the training in health literacy terms both for the counsellors and for the mothers. The Association's attempts to provide counsellor training for particular groups such as Aboriginal mothers are described, along with the Association's response to criticisms of the training.

Developing an identity: Trainee counsellors

The second area of adult education that the Association provided was the training of counsellors, which ensured the continuity of the Association and the

help it provided to mothers. It is an example of progressive adult education.¹⁰⁷¹

The counsellor training is arguably an example of learning which Lave describes as, “a process of becoming a member of a sustained community of practice ... developing an identity ... and becoming knowledgeably skilful”.¹⁰⁷²

The fundamental skill that trainee counsellors had to learn was empathy; the first requirement to be a counsellor was to be a mother who had breastfed a baby “reasonably well”.¹⁰⁷³ Training was primarily self-directed, non-formal learning. The training was delivered both by distance education and face-to-face, with mentors that regularly met with the trainees and regular workshops run by counsellors. Trainees worked closely with counsellors, observing and practising the skills they needed. The training followed a broad curriculum designed to give trainees a conceptual and practical grasp of the knowledge required for successful breastfeeding. This included common problems with breastfeeding, the production of breastmilk and the related anatomy and physiology of the breast, along with a thorough understanding of the Code of Ethics. They also acquired competencies in counselling face-to-face, on the telephone and in

¹⁰⁷¹ Dewey, J. 1938. *Experience and education*, New York, Collier Books, DEWEY, J. 1966. *Democracy and education. An introduction to the philosophy of education* New York, Free Press.

Lindeman, E. C. 1989. *The meaning of adult education*, Norman, University of Oklahoma,

¹⁰⁷² Lave, *Situating Learning in Communities of Practice*. 65.

¹⁰⁷³ Paton, M. 2016. Interview by Margaret Carmody. Darling Point NSW.

writing; public speaking in a range of settings such as schools, antenatal classes at hospitals, and in public; running a meeting, administering a group and leading a discussion. The level of literacy necessary for success in the counsellor training was very high and the time to train was long.

The Association provided its training materials for counsellors in a variety of formats including workshops, written materials and audio-visual materials. A *Trainee Broadsheet* was distributed to all trainees.¹⁰⁷⁴ Initial training was followed up through regular professional developments, in the form of workshops and conferences. *Talkabout* was the “printed medium for communication between counsellors ...It aims to support, encourage, educate and inform counsellors and thus be a unifying influence for the Association”.¹⁰⁷⁵ The subject matter was specified in order of importance:

1. Stimulate discussion of common concerns and interest to counsellors.
2. Inform counsellors of new policy and reiterate current policy.
3. Continue the education of counsellors through new research and information on breastfeeding material and to assist counsellors in their work and in counselling.
4. Report on activities of interest (national, branch, region and group) to counsellors.
5. Advise counsellors of administrative changes.

¹⁰⁷⁴ Nursing Mothers' Association of Australia, "Board Handbook: Newsletter, Talkabout, Breastfeeding Review, NMAA Training." 13.

¹⁰⁷⁵ *Ibid.* 13.

6. List newly qualified counsellors.
7. Book reviews of approved books.¹⁰⁷⁶

This list spells out the community of practice intentions of *Talkabout*, encouraging the members to exchange ideas and participate in the culture of the Association. There were also state-based newsletters for counsellors such as *Western Express* which had information specifically for counsellors in Western Australia and *Help!!* for South Australian counsellors and trainees.¹⁰⁷⁷ As the counsellor training was not an accredited course, the training was invisible to all but those in the Association, a common feature of communities of practice.¹⁰⁷⁸ The Association's counsellor training is an example of women's participation in education which has the effect of boosting their self-confidence and provides transferrable skills.¹⁰⁷⁹

The Association trained community educators from 1985. This was a separate, shorter course similar to the counsellor training but without the requirement of experience of breastfeeding, nor did it include the skills of

¹⁰⁷⁶ Ibid. 13.

¹⁰⁷⁷ Nursing Mothers' Association of Australia, "Western Express: A Newsheet for W. A. Breastfeeding Counsellors June 1982," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, 1982); "Help!! Nursing Mothers' Association of Australia. South Australian Counsellors' and Trainees' Bulletin October 1981."

¹⁰⁷⁸ Wenger, "Communities of Practice: Learning as a Social System".

¹⁰⁷⁹ Irene Warfe, "Interview by Meredith Alexander," in *Nursing Mothers' Association of Australia Oral History Project* (Brisbane QLD: John Oxley Library State Library of Queensland Australia, 1999). 4.

counselling. There was also a modified training course for “L.L.L. [La Leche League] Leaders and those from other Breastfeeding Organisations”.¹⁰⁸⁰

An apprenticeship

Early days

From the beginning, the Foundation Members realised they would need to train their own counsellors. Paton remarked:

If mothers needed to know how to breastfeed, we believed very firmly that someone who had breastfed reasonably well, adequately, was the best way to teach a new mother ... Because she knows what it is really like, she has experienced it, personally. She knows what it is like. But then again, you had to educate the mother that was going to assist the new mother.¹⁰⁸¹

It proved difficult to find women suitable to train as counsellors. Paton observed, “It was very hard to find women who had fed for even six months. All the Founding Members had fed for nine months: nine months was publicly acceptable – ‘just’”.¹⁰⁸² While Barry and Francis trained as counsellors, most of the Founding Mothers did not do the training but worked in the groups and the administration of the Association (Figure 36).

¹⁰⁸⁰ Nursing Mothers' Association of Australia, "Board Handbook: Newsletter, Talkabout, Breastfeeding Review, NMAA Training."

¹⁰⁸¹ Paton, "Interview by Margaret Carmody." 1.

¹⁰⁸² "Past and Future of NMAA."



Figure 36. Harris, Paul. "Founding Members of the Nursing Mothers' Association." From left, Glenise Francis, Jan Barry, Mary Paton, Pat Paterson, Pauline Pick and Susie Woods at the association's 40th birthday celebrations Melbourne VIC: Fairfax, 2004. Photograph. <https://consumer.fairfaxsyndication.com/archive/Founding-members-of-the-Nursing-2F3XC5CHZ8KM.html>.

Potential counsellors were invited to train. In her recent interview, Paton commented about the selection process and requirements for trainee counsellors:

It was a matter of looking around and seeing as members joined, who had fed reasonably well, and I say "reasonably". ... And there were various provisos as the years went by, to four and a half months until [other foods were added] ... it was just using your sense, speaking with the mothers and there you find out who would be alright. Now that lasted quite well, for quite some time.¹⁰⁸³

¹⁰⁸³ Paton, "Interview by Margaret Carmody." 1.

Seeking potential trainees was a constant concern that is evident in the pages of discussion and hints on this matter in *Talkabout*.¹⁰⁸⁴ A criticism by counsellors has been that the requirement for lengthy breastfeeding experience arbitrarily excluded potential trainees who had been unable to achieve that breastfeeding experience due to matters beyond their control such as maternal or infant medical conditions.¹⁰⁸⁵ While the policy has been maintained as an essential requirement, it was actually more flexible than people realised: "In some cases we can be flexible ... Lactation experiences, though important, are secondary to attitudes".¹⁰⁸⁶

The Association provided training to develop skills in counselling about breastfeeding, running discussions, administering a group and educating the public.¹⁰⁸⁷ The initial training was adapted from the League's Leader Training. It was described as "self-training", which involved being active in a group and demonstrating competency by completing 24 questions that required written

¹⁰⁸⁴ Eril Jolly, "Topic for Discussion: Potential Trainees," *Talkabout* 5, no. 3 (1974).

¹⁰⁸⁵ Bev Holman, "NMAA Training Review Report," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne VIC: State Library of Victoria, Australia, 1985).

¹⁰⁸⁶ Nursing Mothers' Association of Australia, "Board Handbook: Newsletter, *Talkabout*, Breastfeeding Review, NMAA Training."

¹⁰⁸⁷ "You Wish to Become a Group Leader?," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library, Victoria, Australia, n.d.). "Board Handbook: Newsletter, *Talkabout*, Breastfeeding Review, NMAA Training." 15.

answers to become an accredited leader.¹⁰⁸⁸ As with the League training, the Association's training involved private study, work in the local group and written answers. Paton explains, "The questionnaire was very important ... I did get the idea from La Leche League, but we devised our own questions".¹⁰⁸⁹ Taking a flexible attitude to knowledge, they revised the questions as they went along. As Paton recalled:

It started right at the beginning. As soon as we could get the questions written, and the answers. The interesting thing was that they would send back answers, there were about 24 questions, and everybody would send in something new on each questionnaire, that we didn't know. And we'd be adding, we had answer sheets and we'd be adding to it and adding to it and it was quite remarkable how our information, our knowledge was built, with the answers coming back. And then they had certain books they had to read: that was the basic, beginning part of the training for group leadership.¹⁰⁹⁰

Francis recalls that during the early days of the training, "We were working on this the whole time really wanting to make sure we had answers or correct suggestions".¹⁰⁹¹

¹⁰⁸⁸ Verna Gremaud, "What La Leche League Means to Me: An Interview with Longtime Leader Verna Gremaud by Becky Yeater," La Leche League International, <https://www.llusa.org/what-la-leche-league-means-to-me-an-interview-with-longtime-leader-verna-gremaud/>. La Leche League International, "Brief History of La Leche League International". "Steps to Accreditation," La Leche League International, <https://www.llli.org/get-involved/steps-to-accreditation/>.

¹⁰⁸⁹ Paton, "Interview by Margaret Carmody." 10.

¹⁰⁹⁰ Ibid. 1.

¹⁰⁹¹ Francis, "Interview by Jan Hodge." 15.

Interviewees commented on the nature of the training which also involved practice under the supervision of experienced counsellors. To Cadd it provided, "A chance to practice skills. As I was learning them".¹⁰⁹² Jones stated, "We were pioneering. We were showing people by example how to have successful lactations and the importance of breastfeeding".¹⁰⁹³ When it became apparent that the trainees needed practical skills such as how to ask and answer questions, this information was included in the first edition of the *Manual of the Nursing Mothers' Association of Australia*,¹⁰⁹⁴ the definitive source of information about administration of the Association and the guide about counselling.¹⁰⁹⁵ It was loose leaf in a ring binder and every counsellor was provided a copy as soon as they qualified. Like the other publications, it was constantly revised and updated: new pages were posted to counsellors and they replaced the old ones in the binder. With the advent of the internet, it became an online document.

The counsellor training course had several unique features. It was not formally accredited, even in its later revised formats, was not provided by a

¹⁰⁹² Chris Cadd, "Interview by Joanne Packer," in *Nursing Mothers' Association of Australia Oral History Project* (Brisbane, QLD: John Oxley Library, State Library of Queensland, Australia, 1999).

¹⁰⁹³ Cheryl Jones, "Interview by Marion Bowen," *ibid.* (2000).

¹⁰⁹⁴ Paton, "Interview by Margaret Carmody." 3. *Nursing Mothers' Association of Australia, Manual of the Nursing Mothers' Association of Australia* (Nunawading VIC: Nursing Mothers' Association of Australia, 1971).

¹⁰⁹⁵ Paton, "Past and Future of NMAA." *Nursing Mothers' Association of Australia, Manual of the Nursing Mothers' Association of Australia.*

tertiary institution nor taught by academics or teachers and had no examinations. Its certificates were not recognised outside the Association. The training was run almost entirely by volunteers mostly working from their own homes, with oversight from the very small paid group of staff and volunteers at Headquarters located in rented premises in Melbourne from 1970.¹⁰⁹⁶ It is easy to understand why such a qualification was disregarded or treated with suspicion by many health professionals.

The Association's approach to counsellor training had elements that closely resembled the Australian tradition of apprentice-style pupil teacher training devised to meet Australian conditions, which continued to the mid twentieth century.¹⁰⁹⁷ The counsellor training was a form of correspondence education or external studies featuring dispersed group study, practical and written assessments and library access.¹⁰⁹⁸ Unlike the counsellor training which was nationally provided, correspondence courses had never been offered as a

¹⁰⁹⁶ Mary Paton, "National Headquarters," *Talkabout* 1, no. 3 (1970).

¹⁰⁹⁷ Anthony McGuire, "Pupil Teachers to Junior Teachers. South Australia 1873 - 1913," in *Dictionary of Educational History in Australia and New Zealand (DEHANZ)*, ed. Craig Campbell, Dorothy Kass, and Jennifer Collins (Australian and New Zealand History of Education Society, 2013). "Junior Teachers. South Australia, 1913 - 1945." Craig Campbell, "Teaching and Pedagogy (1). Australia, 1788 - 1850," *ibid.* Malcolm Vick, "Building 'Professionalism' and 'Character' in the Single Purpose Teachers College, 1900-1950," *Australian Journal of Teacher Education* 28, no. 1 (2003). Aspland, "Changing Patterns of Teacher Education in Australia." 147.

¹⁰⁹⁸ Thiele, *Grains of Mustard Seed*. 84. Elizabeth Stacey and Lya Visser, "The History of Distance Education in Australia," *Quarterly Review of Distance Education* 6, no. 3 (2005). 254, 275.

nationally coordinated system.¹⁰⁹⁹ A further comparison can be drawn that the Association office bearers and particularly the counsellors were, by definition, mothers. This reflects the employment of married women as teachers.¹¹⁰⁰

For interviewees, the gradual transfer from being a student to a teacher, that is, from being a regular member to a counsellor, was a significant step. This is similar to the Arts and Crafts traditions of the learner becoming the teacher.¹¹⁰¹ Lave and Wenger have argued that in a community of practice, learning is not separate from the social world, it is rather:

A social phenomenon constituted in the experienced, lived-in world, through legitimate peripheral participation in ongoing social practice; the process of changing knowledgeable skill is subsumed in processes of changing identity in and through membership in a community of practitioners; and mastery is an organizational, relational characteristic of communities of practice.¹¹⁰²

¹⁰⁹⁹ White, "Distance Education in Australian Higher Education — a History." 272.

¹¹⁰⁰ Gerald Burke and Andrew Spaul, *Australian Schools: Participation and Funding 1901 to 2000* (Canberra ACT: Australian Bureau of Statistics, 2001). Public Record Office Victoria, "Women in Education," Creative Victoria, <https://cv.vic.gov.au/stories/a-diverse-state/school-days-education-in-victoria/women-in-education/>. Kay Whitehead, "Women's 'Life-Work': Teachers in South Australia 1836 - 1906" (University of Adelaide, 1996). *Married Women (Lecturers and Teachers) Act 1932*, (NSW). Note: Married women were teaching in state schools in SA until 1870, Victoria until 1889, NSW until 1932. Married women had always taught in Irish National Schools established in 1831 and in Australian Catholic schools. Women with children were considered by the Irish National Teachers' Organisation to be the best people to be teaching children in the 1930s. J. Redmond and J. Harford, "'One Man One Job': The Marriage Ban and the Employment of Women Teachers in Irish Primary Schools," *Paedagog Hist* 46, no. 5 (2010): 639 - 54. O'Flaherty, "Teachers and the Role of Women in Irish Education in the 19th and 20th Centuries".

¹¹⁰¹ Lave, *Situating Learning in Communities of Practice*. 64.

¹¹⁰² *Ibid.* 64.

For many of the trainees, mastering all the aspects of the role of a counsellor took years. Barry remarks:

Maybe there was a structure, but for some reason or another, nobody actually stuck to it ... They were great women. They were trying to help us. Partly to help us and partly to get us through so that they were a little less burdened.¹¹⁰³

The training was fundamentally problem-based learning. Sample problems with suggested answers were published in *Talkabout*. For example, in the June 1973 edition there is a section entitled, "Counselling problem". The case is outlined and then the question is posed, "If she had then rung you from hospital, what would you have suggested?"¹¹⁰⁴ The Association took the attitude that there was no one correct answer. It allowed for a myriad of possibilities and part of the training was encouraging the counsellors to be open minded, with the constant reminder that "Similar problems can have many possible solutions".¹¹⁰⁵ This attitude was revolutionary compared with previous training programs for providers of maternal education where nurses were taught that there is one logical solution to each problem.

¹¹⁰³ Barry, "Interview by Frances Fiddian." 14.

¹¹⁰⁴ Nursing Mothers' Association of Australia, "Counselling Problem," *Talkabout* 4, no. 3 (1973).

¹¹⁰⁵ *Ibid.* 5.

After a pilot in the ACT, the counsellor training changed in 1978 to a new program divided into two series of questions.¹¹⁰⁶ Jones, a former Branch President and Training Assessor, explained, "Series A was information about breastfeeding, how it worked, what it was. Series B was in-depth questions".¹¹⁰⁷ Jones worked one-to-one with trainees in her state and she reflected that it was "Really hard ... Very thorough training".¹¹⁰⁸

Training was offered nationally but it varied slightly in each state. Barbara Lockwood recalls that the NSW Training Program aimed to maintain the trainees' enthusiasm and included bi-monthly meetings for group leaders, counsellors and trainees covering topics such as "'Leading a successful group meeting', 'The role of the group in NMAA', public relations'".¹¹⁰⁹ Handwritten assignments were all done by correspondence and sent interstate for assessment and comment by Questionnaire Assessors.¹¹¹⁰ A complicated system of assessment by two Assessors was followed by a further assessment if one of the

¹¹⁰⁶ Marion Latham, "Report on Pilot Training Scheme in Act by Marion Latham, 3 October 1977," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, 1977).

¹¹⁰⁷ Jones, "Interview by Marion Bowen." 10. Beverley Rae, "Groups Controller: Questionnaire Assessors," *Talkabout* 7, no. 2 (1976); Nursing Mothers' Association of Australia, "Board Handbook: Newsletter, Talkabout, Breastfeeding Review, NMAA Training."

¹¹⁰⁸ Jones, "Interview by Marion Bowen." 10.

¹¹⁰⁹ Barbara Lockwood, "Especially for Branch Representatives: N.S.W. Branch Training Program," *Talkabout* 5, no. 1 (1974).

¹¹¹⁰ Jones, "Interview by Marion Bowen." 10.

first Assessors was new. There was also a small group of Emergency Assessors who would undertake to assess a paper within two days when the original Assessor had been unable to complete the task. Leigh Wigglesworth comments, "Somehow they seemed to find time to keep to this".¹¹¹¹

There were Training Coordinators and regular training meetings in the zones in each state. In NSW they offered meetings for trainees which "generally form an intensive course of one meeting a week for about six weeks, with a group of about four or five trainees attending".¹¹¹² Because of the flexible entry dates for trainees plus the flexibility about progress, the teaching style was necessarily individual.¹¹¹³ There was a democratic, humanistic approach to learning in these meetings. Lockwood explains:

The courses consist of in-depth discussion of the counselling problems in the questionnaire ... and aim to give the trainees a thorough grounding in breastfeeding facts and counselling techniques, to help them to help mothers ... The trainee advisors do not supply the "answers" to the questions, but rather draw the information from the trainees by thoughtful questioning, and there is a subsequent pooling of the trainees' experiences, and information obtained from reading, attending group discussions etc.¹¹¹⁴

¹¹¹¹ Leigh Wigglesworth, "Groups Controller Report," *Talkabout* 7, no. 3 (1976).

¹¹¹² Lockwood, "Especially for Branch Representatives: N.S.W. Branch Training Program."

¹¹¹³ Campbell, "Teaching and Pedagogy (1). Australia, 1788 - 1850."

¹¹¹⁴ Lockwood, "Especially for Branch Representatives: N.S.W. Branch Training Program."

Barry recalls her training in the early 70s:

If somebody wanted to ask about the questionnaire, it was always we were just coasting along ... and they [the counsellors] talked to us and we learnt a lot because they talked about counselling questions. They helped us with our breastfeeding queries ... And they were pretty nice sort of social evenings ... The meetings were organised when these highly overworked, overburdened ladies had time to call them.¹¹¹⁵

Other features of the 1978 system were that trainees did not have an allocated mentor and had to complete Series A and await their assessment sometimes for months before they could start on Series B.¹¹¹⁶

Moving with the times

By the mid-80s, there were concerns that trainees were unable to complete the training and that it was too lengthy. Information about the training in 1984 clearly demonstrates what an enormous organisational undertaking it was:

Number of new trainees in 1984	527
Number of resigned trainees in 1984	220
Total number of trainees at present	1003
Average length of time taken to complete training	23.9 months
Average cost of training a counsellor (82/83)	\$208 ¹¹¹⁷

¹¹¹⁵ Barry, "Interview by Frances Fiddian." 14.

¹¹¹⁶ Commisso, "Interview by Narelle Dwyer." 3 – 4.

¹¹¹⁷ Jenni Evans, "Review of NMAA Training Program 12 January 1985," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1985).

In a move that demonstrates the Association's community of practice processes, there was a review of the training and the course was completely revised in 1985.¹¹¹⁸ The Association had listened to the criticisms of the system made by the trainees themselves, by the recently qualified counsellors, by the group leaders who were desperate for more counsellors to assist in the groups and lastly, by those involved in the actual training itself as administrators and as trainers. A thoughtful critique of the current training system by Melda Morris provided many detailed suggestions for the new scheme.¹¹¹⁹ One of the motivations for the major overhaul of the training was in response to the changed circumstances of the members, many of whom now went back to paid employment outside the home soon after the births of their babies and were not available for the extended period of training as before.¹¹²⁰

The new training program from 1985 placed "more emphasis on the practical 'Apprenticeship' aspects of training"¹¹²¹ but retained many of the features of the earlier programs. Trainees were invited to apply to train, on the

¹¹¹⁸ Nursing Mothers' Association of Australia, "Survey of the Nursing Mothers' Association of Australia - Act Training Scheme, July - November 1983," *ibid.* (State Library of Victoria, 1983).

¹¹¹⁹ Melda Morris, "NMAA Memo to Review Working Group Members," *ibid.*, ed. Nursing Mothers' Association of Australia (Melbourne VIC: State Library of Victoria, Australia, 1985).

¹¹²⁰ Evans, "Pac-10017841." 1.

¹¹²¹ Holman, "NMAA Training Review Report."

basis of their participation in their local group. That application included a detailed lactation history and questions about how they became involved in the Association and where they had learnt about breastfeeding, along with their perception of social attitudes and health professionals' attitudes.¹¹²² Like the earlier programs, it was still primarily self-directed learning where the trainee counsellor had materials to read and reflect upon. The differences were in the support provided to each trainee, the curriculum, the nature of the face-to-face sessions and the methods of assessment. Each trainee was allocated an experienced counsellor to assist them with their studies, talk over the topics and generally support them.

There were four colour-coded levels of the training course, the first two assessed locally.¹¹²³ The next level contained:

Two Series B type questions, requiring the trainee to demonstrate a thorough understanding of the Code of Ethics, empathy, questioning and basic breastfeeding information and management. She will have some more advanced reading material and will lead a discussion meeting at this stage ... Her completed stage three assignment, all of her previous assignments, practical record sheets and final recommendations will be in a folio which will then be sent interstate for assessment."¹¹²⁴

¹¹²² Nursing Mother's Association of Australia, "Counsellor Application," *ibid.* (1988).

¹¹²³ Holman, "NMAA Training Review Report."

¹¹²⁴ *Ibid.* 2. Jean Lave and Etienne Wenger, *Situated Learning: Legitimate Peripheral Participation* (Cambridge UK: Cambridge University Press, 1991).

On completion, the new counsellor was awarded a Certificate of Achievement and received their Manual. They then completed the final level and did a self-assessment. There was more emphasis in the course not only on learning the factual material about breastfeeding but also on gaining practical skills where an empathetic, non-judgmental approach was advocated. There were practice sessions and role plays, all with critical feedback. The learning occurred through personal reading, small group discussions, scenarios and case studies, facilitated by experienced counsellors. Assessments consisted of written assignments, short answer responses to questions, role play and presentations. The trainee counsellors were given detailed written feedback on their assessments and in line with an adult education, competency-based approach, there was opportunity to resubmit and to do further work where needed. Overall, the emphasis in the new course was on the counsellors enabling mothers to work out problems for themselves. This approach promoted critical health literacy in the counsellors and ultimately encouraged it in the mothers they counselled.

According to Jones, this was a “dramatic revision”, making the course more flexible, but still thorough. The new course had less theory, it was more

practical and included public speaking, presentation, community education, and group activities so that there were “three distinct pathways in the training”.¹¹²⁵ She commented, “It was a fairly radical change really, and it changed for the better ... There was much more cooperative learning in it and I felt very much [that] I was an individual, on this pathway and on it on my own to a point”.¹¹²⁶ Jones also commented that “[The old system was] so very different to how I was working with trainees [on the revised course] at a Local Assessor level and I mean it was much more nurturing, I felt, the new system”.¹¹²⁷ The constant evolution of the curriculum was a significant aspect of the Association’s training course.¹¹²⁸ This demonstrates their attitude not only to adult learning but also to knowledge as fluid and everchanging, something that was discussed by the members and constantly revised. This is a feature of communities of practice as described by Lave and Wenger.¹¹²⁹

A further development in the provision of training was the formalisation of the community educator role. Community educator training was first proposed at the National Planning Conference in 1983. In her proposal for a

¹¹²⁵ Jones, "Interview by Marion Bowen." 12.

¹¹²⁶ Ibid. 13.

¹¹²⁷ Ibid. 10.

¹¹²⁸ Ibid. 15.

¹¹²⁹ Lave, Jean, and Etienne Wenger. *Situated Learning: Legitimate Peripheral Participation*.

Review of Training in 1985, Jenni Evans stated that the proposed community educator role “would be a way of reducing pressure on group leaders and involving members in useful tasks which may not seem quite so daunting as the commitment to become a breastfeeding counsellor”.¹¹³⁰ Community educator was a separate, shorter course with no breastfeeding experience requirement and did not include counselling skills.¹¹³¹ In all other respects, it was identical to the counsellor training with trainees for both courses attending shared sessions. It is therefore not considered separately in this chapter.

Regular professional developments became more structured as the Association expanded. It included both written materials and face-to-face learning situations, with national and branch newsletters,¹¹³² regional workshops and branch and national conferences.¹¹³³ Robyn Wainwright, a former National

¹¹³⁰ Jenni Evans. Review of NMAA Training Program 12 January 1985. *Records, 1964-1997 [Manuscript]*. State Library of Victoria, Australia, Melbourne, VIC.1.

¹¹³¹ Australian Breastfeeding Association, "10280nat Certificate IV in Breastfeeding Education Course Structure," Australian Breastfeeding Association, <https://www.breastfeeding.asn.au/training/courses/be/structure>.

¹¹³² Nursing Mothers' Association of Australia, "Board Handbook: Newsletter, Talkabout, Breastfeeding Review, NMAA Training."

¹¹³³ "Conference," *Canberra Times (ACT : 1926 - 1995)*, August 8, 1975.

President comments, "Conferences are the life-blood for counsellors".¹¹³⁴ Some counsellors also attended international conferences.

There was a wide range of topics at the workshops and conferences. The session entitled *Open Forum - How Branch Information Files work and latest information* at the 1994 ACT and Southern NSW Branch Conference in Cooma, for example included, "Breastfeeding and AIDs and Hep B.; Breast surgery; Hair Loss; Osteoporosis and essential fatty acids in breastmilk" (Figure 37).¹¹³⁵ From small regional workshops many innovations emerged.¹¹³⁶ Leeson recalls, the idea for the "*Trainee Advisers Kit ... came out of that conference [at an Anglican Campsite at Aldinga SA]*".¹¹³⁷ Workshops were provided for trainees in remote areas. Horton recalls lactation researcher Peter Hartman's involvement, "We went to Kalgoorlie, Tom Price, Paraburdoo, Newman, Broome, Telfer, Port Headland".¹¹³⁸

¹¹³⁴ Robyn Wainwright, "Interview by Kaylene Proud," in *Nursing Mothers' Association of Australia Oral History* (Brisbane, QLD: John Oxley Library, State Library of Queensland, Australia 2001).

¹¹³⁵ Cathy Zdanowicz, "Open Forum - How Branch Information Files Work and Latest Information," in *Drawing on 30 years experience* (Cooma: Nursing Mothers' Association of Australia, ACT/Southern NSW Branch, 1994).

¹¹³⁶ Newbold, "Interview by Judy Valero." 14.

¹¹³⁷ Ibid. 17.

¹¹³⁸ Barbara Horton, "Interview by Cathy Trethowen," *ibid.* (Brisbane, QLD: John Oxley Library, State Library of Queensland, Australia, 2000). 5.

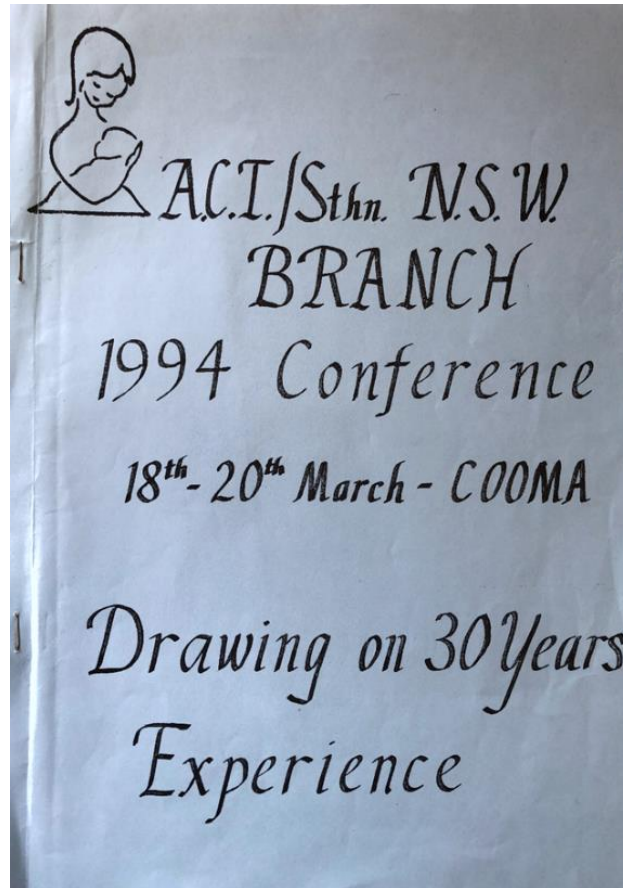


Figure 37. ACT/Sthn. NSW Branch. "ACT Sthn. NSW Branch 1994 Conference: Drawing on 30 Years' Experience." Hand drawn cover of conference booklet. Cooma NSW: Nursing Mothers' Association of Australia ACT Sthn. NSW Branch, 18 - 20 March 1994.

For counsellors to keep up to date with the latest breastfeeding information required a substantial amount of reading. The Information Service which later became the Lactation Resource Centre provided the latest research for counsellors and trainee counsellors. The refereed journal *Breastfeeding Review*

which was originally intended to educate health professionals was also a resource for counsellors.¹¹³⁹

Curriculum and resources for training counsellors

The Association gradually developed its information, including its training materials for counsellors into a variety of formats including workshops, written materials and written assignments. There was no set textbook. At first there were not a lot of resources available, as Irene Warfe, a Trainee Adviser recalls, "We had a programme and we knew what to go through, but there was no real bulk of material, written material, to help trainees. So, you kind of had to make it up as you went along".¹¹⁴⁰ Resources were often handwritten, and hand drawn with photographs attached such as the poster "Burping the Baby".¹¹⁴¹

From 1970, there was guidance for trainees in the *Manual of the Nursing Mothers' Association of Australia*.¹¹⁴² It was regarded as the "Holy Grail", according to Barry.¹¹⁴³ In addition to the *Manual* and homemade resources, trainee

¹¹³⁹ Newbold, "Interview by Judy Valero." 17.

¹¹⁴⁰ Warfe, "Interview by Meredith Alexander."

¹¹⁴¹ Nursing Mothers' Association of Australia, "Burping the Baby (Hand Written and Drawn Poster with Photographs)," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, n.d.).

¹¹⁴² Mary Paton, "The Manual," *Talkabout* 1, no. 3 (1970).

¹¹⁴³ Barry, "Interview by Frances Fiddian." 20.

counsellors used a variety of texts which were regarded by the Association as suitable. Barry listed the books used during her training in the early 70s:

I got a questionnaire which had ... 26 questions. We had for guidance *The Womanly Art of Breastfeeding*, a couple of [Association] booklets, Karen Pryor's *Nursing Your Baby*, Sheila Kipley, *Natural Child Spacing*, which had a bit about breastfeeding and there was another by Ann Lindberg *A Gift from the Sea* by Ann Morrrows But we certainly didn't have much help [italics added].¹¹⁴⁴

The curriculum included the anatomy and physiology of breasts, of breast milk and its production and of breastfeeding itself. It covered the practice of breastfeeding, positioning and attachment, the suck reflex, the ejection reflex and the role of hormonal responses in the production of milk. It encompassed how to go about breastfeeding in a variety of situations including singleton and multiple babies, and included information about all the common and many of the exceptional problems encountered with breastfeeding. There were also topics such as understanding the ethics of the role, the history of the Association, and the practical matters of running an Association group.

A fundamental skill that trainee counsellors had to learn was empathy, both through reading and practical activities. Crisp explains:

¹¹⁴⁴ Ibid. 10.

And I think on a personal note, one of the things I will always remember ... I remember going to training meetings and it was the empathy, and the counsellors leading it said, "You know, you will know if you're empathizing with somebody because they will feel you understand them you are in touch with their feelings".

The motivation to continue to provide counselling for mothers came from the feelings of success from establishing that empathy with a mother and was therefore an essential part of the curriculum. Establishing rapport, by expressing empathy for the mother's situation, was the first step to facilitating the mother's reflecting on the matter at hand. This indicates a belief on the part of the counsellors that education has the purpose of empowering the learner, and the importance of reflection in decision making, which is a progressive view of adult education.¹¹⁴⁵

The Counsellor Training Course included public speaking in a range of settings such as schools, antenatal classes at hospitals, and in the community. McKay relates, "It made us good public speakers we were always looking for ways of expressing what we wanted to say so that it didn't alienate (yes, threaten people) or be threatening and we were very well received".¹¹⁴⁶

¹¹⁴⁵ Dewey, *How We Think. A Restatement of the Relation of Reflective Thinking to the Educative Process*.

¹¹⁴⁶ McKay, "Interview by Clare Gleeson-Mcguire ". 7.

Conflict resolution

Trainee counsellors and counsellors were obliged to adhere to the Code of Ethics, or they were excluded from the trainee counsellor program. When Minchin submitted her first assignments for her counsellor training, it became obvious that she was not prepared to abide by the Code of Ethics. She had stated that she was training to “gain NMAA endorsement for what she wanted to do”.¹¹⁴⁷ Minchin was running an informal mothers’ group, using Association materials and she had independently approached members of the Advisory Board.¹¹⁴⁸ As the matter progressed, Minchin was asked to transfer to another region for her training and then eventually asked to withdraw.¹¹⁴⁹ She was given the new position of Information Service Coordinator but her counsellor training was not formally ceased.¹¹⁵⁰ Minchin was concerned about the research base of the Association’s publications, disregarding experts such as Isbister who

¹¹⁴⁷ Fletcher, "Memo to All Board Members from Pamela Fletcher - Vic. Branch President Re Letter from Sue Carolan About Maureen Minchin." 2.

¹¹⁴⁸ Sue Carolan, "Memo from Sue Carolan to Pam Fletcher,"*ibid.* (Melbourne VIC: State Library of Victoria, Australia). Frances Fiddian, "Memo from Frances Fiddian to NMAA Advisers,"*ibid.*

¹¹⁴⁹ Heather Philpott, "Letter from Heather Philpott Secretary NMAA Board to Mrs Maureen Minchin,"*ibid.* (State Library of Victoria, Australia 1982); Libby Shade, "Copy of Letter from Libby Shade to Maureen Minchin,"*ibid.* (State Library of Victoria, Australia, 1978).

¹¹⁵⁰ Fiddian, "Memo from Frances Fiddian to NMAA Advisers." 2. Fletcher, "Memo to All Board Members from Pamela Fletcher - Vic. Branch President Re Letter from Sue Carolan About Maureen Minchin."

contributed to Association publications.¹¹⁵¹ With access to medical journals obtained from a friend, she wrote material that was used in two new booklets.¹¹⁵² Minchin's suggestion of forming a subcommittee about cow's milk allergy was accepted by the Board without a formal proposal or due process.¹¹⁵³ When she indicated her intention to stand for the Board, but was persuaded not to do so, Minchin felt she was not trusted because she was not a counsellor.¹¹⁵⁴ Her article about cow's milk allergy published in the *Newsletter* attracted much attention from readers, however, when her proposal to have a booklet on the same topic was rejected she published a book, *Food for Thought: A Parent's Guide to Food Intolerance* at her own expense, claiming Association endorsement.¹¹⁵⁵ After it was criticised by Advisers Hartmann and Smibert, the book was removed from Association reading lists.¹¹⁵⁶ Her proposal for a national research consultant was

¹¹⁵¹ Nursing Mothers' Association of Australia, "Discussion with Maureen Minchin Re "Food for Thought", "ibid. (Melbourne VIC: State Library of Victoria, Australia, 1983). Note: this statement was in an undated note from Minchin to Carolyn (no surname) handwritten on a used birthday card and attached to the record of the meeting. Clair Isbister, "Allergy in Children," *Talkabout* 3, no. 3 (1972).

¹¹⁵² Maureen Minchin, "Letter from Maureen Minchin to Branch Presidents," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne VIC: State Library of Victoria, Australia, 1982). 2. Fiddian, "Memo from Frances Fiddian to NMAA Advisers." 2.

¹¹⁵³ "Memo from Frances Fiddian to NMAA Advisers."

¹¹⁵⁴ Minchin, "Memo from Maureen Minchin to Board Members "Where Is NMAA and What of the Future?". Fiddian, "Memo from Frances Fiddian to NMAA Advisers."

¹¹⁵⁵ "Memo from Frances Fiddian to NMAA Advisers." 2. Maureen K. Minchin, *Food for Thought : A Parent's Guide to Food Intolerance* (St. Arnaud, [Vic.]: Alma Publications, 1982). Nursing Mothers' Association of Australia, "Discussion with Maureen Minchin Re "Food for Thought"."

¹¹⁵⁶ Minchin, "Letter from Maureen Minchin to Branch Presidents."; Minchin, *Food for Thought : A Parent's Guide to Food Intolerance*. Fiddian, "Memo from Frances Fiddian to NMAA Advisers." 4.

rejected by the Board which affirmed that its involvement in allergies was limited to breastfeeding mothers.¹¹⁵⁷ Minchin then proposed a professional Lactation Clinic with Association involvement which was also rejected.¹¹⁵⁸

The disputes were the focus of lengthy meetings and much correspondence.¹¹⁵⁹ The Victorian Central Counsellor Training Secretary condemned Minchin, writing, "Maureen's attitude was one of hostility and unacceptance towards the Association".¹¹⁶⁰ The Victorian Branch President responded, "No-one likes having to take disciplinary action but sometimes it is necessary – for the benefit of the whole Association".¹¹⁶¹ Paton saw the matter as an example of failure of the Board to follow procedures, anomalies such as making a position with a grand title for a person rather than a position for the benefit of the Association, poor management where emotions took precedence

Nursing Mothers' Association of Australia, "Discussion with Maureen Minchin Re 'Food for Thought'." Note: Hartmann and Smibert were members of the Association and they were on the Advisory Board.

¹¹⁵⁷ Philpott, "Letter from Heather Philpott Secretary NMAA Board to Mrs Maureen Minchin."

¹¹⁵⁸ Maureen Minchin, "Apropos of a Lactation Clinic Maureen Minchin, October 1984," *ibid.*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1984).

¹¹⁵⁹ "Letter from Maureen Minchin to Branch Presidents." Nursing Mothers' Association of Australia, "Discussion with Maureen Minchin Re "Food for Thought"."

¹¹⁶⁰ Carolan, "Memo from Sue Carolan to Pam Fletcher."

¹¹⁶¹ Fletcher, "Memo to All Board Members from Pamela Fletcher - Vic. Branch President Re Letter from Sue Carolan About Maureen Minchin."

and overall failure to deal promptly with the matter, which took four years to resolve.¹¹⁶²

In terms of community of practice theory this matter was an example of the criticism, both internal and external, that organisations receive as they gain credibility. Minchin was contravening the Code of Ethics but at the same time, both the counsellors involved and the Board did not consistently follow the rules. It was also an example of the tensions of the continuity-displacement contradiction caused by a newcomer who was not accepted by the incumbents. Minchin, Paton believed, was “trying to build castles”.¹¹⁶³ This was a power struggle where attempts at establishing commonalities were not very successful.¹¹⁶⁴ The Association felt threatened by Minchin whom it regarded as heretical, first because of her criticisms of NMAA as an organisation,¹¹⁶⁵ then because of her views about the politics of breastfeeding and the role of formula manufacturers,¹¹⁶⁶ but mostly because of her claims to have Association

¹¹⁶² Paton, "Letter from Mary Paton to Rae 6 February 1982."

¹¹⁶³ Ibid. Lave and Wenger, *Situated Learning: Legitimate Peripheral Participation*. 116.

¹¹⁶⁴ *Situated Learning: Legitimate Peripheral Participation*.

¹¹⁶⁵ Minchin, "Memo from Maureen Minchin to Board Members 'Where Is NMAA and What of the Future?'"

¹¹⁶⁶ Maureen K. Minchin, *Breastfeeding Matters: What We Need to Know About Infant Feeding* (Alfredton, VIC: Alma Publications and George Allen & Unwin, 1985); *Food for Thought : A Parent's Guide to Food Intolerance*.

endorsement¹¹⁶⁷ and the vigorous, uncompromising manner in which she expressed her views which was contrary to the Code of Ethics.¹¹⁶⁸

The Code of Ethics required a non-confrontational, conciliatory approach in matters of community education and an attitude of courteousness and gratitude in relations with fellow members and counsellors.¹¹⁶⁹ Ultimately, the Association sought to establish a relationship with Minchin "to formalise the relationship between NMAA and yourself as an independent researcher, so that a free flow of information may be exchanged".¹¹⁷⁰ However, Minchin left the Association and went on to found the Australian Lactation Consultants Association.¹¹⁷¹

In another example of a trainee who was not prepared to adhere to the Code of Ethics, the Groups Controller wrote to Trainee Counsellor Babette

¹¹⁶⁷ Nursing Mothers' Association of Australia, "Discussion with Maureen Minchin Re "Food for Thought"." 2.

¹¹⁶⁸ Shade, "Copy of Letter from Libby Shade to Maureen Minchin." Fiddian, "Memo from Frances Fiddian to NMAA Advisers."

¹¹⁶⁹ Fletcher, "Memo to All Board Members from Pamela Fletcher - Vic. Branch President Re Letter from Sue Carolan About Maureen Minchin."

¹¹⁷⁰ Bev Holman. "Relationship between NMAA and Maureen Minchin Board Meeting June 1985; Letter to Maureen Minchin 20/8/1985". *Records, 1964-1997 [Manuscript]*. State Library of Victoria, Australia, Melbourne, VIC.

¹¹⁷¹ R. E. Thompson et al., "An Account of Significant Events Influencing Australian Breastfeeding Practice over the Last 40 Years," *Women Birth* 24, no. 3 (2011). 11.

Francis, who was a well-known, deep conservative in matters of family and women's roles:

Becoming an office bearer for NMAA involves much more than being fully conversant with breastfeeding techniques and management ... every OB has to accept gladly the very confining restraints of our Code of Ethics, and on some the mantle just doesn't seem to fit well ... Our decision acknowledges your competence, and the unique contribution you can make to the breastfeeding scene by remaining an unrestricted member of NMAA.¹¹⁷²

Babette Francis withdrew from the counsellor training.

There were sometimes problems dealing with counsellors' non-adherence to the Code of Ethics. It appeared that a Canberra Counsellor, Barbara Pamphilon had contravened the Code of Ethics in relation to advertising a party which did not invite counsellors who had supported the training team during a recent divisive period. Pamphilon was severely and publicly reprimanded but the National President failed to first make personal contact with her which would have been wise. The case demonstrates various difficulties with communication in the Association which have Code of Ethics implications, first with the initial divisive period, then with Pamphilon's use of official lines of

¹¹⁷² Leigh Wigglesworth, "Letter from Leigh Wigglesworth to Mrs C. H. (Babette) Francis," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne VIC: State Library of Victoria, Australia, 1976). Note: Leigh Wigglesworth has handwritten "Rejection" at the top of the file copy of the letter. Babette Francis was the wife of well-known barrister and Liberal Politician, Charles Francis.

communication and finally with the President's failure to follow due process in dealing with the matter.¹¹⁷³

Taking a positive approach

Motivation to learn

The abundant optimism of the Foundation Members permeated the Association, giving Counsellors an optimistic belief that they could accomplish changes in mothers' attitudes and knowledge which would affect community attitudes to breastfeeding.¹¹⁷⁴ This thinking has been discussed by Paton, "The rewards received are the personal satisfaction of assisting a fellow human being and a job well done".¹¹⁷⁵ It is indicative of self-efficacy, of believing that an individual can accomplish what they want and requires an optimistic frame of mind. These attributes can be seen in the interviewees' comments about their experience of the Association.¹¹⁷⁶

¹¹⁷³ Pamela Fletcher, "Memo to Betty Growder and Annette Baxter from Pamela Fletcher 21 October 1984," *ibid.*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC 1984).

¹¹⁷⁴ Aristotle, *Nicomachean Ethics*. Book 8.

¹¹⁷⁵ Paton, "The Strength of NMAA and Its Role in the Community: Talk to Vic Branch Conference."

¹¹⁷⁶ Crisp, "Interview by Joanne Packer ". 5

The motivation to become a counsellor often involved a desire to assist other mothers with breastfeeding in the same way they had been assisted by the Association themselves. As Timms explains:

There were lots of mothers in Cooranbong who were breastfeeding but not doing terribly well because they didn't know how to and as a teacher that concerned me greatly. They were not doing well because they didn't know anything. So that was when I began training as a counsellor.¹¹⁷⁷

Many of the counsellors who were interviewed also belonged to other community groups while deeply involved with the Association. This indicates that they were motivated to belong to groups, that they liked being part of organisations and contributing to the community through membership of and participation in various groups, such as sporting, school and church groups.

A recurring theme in the interviews is the positive impact of the training and activity as a counsellor, on their families. Murray reminisced about her three daughters, "They'd be just constantly on the phone in their games, and they'd be saying, 'Hello, I've got a cracked nipple'. And giving each other advice on what to do with their breastfeeding problems".¹¹⁷⁸

¹¹⁷⁷ Timms, "Interview by Judy Gifford." 2.

¹¹⁷⁸ Murray, "Interview by Joy Anderson." 7, 13.

The motivation to learn on the part of the Counsellors was primarily internal motivation, reflecting Knowles' concept of the internally motivated adult learner.¹¹⁷⁹ Furthermore, they were seeking a kind of pleasure and enjoyment from their activities that Seligman describes as the meaningful life which leads to personal growth.¹¹⁸⁰

A lengthy process

One feature of the counsellor training was the flexibility in both starting dates and length of time to complete. It was not structured around institutional concepts of terms or semesters, classes and assessment deadlines; there were no intakes of cohorts, the approach was very much about individual teaching.¹¹⁸¹ This flexible approach allowed trainees to work at their own pace, fitting in their studies and practical activities with their family lives. While the expectation was to complete the course in 12 months, some took five years and many never completed.¹¹⁸² Interviewees commented on the time it took to qualify as a counsellor. McKay says:

¹¹⁷⁹ Malcolm Knowles, *Andragogy in Action* (San Francisco: Jossey-Bass, 1984). 12.

¹¹⁸⁰ Martin E. P. Seligman, "Authentic Happiness," University of Pennsylvania, <https://www.authentichappiness.sas.upenn.edu/de/content/pleasure-meaning-eudaimonia-0>.

¹¹⁸¹ Campbell, "Teaching and Pedagogy (1). Australia, 1788 - 1850."

¹¹⁸² Wainwright, "Interview by Kaylene Proud." 7.

It was a lengthy process of not just the understanding of the nuts and bolts of breastfeeding, but very much about the ethical standards that underpin Nursing Mums and the skills that were required to run a group. We were very into being credible in the community. That was the basic thing.¹¹⁸³

Despite the lengthy course, interviewees often said this was a positive aspect of the training. Cadd stated, "I value that time because I grew ... I was growing as a person".¹¹⁸⁴

However, the lengthy time required to train counsellors was a constant administrative problem for the Association. This was especially so when combined with a relatively mobile population. Many members joined the Association precisely because they had moved away from their friends and families and they subsequently moved again. From a personal point of view, they were able to continue their counsellor training wherever they lived because the course was provided nationally, however, from the point of view of a group in an expanding area, this made it very difficult to provide counsellors where they were needed.¹¹⁸⁵ The continuity of the Association and its help for mothers was a great concern for some of the interviewees and they actively sought and encouraged new trainees.¹¹⁸⁶

¹¹⁸³ McKay, "Interview by Clare Gleeson-Mcguire ". 4.

¹¹⁸⁴ Cadd, "Interview by Joanne Packer." 6.

¹¹⁸⁵ Jones, "Interview by Marion Bowen."

¹¹⁸⁶ Widdup, "Interview by Margaret Carmody."

Blossoming

The Association's counsellor training is an example of women's participation in education in the humanistic tradition which better enabled them to cope with their own lives.¹¹⁸⁷ In their comments about the personal impact of the counselling course, interviewees frequently use language related to positive psychology's concept of natural growth.¹¹⁸⁸ For example, Jones states, "Nursing Mothers ... really helped me blossom as a person".¹¹⁸⁹ Similarly, Cadd speaks of the satisfaction of seeing new trainees "blossom and grow".¹¹⁹⁰ One interviewee said that the best part of her time spent in the Association as a counsellor was "involvement with people, talking to people and now definitely seeing the trainees in the region and so that you know that it will all keep going".¹¹⁹¹

Interviewees stated that the Counselling course had given them confidence beyond the counsellor role. Jones commented that her experiences in the Association, "Laid a foundation for the way I operate now ... it opened up a whole world to me of personal growth. It's given me heaps and in turn I guess

¹¹⁸⁷ Knowles, *Andragogy in Action*.

¹¹⁸⁸ Martin E. P. Seligman, *Flourish* (North Sydney, N.S.W: William Heinemann: Australia, 2011). Chapter 1 "Happiness is not enough".

¹¹⁸⁹ Jones, "Interview by Marion Bowen." 17.

¹¹⁹⁰ Cadd, "Interview by Joanne Packer." 3.

¹¹⁹¹ Crisp, "Interview by Joanne Packer ". 10.

I've given back a lot too".¹¹⁹² Cadd stated that she had developed personal skills such as, "communicating skills – that really get a good work out at Nursing Mothers".¹¹⁹³

The outcomes of the learning provided by the Association, both non-formal and informal, provide further insight into the Association's model of education. The interviewees stated that they had gained specific competencies because of being involved in the learning process of becoming and then working as a counsellor. What they learned reveals a conceptual and a practical grasp of the knowledge required for successful breastfeeding. Furthermore, this knowledge was applicable outside the environment where it was learned. Counsellors were able to counsel mothers in a variety of settings and take account of the myriad of different circumstances in the lives of those they counselled. Moreover, mothers were able to apply the knowledge they had gained to their specific family situation.

It is evident from the interviews that the knowledge and skills gained from the Association have been used elsewhere.¹¹⁹⁴ In some cases, interviewees

¹¹⁹² Jones, "Interview by Marion Bowen." 17.

¹¹⁹³ Cadd, "Interview by Joanne Packer." 6.

¹¹⁹⁴ Pamphilon, "Interview by Catherine Woodward." 9.

related how they have directly used their training in their employment as Midwives, Baby Health Nurses and General Practitioners. Some counsellors built on their Counselling role and became Lactation Consultants. To practice as a Lactation Consultant required the International Board-Certified Lactation Consultant (IBCLC) qualification.¹¹⁹⁵ Drew, who was a Midwife and a Paediatric Nurse, was an early Lactation Consultant.¹¹⁹⁶ She commented, “You don’t realize how ignorant you are till you get involved with something like Nursing Mothers’ about breastfeeding and I thought I knew quite a lot about breastfeeding [as a midwife]”.¹¹⁹⁷

After being involved in the training of counsellors, McKay then moved into tertiary teaching.¹¹⁹⁸ Pamphilon remarked that she, “was able to keep using that knowledge [gained as a counsellor] working as a community worker – working with people with mental health problems or working with families from very different cultural backgrounds”.¹¹⁹⁹ Paton stated, “What an incredibly diverse training ground we have created: a stepping stone for furthering

¹¹⁹⁵ International Board of Lactation Consultant Examiners, "About Ibclce," IBLCE, <https://ibclce.org/about-ibclce/>. International Lactation Consultant Association, "What Is an Ibclc?," ILCA, <http://www.ilca.org/main/why-ibclc/ibclc>.

¹¹⁹⁶ Drew, "Interview by Liz Mcguire." 13. Note: She completed the course in 1985, at that time there were only 19 Lactation Consultants in Australia.

¹¹⁹⁷ Ibid. 3.

¹¹⁹⁸ McKay, "Interview by Clare Gleeson-Mcguire ". 20.

¹¹⁹⁹ Pamphilon, "Interview by Catherine Woodward." 15.

women's careers".¹²⁰⁰ There were opportunities for counsellors for all sorts of positions within the Association, in addition to counselling mothers and running groups. Commisso explains that the Association had, "Given me more insight into how businesses operate, because it's a business at the top end of things".¹²⁰¹

Drew reflected on being an Association Board Member:

I learnt a lot about policy, decision making, trying to look at the big picture and tying it back in to what happens at a local level ... we do have grass roots people there [in the groups] who do know exactly what is working.¹²⁰²

From her experience in a national role, Drew became acutely aware of the tension between providing mother-to-mother support at the local level, the process of training counsellors to provide that support and the national activities of the Association.¹²⁰³

The Association provided enormous scope for women, particularly if they trained to be counsellors. In an address to a group of counsellors in the early 80s, Balmford stated, "The NMAA is important to you and not only for what it does for other people. It is important to you because it is your self-realization ... What matters is that there is a job to do and it is your self-realisation outside your

¹²⁰⁰ Paton, "25th Birthday Melbourne."

¹²⁰¹ Commisso, "Interview by Narelle Dwyer." 17.

¹²⁰² Drew, "Interview by Liz McGuire." 14.

¹²⁰³ Ibid. 16.

family".¹²⁰⁴ Furthermore, Balmford claimed that this job was benefiting not only the mother, but also her children:

The great thing that our children have got, you see, is a mother who has status outside the house and who is important to other people. [When the phone rings] you go to the phone and unless it is just about to cut its throat with the carving knife, your child knows that while you are having that conversation the person at the other end of the phone is more important to you than it is. This is very good for children ... If they realise that you are valued by other people for what you are doing for other people you gain status in their eyes now and for the rest of your life, because you are going to go on being that sort of person.¹²⁰⁵

The Association defined a woman's "job" as the complicated sum-total of all her responsibilities, as Balmford explained, "Your job is running your life and your life is a seamless web ... All the responsibilities you have together make up your job".¹²⁰⁶ The self-realization of the members was a complex combination of the community service they engaged in as office bearers, the friendships they made in the Association and all that they learnt from what they did in the Association.¹²⁰⁷

¹²⁰⁴ Rosemary Balmford, "Article by Rosemary Balmford: Maximising Motherhood - Minimising Paperwork," in *Records, 1964-1997 [Manuscript]*, (Melbourne, VIC: State Library of Victoria, Australia, n.d.). 2.

¹²⁰⁵ Ibid. 5.

¹²⁰⁶ Ibid. 2.

¹²⁰⁷ Ibid. 6.

Counsellors viewed themselves as having a profession, albeit an unpaid one. Jones explains, "Nursing Mothers was really my occupation – like my profession for many years".¹²⁰⁸ It was a completely different depiction of the stereotypical role of housewives as "domestic servitude" discussed by Oakley.¹²⁰⁹ The Association's view of motherhood reflects the 1950s international medical view of the therapeutic advantages for women of work, at least part time, over being a full time housewife, summarised by researcher Frederick Cooper as the harmonising of "public and private fulfilment, identity and responsibility".¹²¹⁰ There was within the Association an air of denigration of women whose sole responsibility was full time work, a life that Balmford described disparagingly as "straight forward". This angered some women who took this as a criticism of their desire or need to work.¹²¹¹ However, Balmford's position was a complex one that argued for a combination of mothering, work and domestic duties as a fulfilling life balance.

¹²⁰⁸ Jones, "Interview by Marion Bowen." 16.

¹²⁰⁹ Oakley, *Housewife*.

¹²¹⁰ Frederick Cooper, "Medical Feminism, Working Mothers, and the Limits of Home: Finding a Balance between Self-Care and Other-Care in Cross-Cultural Debates About Health and Lifestyle, 1952-1956," *Palgrave Communications* 2 (2016).

¹²¹¹ Balmford, "Article by Rosemary Balmford: Maximising Motherhood - Minimising Paperwork." 2.

A different approach

Redefining volunteers

A key difference from other organisations is that the Foundation Members made a deliberate decision to have volunteer counsellors rather than the expert instructors used by older maternal and child health organisations, or the staff who ran ante- and postnatal classes in maternity hospitals. The Association's approach differed too from the Childbirth Education Association which chose to employ educators who were midwives or physiotherapists.¹²¹²

The Association expanded the view of what constitutes voluntary work in maternal education. It has recognised these unorganised activities and made them into formal voluntary activities within the Association, such as "Tea and Toys Lady".¹²¹³

The counsellor training was a response to providing maternal education, based on the League's approach.¹²¹⁴ The Association's counsellors did not play the role of providing support for the professional maternal educators; they were

¹²¹² Childbirth Education Association of Australia (NSW), "About the Childbirth Education Association (NSW) Ltd (CeaEA)".

¹²¹³ Comisso, "Interview by Narelle Dwyer." 1 - 2.

¹²¹⁴ Melanie Oppenheimer, "Voluntary Action and Welfare in Post-1945 Australia Preliminary Perspectives," *History Australia* 2, no. 3 (2005).

not the philanthropic “fundraising, pearls and furs set”.¹²¹⁵ Rather, they were young mothers, with considerable personal experience of breastfeeding and they knew a great deal about the Association itself, having worked voluntarily in a range of positions in their local group. They were volunteers trained to provide free education and support to other young mothers and with their knowledge and skills were providing a professional service.

Voluntary considerations

The concept of mother-to-mother learning and support presupposes that the mothers providing such support are trained. This approach of using mothers rather than professionals assumes considerable knowledge and skills on the part of the mothers who train. They also take the time and have the commitment to do the training and then they work voluntarily. An important consideration about the training was the acceptance of their knowledge and authority among their peers. If any of these factors are absent, then there will be problems. The societal changes which have seen many mothers return to the workplace while their children are very young have created problems with training counsellors, as several interviewees commented.¹²¹⁶ Moreover, it has limited the length of time

¹²¹⁵ Highton, "Interview by Margaret Carmody." 22.

¹²¹⁶ Cadd, "Interview by Joanne Packer." 6.

that counsellors are willing to commit to working as counsellors and the number of hours they can offer.

Jones reflects on how mothers' working has "impacted on our availability as women to commit ourselves so deeply to things that perhaps we could 10-15 years ago".¹²¹⁷ The League in NZ has had the same problem.¹²¹⁸

Writers and some of the interviewees have criticised the model of education devised by the Association, saying it was middle class in its origins and reach and that the Association fundamentally ignored mothers from different groups such as low literacy, teenage mothers, mothers with disabilities, mothers in prison,¹²¹⁹ Aboriginal mothers and mothers from diverse cultural backgrounds. These criticisms can be found in the Association's reports and reviews and are a feature of its reflective practice.¹²²⁰ Reiger criticises the Association for being part of the middle-class philanthropy that sought to control

¹²¹⁷ Jones, "Interview by Marion Bowen." 16.

¹²¹⁸ Highton, "Interview by Margaret Carmody." 22.

¹²¹⁹ Timms, "Interview by Judy Gifford." 14. Reiger, *Our Bodies, Our Babies: The Forgotten Women's Movement*.

¹²²⁰ Adel Anderson, "Report - Minority Groups Coordinator," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne VIC: State Library of Victoria, Australia, 1981); Irene Warfe, "Report of Meeting at the Vicseg (Victorian Cooperative on Children's Services for Ethnic Groups)," *ibid.* (1982).

mothers and families from the early twentieth century, and for being limited in its response to the community.¹²²¹

Such major criticism of a successful organisation as it gains legitimacy and confidence is a typical experience for communities of practice.¹²²² The criticism was based on the membership of the Association, its style of activities such as meetings and morning teas in each other's homes, its refusal to engage in large public displays or protests, its depiction of mothers in the photographs in its publications and the Foundation Members themselves who were professionals from privileged Melbourne backgrounds. There were also instances which critics could easily focus on, such as the Association presenting the Princess of Wales with a Tarweena Lambskin on the birth of her baby.¹²²³ They may also have taken offence at the general tone of some of the publications and notes used for discussions such as, "Get all your 'thank you' notes written in hospital" or the advice to not entertain in the first few months, "It is up to you to 'give up' ... the racing around, wasted hours of unnecessarily long telephone conversations,

¹²²¹ Kerreen Reiger, "All but the Kitchen Sink: On the Significance of Domestic Science and the Silence of Social Theory," *Theory and Society* 16, no. 4 (1987). 500. *Our Bodies, Our Babies: The Forgotten Women's Movement*.

¹²²² Wenger, "Communities of Practice: Learning as a Social System".

¹²²³ Nursing Mothers' Association of Australia, "Talkabout Vol 13 No 2 March 1982." 7.

afternoon tea parties, shopping sprees, dinner parties and general entertaining for at least three months".¹²²⁴

Taking a pragmatic approach, the Association found that it had to concentrate on what it could manage with the limited skill range of its volunteers and its limited funds. These lessons were repeated in their limited success in attempts at programs for non-English speaking or teenage mothers which they were unable to sustain due to lack of qualified personnel and lack of funds. In terms of community of practice theory it is evident that the Association, through its reflection and discussions among its members, was aware of these shortcomings. But it was also aware that its activities were benefiting the whole community, not just those who attended meetings or became members. Additionally, they were aware that the vast majority of the women who used the Association's free telephone counselling service were not members of the Association.¹²²⁵

The Association did not shy away from the criticisms. It was prepared to explain and justify its approach, to make efforts to address the shortcomings and it continued to offer programs that addressed the needs of specific groups when

¹²²⁴ "Discussion No. 3: Management of Feeding in Relation to Family and Home."

¹²²⁵ Laird, "NMAA Newsletter Supplement President's Report for the Year Ended June 1973."

it had the resources to do so.¹²²⁶ There was a vehement response from Paton to the accusations of shortcomings due to middle class consciousness:

Some academics have criticized NMAA for being “middle class” as though it is a sin ... for NMAA to comprise of “doers”, “preservers and volunteers” with so-called old-fashioned values is not shameful: it is a source of pride and strength ... In a society in which individuals appear to me to be becoming more self-centred, greedy, lacking in personal and community responsibility, the strengths and values are more vital today than 25 years ago.¹²²⁷

Despite these criticisms, it is significant that the Association’s first notable success was in North Melbourne among mothers living in the Housing Commission flats.¹²²⁸ The Association tried different approaches to addressing the needs of mothers from equity groups and in the early 80s decided that the best way forward was to provide resources, training and information for the professionals looking after those mothers.¹²²⁹ A 1980 report prepared by Hazen Waller after she had meetings with a range of organisations identified areas of need, such as failure to include the big public hospitals which looked after the majority of single mothers in the Association’s ante-natal classes. This report was

¹²²⁶ Barnard, Twigg, and Australian Breastfeeding Association, *Nursing Mums: A History of the Australian Breastfeeding Association - 1964 - 2014*. 214 – 223.

¹²²⁷ Paton, "25th Birthday Melbourne." 2, 3.

¹²²⁸ Barry, "Interview by Frances Fiddian."

¹²²⁹ Warfe, "Report of Meeting at the Vicseg (Victorian Cooperative on Children's Services for Ethnic Groups)."

followed by a pilot scheme in Victoria for teenage mothers. Counsellor training included the issues related to equity groups and group leaders were urged to be aware of the “void areas” when providing hospital talks and schools’ programs.

The matter of the inclusiveness of the Association had become aligned with the social view of breastfeeding itself as a middle class activity, reflected in statistical evidence and analysed by researchers.¹²³⁰ Clearly, assumptions about the nature of voluntary work and availability, along with educational standards of possible counsellors have proven to be barriers to the service particularly for disadvantaged groups. It is not clear that any other voluntary groups have overcome these problems with the result that the maternal education of mothers in those groups has largely been left to the professionals, the maternal and child health nurses. In some cases, they have sought to replicate the Association’s methods with their publications and small group discussions, and they have certainly fostered both functional and interactive health literacy and indeed friendship groups among mothers in their neighbourhoods. Nevertheless, in terms of adult education there is a crucial difference between groups run by the

¹²³⁰ Nancy E. Hitchcock, Delys McGuinness, and Michael Gracey, "Growth and Feeding Practices of Western Australian Infants," *Medical Journal of Australia* 1, no. 9 (1982). Ellen McIntyre, Janet E. Hiller, and D. Turnbull, "Attitudes Towards Infant Feeding among Adults in a Low Socioeconomic Community: What Social Support Is There for Breastfeeding?," *Breastfeeding Review* 9, no. 1 (2001).

mothers themselves and those run by health professionals in the power relations between the facilitator and the learners.

Developing new models

Recognising the Association's lack of success with some marginal groups, some counsellors have called for consideration to be given to devising new, culturally appropriate models. McIntyre, for example, has called for greater support from health professionals for mothers from low socioeconomic backgrounds, who are less likely to breastfeed.¹²³¹ The Association recognised that the high level of literacy necessary for success in the counsellor training and the length of the course represented restrictions. In response, it adjusted the program and attempted to train teenage mothers to be counsellors in 1988 in Melbourne.¹²³² The program ran for four years. The adjusted program was developed with a large grant and a video was made with young teenage mothers telling their stories, which was a huge success with copies sold across Australia.¹²³³ However, as Ryan comments, "It was very difficult to run alongside

¹²³¹ "Attitudes Towards Infant Feeding among Adults in a Low Socioeconomic Community: What Social Support Is There for Breastfeeding?"

¹²³² Meryl Ryan, "Interview by Narelle Dwyer," in *Nursing Mothers' Association of Australia Oral History Project* (Brisbane, QLD: John Oxley Library, State Library of Queensland, Australia, 2000).

¹²³³ Barnard, Twigg, and Australian Breastfeeding Association, *Nursing Mums: A History of the Australian Breastfeeding Association - 1964 - 2014*.

mainstream Nursing Mothers because it was so different".¹²³⁴ This is a good example of a specialized area that needs expert assistance from highly trained and motivated volunteers or paid staff. As with outreach to other disadvantaged groups, such activity is all but impossible for a voluntary organisation to sustain without continued funding. However, seeking and accepting funding has at times caused great discord in the Association due to the conditions attached to some grants. The Hospital and Health Services Commission Grant in 1975, for example, required the Association to accept their representative on the relevant subcommittee which was anathema to the Association's independence. The subsequent conflict resulted in the resignation of the President and much discussion of the nature and independence of a voluntary organisation.¹²³⁵

The Association's concern about Aboriginal babies and their mothers is demonstrated by its attempts to raise the breastfeeding rates among Aboriginal mothers both in the cities and in rural and remote areas (Figure 38). Phillip's research about non-puerperal lactation raised awareness about traditional

¹²³⁴ Ryan, "Interview by Narelle Dwyer."

¹²³⁵ Nursing Mothers' Association of Australia: Executive Committee, "Statement to All Office Bearers" *Talkabout* 6, no. 5 (1975). Reiger, *Our Bodies, Our Babies: The Forgotten Women's Movement*; NMAA Board, "News from the Board," *Talkabout* 6, no. 5 (1975). 97 – 101.

practices.¹²³⁶ But the Association had difficulty having its concerns heard. For instance, in 1970 when it attempted to voice its concerns about health education programs for Aboriginal mothers in the Northern Territory described in the *Australian Medical Journal*, it would not print the letter.¹²³⁷ Interviewees tell stories of attempts in the 1970s to liaise with the local Aboriginal community in NSW inner Sydney and with the help of Maternal and Child Health Nurses in Dubbo, and efforts to run programs specifically for Aboriginal mothers in Wagga Wagga, none of which was successful.¹²³⁸

¹²³⁶ Virginia Phillips, "Non-Puerperal Lactation among Australian Aboriginal Women, Parts 1 & 2: NMAA Research Bulletin, July-August 1969," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1969).

¹²³⁷ A. M. Gwynn, "Letter from A. M. Gwynn to D. I. Sutherland," *ibid.*, ed. Nursing Mothers' Association of Australia (Melbourne VIC 1970).

¹²³⁸ Jones and Chapman, "Interview by Judy Gifford."; Widdup, "Interview by Margaret Carmody." 2.



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Figure 38. Nursing Mothers' Association of Australia. *Give Your Jarjum a Good Start: Breastfeed.* Nursing Mothers' Association of Australia Records 1964 - 1997. State Library of Victoria Australia, Melbourne VIC.

In other areas the Association did have significant success: it was involved in a number of projects and contributed to reviews of education of Aboriginal mothers about breastfeeding.¹²³⁹ Of particular interest was the Thallikool

¹²³⁹ Nursing Mothers' Association of Australia, "Nursing Mothers' Association of Australia, Submission, Prime Minister's Working Party on Women's Advisory Body, March 1976," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, 1976);

Aboriginal Outreach Program, a combined Commonwealth and NMAA venture which started in 1983 with the aim of training Aboriginal women to be breastfeeding counsellors in seven areas of northern NSW.¹²⁴⁰ None of the women completed their counsellor training although all gained employment. The Infant Nutrition Kit for Aboriginal Health Workers, which included the video *Babies of the Dreamtime* was developed.¹²⁴¹ They ceased the program “because of the lack of available Nursing Mothers’ [Association of Australia] personnel and the difficulty for the Aboriginal women in coming every week”.¹²⁴² Further concerns arose due to the nature of voluntary work because, “While

Therese Engeler and Australia. Office for Aboriginal Torres Strait Islander Health Services, *Review of Current Interventions and Identification of Best Practice Currently Used by Community Based Aboriginal and Torres Strait Islander Health Service Providers in Promoting and Supporting Breastfeeding and Appropriate Infant Nutrition. Review of Intervention in Breastfeeding and Infant Nutrition* (Canberra ACT: Commonwealth Dept. of Health and Family Services, Office for Aboriginal and Torres Strait Islander Health Services, 1998); Australia Office for Aboriginal Torres Strait Islander Health Services and Anita Groos, *Audit of Current Training in Breastfeeding Support and Infant Nutrition for Aboriginal and Torres Strait Islander Health Workers and Other Health Professionals Providing Health Care to Aboriginal and Torres Strait Islander Women* (Canberra ACT: Dept. of Health and Family Services, 1998); "Aboriginal Women Will Give Advice: Northern Star Lismore 4 November 1983," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1983).

¹²⁴⁰ Fitzpatrick, *Thallikool. Aboriginal Outreach Project Report* Engeler and Australia. Office for Aboriginal Torres Strait Islander Health Services, *Review of Current Interventions and Identification of Best Practice Currently Used by Community Based Aboriginal and Torres Strait Islander Health Service Providers in Promoting and Supporting Breastfeeding and Appropriate Infant Nutrition. Review of Intervention in Breastfeeding and Infant Nutrition*. 29 – 30, 100 – 102.

¹²⁴¹ Grace Close, "Babies of the Dreamtime," (Lismore, NSW: Health Education Services, 198-); Engeler and Australia. Office for Aboriginal Torres Strait Islander Health Services, *Review of Current Interventions and Identification of Best Practice Currently Used by Community Based Aboriginal and Torres Strait Islander Health Service Providers in Promoting and Supporting Breastfeeding and Appropriate Infant Nutrition. Review of Intervention in Breastfeeding and Infant Nutrition*. 29 – 30.

¹²⁴² Fitzpatrick, *Thallikool. Aboriginal Outreach Project Report* . 53.

volunteers are mostly advantaged people, the problems within Indigenous communities are those universal to disadvantaged people, i.e. low socio-economic status and a lack of education".¹²⁴³ The Office for Aboriginal and Torres Strait Islander Health Services commented in the Review:

The traditional NMAA approach is not particularly applicable to Aboriginal and Torres Strait Islander mothers and families, "Ninety-nine per cent of Aboriginal mothers would not telephone a stranger to talk about a breastfeeding problem" ... There is a need to gain the trust of the community in order to be a breastfeeding counsellor for Aboriginal women. Staff suggested the use of aunts and grandmothers to be trained as counsellors and the need to identify key older women to train in this role. The promotion by formula companies was also noted to be a problem as well as the need to improve the monitoring of violations of the WHO Code.¹²⁴⁴

The review noted that the contents of the many recorded conversations with Elders about pregnancy, birth and breastfeeding as part of the Thallikool Program, "would provide invaluable resource material for the training of Aboriginal health workers".¹²⁴⁵ It recommended that:

¹²⁴³ Ibid. 52. National Archives of Australia, "Commonwealth Government Records About the Northern Territory: Education," National Archives of Australia, <http://guides.naa.gov.au/records-about-northern-territory/part2/chapter13/13.2.aspx>. Heather Hancock, *Aboriginal Women's Perinatal Needs, Experiences and Maternity Services: A Literature Review to Enable Considerations to Be Made About Quality Indicators* (Alice Springs NT: Ngaanyatjarra Health Service 2006).

¹²⁴⁴ Engeler and Australia. Office for Aboriginal Torres Strait Islander Health Services, *Review of Current Interventions and Identification of Best Practice Currently Used by Community Based Aboriginal and Torres Strait Islander Health Service Providers in Promoting and Supporting Breastfeeding and Appropriate Infant Nutrition. Review of Intervention in Breastfeeding and Infant Nutrition*. 52 – 53.

¹²⁴⁵ Ibid.

A one-to-one counselling system for breastfeeding Indigenous women should be established, similar to the peer counselling system of the Nursing Mothers' Association of Australia. However, the use of unrelated, young, volunteer peers may not be appropriate for Indigenous women. A system for Indigenous mothers should build on the knowledge and skills and authority of older family and community women. Training should acknowledge and build on the knowledge and experience of these key people, as well as provide them with up to date knowledge and skills.¹²⁴⁶

It emphasised the notion that different approaches should be used for traditional and urban settings and noted with concern the "continuing erosion of breastfeeding amongst Aboriginal and Torres Strait Islander people".¹²⁴⁷

Traditional practices around pregnancy and birth involved the grandmother and other older women guiding and assisting the mother, placing importance on birthing on country.¹²⁴⁸ Another area of concern mentioned in relation to many of the programs across Australia, including this one, was the "difficulties inherent with one-off funding".¹²⁴⁹ The reports highlight the problems with applying such models to Aboriginal and other equity groups including low socio-economic status, teenage mothers and a language background other than English. One publication, *The Audit of current training in breastfeeding support and infant nutrition*

¹²⁴⁶ Ibid.

¹²⁴⁷ Ibid. 112.

¹²⁴⁸ Gaff-Smith, *Midwives of the Black Soil Plains*; Jilpia Nappaljari Jones, "Birthing: Aboriginal Women," *Journal of Indigenous Policy* 13 (2012); Sue Kildea et al., "Improving Maternity Services for Indigenous Women in Australia: Moving from Policy to Practice," *Medical Journal of Australia* 205, no. 8 (2016).

¹²⁴⁹ National Archives of Australia, "Commonwealth Government Records About the Northern Territory: Education".

*for Aboriginal and Torres Strait Islander health workers and other health professionals providing health care to Aboriginal and Torres Strait Islander women called for resources such as the Association's booklets to be revised to be suitable for use with Aboriginal mothers. It also mentioned the very small number of Association programs available to train Aboriginal counsellors.*¹²⁵⁰

The difficulties in adapting an existing counsellor training program and providing a particular mother-to-mother style of peer support and education, suggest that the Association's model of maternal education is unsuitable for some groups in the community. Rather than being adjusted, the model would need to be completely rethought. This would involve consultation with those groups and extensive investigations to successfully devise a program, design curriculum, create resources and adopt a methodology to suit the learners' needs. It may even require the establishment of a completely different organisation.

¹²⁵⁰ Australia Office for Aboriginal Torres Strait Islander Health Services and Groos, *Audit of Current Training in Breastfeeding Support and Infant Nutrition for Aboriginal and Torres Strait Islander Health Workers and Other Health Professionals Providing Health Care to Aboriginal and Torres Strait Islander Women.*

Conclusion: Respected and appreciated.

With the extensive training and ongoing education provided to the counsellors, they occupied a position of “full participation” within the community of practice that was the Association.¹²⁵¹ They enjoyed a position of high regard among health professionals and among mothers in their area that had contact with the Association, whether through the telephone counselling, hospital visits or discussions. The counsellors were respected for their knowledge and appreciated for the support they provided, particularly in times of need for a mother and her family. Counsellors developed leadership skills and benefited greatly from the ongoing education provided by the Association. Evidence of the high standard of the counsellor and community educator training courses is their subsequent accreditation.¹²⁵²

The education provided to the counsellors, both through the structured counsellor training and incidentally through their involvement in the Association, has represented learning that is pivotal to their lives. In health literacy terms, the counsellor training made the counsellors functionally literate

¹²⁵¹ Lave and Wenger, *Situated Learning: Legitimate Peripheral Participation*. 37.

¹²⁵² Australian Breastfeeding Association, "10280nat Certificate IV in Breastfeeding Education Course Structure". Note: The qualification for a Community Educator is "10280NAT Certificate IV in Breastfeeding Education (Community)".

in breastfeeding: they were well versed in the anatomy and physiology of the process and they were very knowledgeable about the methods of breastfeeding in varied circumstances. They were also interactively literate in breastfeeding, discussing it with mothers, health professionals and the public. Significantly, the training made them critically literate as they were able to weigh up different views and moreover, they encouraged mothers to reflect and to investigate the different possible ideas and solutions and to decide what was best for them.

7: A community presence: “softly, softly”.

*“We did know what we were talking about”.*¹²⁵³

This chapter describes the activities of the Association with regard to community education. It begins with a description of how the Association advocated for mothers and how they tackled the big issues such as the place of breastmilk in national dietary guidelines, hospital policies to encourage breastfeeding and mothers’ right to breastfeed in public. It examines the role of the Code of Ethics in relation to community education and describes the research that the Association has undertaken. It describes the programs run by the Association for parents, for students from school to university level and for health professionals. The chapter examines the role of the Association in relation to other community groups and the international forum. It outlines the major criticisms of the Association regarding its research and credibility and how the Association responded, including its change of name in 2001. The chapter ends with an analysis of the Association’s provision of community education and an assessment of that education in terms of both communities of practice and health literacy.

¹²⁵³ Latham, "Interview by Tricia Edgoose."

A new approach to educating the community about breastfeeding

In addition to education of mothers and training of counsellors, the third area of adult education provided by the Association was community education. This chapter examines the characteristics of the approach to community education taken by the Association in devising a new method of educating the community about breastfeeding, adopting a humanistic, learner-focused approach to adult education.

The Association wanted the community to knowledgeably support the mother in her mothering role. The counsellors and community educators engaged in a variety of community education projects, often involving ordinary members as well, which led to changes in hospital practices, attitudes to breastfeeding in public and combining work with breastfeeding. There was a radical consciousness of the power of discourse, so that they empowered mothers and expectant parents by using their language, and at the same time, they maintained their credibility with the health professionals by ensuring their information was research based.

The Code of Ethics demanded a “softly, softly” strategy that disposed of much of the possible antagonism from schools and health professionals. While the Association limited its activities to breastfeeding, it was keen to work

cooperatively with health professionals and to influence institutions. Paton said about the Code of Ethics:

In 1964 the Founding Mothers were as one in the belief that non-aggressive, non-fanatical, co-operative behaviour of our office bearers was essential. We believed that to complement the health system would be more productive and positive rather than to supplement it. Sure, you can be assertive, but certainly not aggressive. Perhaps the Founding Mothers' own individual backgrounds were the deciding reason for the Code of Ethics.¹²⁵⁴

The Association sought to promote breastfeeding "through positive information".¹²⁵⁵ Two features of the community education approach were contributions to government enquiries into infant nutrition, and nationally consistent responses in the media to issues regarding breastfeeding. The Association contributed to the national debate about the place of mothers and the role of women: it was deeply critical of views that made breastfeeding a furtive activity and denied the right of the infant to be fed regardless of location. In addition to a national presence, the Association established links with other emerging breastfeeding support organisations worldwide.

¹²⁵⁴ Paton, "The Strength of NMAA and Its Role in the Community: Talk to Vic Branch Conference." 3. "The Founder, Mary Paton, Talks About the Code of Ethics, 3rd Revision, September 1982," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1982).

¹²⁵⁵ Nursing Mothers' Association of Australia, "The Royal Commission on Human Relationships, Submission by Nursing Mothers' Association of Australia, March 1975." 10.

An invisible force

Advocating for mothers

The Association shared Dewey's view that you could change society through education.¹²⁵⁶ Paton advised counsellors in 1994:

Wear your badge with pride. Don't be shy to promote NMAA at every opportunity. Every member is a walking living advertisement for NMAA and for breastfeeding. If you believe in a cause, you'll find the time and energy. Enthuse other people – give freedom [it will lead to] wonders.¹²⁵⁷

This was in contrast to its predictable middle-class emphasis on respectable, rather than radical values.¹²⁵⁸ It relied for its effectiveness on working with governments, not engaging in direct comparisons of breast and bottle feeding and in its community education program, having smaller gatherings including workshops and group discussions. It engaged in low-key community activities such as providing feeding-and-changing-tents at Agricultural Shows and occasional displays or fundraising cake stalls at local shopping centres (Figure 39).¹²⁵⁹ It avoided what political commentator John Warhurst identified as, "The three circumstances under which community activism can go wrong

¹²⁵⁶ Dewey, *Experience and Education. Democracy and Education. An Introduction to the Philosophy of Education* (New York: Free Press, 1966). 17. Paton, "Interview by Margaret Carmody."

¹²⁵⁷ "Past and Future of NMAA."

¹²⁵⁸ "25th Birthday Melbourne."

¹²⁵⁹ "Features: Nursing Mothers," *Canberra Times (ACT: 1926 - 1995)*, 24 July 1986.

[namely to] bypass majoritarian democracy ... become so single-minded that it leads to intolerance of other points of view Be stuck in a rut [of] mass rallies".¹²⁶⁰ The Association deliberately refused to participate in Baby Shows.¹²⁶¹ Similarly, it refused to provide a three-month-old baby to promote Heinz baby foods.¹²⁶² The Association engaged in fundraising for its own needs but believed that fundraising was itself part of the community education strategy. Newbold commented that it was this aspect that made it attractive.¹²⁶³

¹²⁶⁰ John Warhurst, "Political Activism Not yet on Life Support," *Canberra Times*, September 25, 2014.

¹²⁶¹ Nursing Mothers' Association of Australia, "News from the Executive Committee: Baby Shows," *Talkabout* 4, no. 3 (1973); ""Winners at Baby Show" at West End Plunket Gala Day," *Manawatu Evening Standard*, September 19, 1960; "Baby Show Opened in Canberra," *Canberra Times (ACT : 1926 - 1995)*, November 19, 1949. "Queanbeyan Celebrations: Centenary Baby Show," *Canberra Times (ACT : 1926 - 1995)*, October 8, 1938. Note: Some Baby Shows had prizes for the "Best Bottle Fed Baby"; "Best Boy Fed on Lactogen"; "Best Eyes"; "Best Dressed"; "Best Natural Head of Hair".

¹²⁶² Janet Metherall, "Public Relations Report: Achievements," *Talkabout* 5, no. 1 (1974).

¹²⁶³ Newbold, "Interview by Judy Valero." 4.



Figure 39. "ABA Community Education Stall Riverside Plaza Queanbeyan NSW." Photograph. Left to Right: Emily, Hayley, Caroline with Alida, Amelia. Queanbeyan NSW: Private Collection, 2016.

The Association was part of the movement from one era of maternal and baby health to another and its success lay in its preparedness to adopt what Freire describes as “The development of an especially flexible, critical spirit”.¹²⁶⁴ The Foundation Members believed that individual members and small local groups could make changes to the situations that oppressed breastfeeding women. As McIntyre claims, “Nursing Mothers [is] a force to be reckoned

¹²⁶⁴ Freire, *Education for Critical Consciousness*. 6.

with".¹²⁶⁵ This small-scale approach was different from other women's organisations that emphasised the importance of women acting collectively.

The Association's approach to educating the public adhered to the basic tenet of second wave feminism that "the personal is political". It therefore supported mothers' rights to breastfeed in public. This resulted in rare examples of collective action by the Association members, including performing what was usually a private, personal act in a public space where it would be noticed, which in turn became a political act by virtue of the huge numbers of women breastfeeding simultaneously. The closest they came to confrontational action was defending a group of mothers approaching the Human Rights Commission regarding an incidence of discrimination against a mother¹²⁶⁶ and supporting gatherings of large numbers of women breastfeeding in the same place at the same time, creating records for the *Guinness Book of Records*.¹²⁶⁷ These gatherings

¹²⁶⁵ McIntyre, "Interview by Lindy Harris ". 8.

¹²⁶⁶ "Nursing Mother Lodges Protest," *Canberra Times (ACT : 1926 - 1995)*, May 8, 1991; "Mothers to Breastfeed Babies Outside Opera House," *Canberra Times (ACT : 1926 - 1995)*, April 28, 1991.

¹²⁶⁷ Alison Bartlett, "Scandalous Practices and Political Performances: Breastfeeding in the City," *Continuum: Journal of media and cultural studies* 16, no. 1 (2002).

were often prompted by particular instances of discrimination against breastfeeding in public.¹²⁶⁸

While its focus was on educating and supporting individual mothers, in its approach to community education the Association recognised that community and environmental factors influenced mothers and had the potential to affect their breastfeeding experience. The influence of the community on mothers created challenges for the Association. The Association's groups across Australia were part of the one national organisation as well as being part of an international movement promoting breastfeeding. The Association sought to represent its members and to become an effective lobby group, influencing public policy. It was aware that in terms of communities of practice, many of its members were effectively unrepresented, voiceless and invisible, in the wider community, at least compared with women in paid employment or those who belonged to organisations such as the CWA, feminist organisations or work-based professional and industrial organisations.¹²⁶⁹ This concern was expressed

¹²⁶⁸ "Australia: Act No. 4 of 1984 Sex Discrimination Act 1984."; "Breast-Feeding in Public," *Canberra Times* (ACT : 1926 - 1995), April 9, 1982; "Breastfeeding Mother Put Off Bus in Wa," *Canberra Times* (ACT : 1926 - 1995), December 2, 1993; "Breast-Feeding Mums Go Public for a Good Cause," *Canberra Times* (ACT : 1926 - 1995), August 4, 1994; "Canberra Restaurants Family-Friendly," *Canberra Times* (ACT : 1926 - 1995), April 16, 1994. "Letters to the Editor: Breastfeeding Quite Natural," *Canberra Times* (ACT : 1926 - 1995), April 22, 1994.

¹²⁶⁹ Wenger, "Communities of Practice: Learning as a Social System".

in the Association's 1976 Submission to the Prime Minister's Working Party on Women's Advisory Body:

We see the important function of the Advisory Body would be to act as an advocate for the significant group of women in the community unrepresented by virtue of the fact that they may not be part of the workforce or belong to any specific group which is active in presenting its views to such a body.¹²⁷⁰

The Association took on the role of advocate for its members through its submission to the *Status of Women Inquiry authorized by the Queensland State Government* in 1973 and the Submission to the Royal Commission on Human Relationships in 1975,¹²⁷¹ and has contributed to subsequent government enquiries and commissions. During the period 1972-1976 alone the Association made the following submissions:

- *NMAA submission to the Consultative Council on Pre-School Child Development: June 1972*
- *Submission to the Status of Women Inquiry authorised by the Queensland State Government: October 1973*
- *Submission on All Aspects of Broadcasting and Television including Australian content of television programme made to the Senate Standing Committee on Education, Science and the Arts: January 1974*

¹²⁷⁰ Nursing Mothers' Association of Australia, "Nursing Mothers' Association of Australia, Submission, Prime Minister's Working Party on Women's Advisory Body, March 1976." 3.

¹²⁷¹ "The Status of Women Inquiry Authorised by the Queensland State Government Submission by the Nursing Mothers' Association of Australia, October 1973," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, 1973); "The Royal Commission on Human Relationships, Submission by Nursing Mothers' Association of Australia, March 1975."

- *Submission on Australian Government Care of Pre-School Age Children to Social Welfare Commission: April 1974*
- *NMAA submission to The Royal Commission on Human Relationships: March 1975*
- *Submission to the Status of Women Inquiry authorised by the Victorian State Government: March 1975*
- *NMAA submission to Prime Minister's Working Party on Women's Advisory Body: March 1976*
- *NMAA submission to Inquiry into Aspects of Domiciliary Care Services: June 1976*
- *The National Hospitals and Health Services Commission Interim Report submission from the NMAA*
- *Comment on Victorians Teachers' Union Pre-School Education Policy: May 1975*
- *School Commission Innovations Programme Grants for Special Projects - application from NMAA February 1974*
- *Curriculum Services Enquiry authorised by the Education Department of Victoria submission from the NMAA: March 1976*
- *Curriculum Services Enquiry NMAA submission and NMAA appendices including aims & objectives, guidelines for school programme¹²⁷²*

The notable aspect of this sample of submissions is the breadth of concerns:

television programming to preschool education and the status of women were all relevant to supporting the breastfeeding mother.

The central structure of the Association was more formal than emerging feminist organisations around the same time.¹²⁷³ As Bridget Sutherland, who was a Public Relations Officer for the Association reflects, "It wasn't just foresight,

¹²⁷² "NMAA Submissions," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne VIC: State Library of Victoria Australia, 1972-1976).

¹²⁷³ Susan Magarey, "Women's Liberation Movement," in *The Encyclopedia of Women and Leadership* (Melbourne VIC: Australian Women's Archives Project 2014).

they were ... organized, sensible but professional women. And that shone through".¹²⁷⁴ This structure made the Association the target for criticism. Minchin claimed that the Association was "dogmatic, exclusive and hierarchical",¹²⁷⁵ that members were labelled by health professionals as "Fanatical; cranks; radical, extremist".¹²⁷⁶ She was opposed to the conciliatory, "softly, softly" approach demanded by the Code of Ethics, seeing it as hampering progress and no longer needed, and accused office bearers of being "obsessed with the need to protect the organisation's good name ... [and] pre-occupied with internal affairs".¹²⁷⁷

The Association had a Board Member whose responsibility was public relations in national matters which was a great benefit to its media presence. The Association was keen to be heard in the media. Women's magazines had for many years run articles about childbirth experiences and often recommended various organisations.¹²⁷⁸ Newspapers ran articles about organisations and their services for mothers and babies.¹²⁷⁹ The guidelines in the *Manual of the Nursing*

¹²⁷⁴ Sutherland, "Interviewed by Clare Gleeson-Maguire." 6.

¹²⁷⁵ Minchin, "Branch Presidents? To the Board from Maureen Minchin, December 1980, July 1982." 2. "Memo from Maureen Minchin to Board Members 'Where Is NMAA and What of the Future?'"

¹²⁷⁶ "Branch Presidents? To the Board from Maureen Minchin, December 1980, July 1982."

¹²⁷⁷ Ibid. 2 - 3

¹²⁷⁸ "Learning to Be a Mother to Your Baby," *Australian Women's Weekly* (1933 - 1982), January 23, 1980.

¹²⁷⁹ "Life Style People: The Childbirth Education Association," *Canberra Times* (ACT : 1926 - 1995), January 24, 1980; "Comprehensive Survey of Women and Health," *Australian Women's Weekly*

Mothers' Association of Australia, reiterated in *Talkabout*,¹²⁸⁰ stated that group leaders dealt with the press concerning local matters, whilst branches dealt with state level matters. This hierarchical system ensured rapid responses and it also ensured consistency. However, if the guidelines were not followed, there were considerable repercussions. In 1972, an unfortunate State Public Relations Officer received a lengthy stern memo from the Executive Public Relations Officer saying, "It appears from your comments quoted in *The Australian* ... that you did not give sufficient thought to the cause and effects of your statements".¹²⁸¹ There was a strongly worded memo from Paton too.¹²⁸² Commisso recalls a similar experience when she was misquoted throughout an article about Mothers' Day in the local press.¹²⁸³

(1933 - 1982), December 10, 1975; "Giving Birth at Home: Some Arguments for and Against," *Canberra Times* (ACT : 1926 - 1995), December 12, 1977; "Letters to the Editor: Giving Birth at Home," *Canberra Times* (ACT : 1926 - 1995), December 26, 1977; "Life Style: Pregnancy," *Canberra Times* (ACT : 1926 - 1995), February 1, 1979; "Childbirth," *Canberra Times* (ACT : 1926 - 1995), May 10, 1979; "'Breast Is Best' Message Received," *Canberra Times* (ACT : 1926 - 1995), May 21, 1981.

¹²⁸⁰ Judith Laird, "Communications," *Talkabout* 4, no. 1 (1973).

¹²⁸¹ Nursing Mothers' Association of Australia, "Correspondence NMAA 1972-3," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, 1973).

¹²⁸² Mary Paton, "Memo from Mary Paton to P.R./Research," *ibid.*, ed. Nursing Mothers' Association of Australia (Melbourne VIC1972).

¹²⁸³ Commisso, "Interview by Narelle Dwyer." 3.

Adopting a "flexible, critical spirit"

The Association members recognised that their power lay in organising themselves, celebrating the diversity of approaches to breastfeeding and believing in their own importance. Some Association members were influenced by the new emphasis on the role of the laity, particularly women, in the post Vatican II Catholic Church, following on from the Cardijn-inspired National Catholic Girls' Movement of the 1950s.¹²⁸⁴ The widely read magazine for young mothers, *The Majellan: Champion of the Family* published a letter from Counsellor Virginia Phillips in 1971.¹²⁸⁵

Members of the Association confidently responded to social changes in the 70s when there was a lower birth rate, more education for women, increasing divorce and single parent families and moves towards equal pay.¹²⁸⁶ In response to the 1975 International Women's Year, the Whitlam Federal Government

¹²⁸⁴ Second Vatican Council, "Decree on the Apostolate of the Laity *Apostolicam Actuositatem* Solemnly Promulgated by His Holiness, Pope Paul VI on November 18, 1965," in *Documents of the Second Vatican Council: Decrees*, ed. Vatican Archive (Rome: Vatican 1965). Robert E Dixon, *The Catholic Community in Australia*, ed. Philip J. Hughes and Christian Research Association, Australia's Religious Communities (Adelaide: Openbook Publishers, 2005). Australian Bureau of Statistics, *Special Feature: Trends in Religious Affiliation*, 4102.0 - Australian Social Trends, 1994 (Canberra: ABS, 2006). Katharine Massam, "The Catholic Church," in *The Encyclopedia of Women and Leadership in Twentieth-Century Australia* (Melbourne VIC: Australian Women's Archives Project, 2014).

¹²⁸⁵ Bridget Sutherland, "Public Relations: Recent Publicity," *Talkabout* 2, no. 2 (1971); Redemptorists, *The Majellan: Champion of the family* (1949).

¹²⁸⁶ Graeme Hugo, *A Century of Population Change in Australia*, 1301.0 Year Book Australia 2001 (Canberra ACT: Australian Bureau of Statistics, 2001).

supported projects and activities benefiting Australian women such as the National Women's Advisory Council, the production of the film *Caddie*, the establishment of women's refuges,¹²⁸⁷ legislative reforms and conferences.¹²⁸⁸

The Association not only benefited with funding¹²⁸⁹ but more importantly participated in a measured, professional way, for instance by stating its concerns to the Working Party on a Women's Advisory Body.¹²⁹⁰ The Association expressed a particular concern that "considerable care must be exercised when seeking information from different groups or individuals to ensure that the less articulate are asked to present their views adequately and are not confused by formalities or 'red tape'".¹²⁹¹ The Association's basic concern was that:

¹²⁸⁷ National Archives of Australia, "International Women's Year 1975 - Fact Sheet 237," National Archives of Australia. Ann-Mari Jordens and Elle Morrell, "Elsie Women's Refuge (1974 -)," in *The Australian Women's Register* (Melbourne VIC2000). Mandy Sayer, "40 Years of Elsie," *The Sydney Morning Herald*, April 12, 2014. Lake, *Getting Equal: The History of Australian Feminism*. Elle Morrell, "National Women's Advisory Council (1978 - 1984)," in *The Australian Women's Register* (Melbourne VIC: University of Melbourne, 2000).

¹²⁸⁸ Martine Hart, "International Women's Year 1975," <http://engagingwomen.com.au/general/milestones-australian-women-since-70s/>; United Nations, "First World Conference on Women (1975)," <https://www.unsystem.org/content/first-world-conference-women-1975-0>; Patricia Edgar, "Members of the Australian Delegation Interviewed at the World Conference of the International Women's Year, at Mexico City in 1975.," in *Preservation Material Film 16mm* (Canberra ACT: National Film and Sound Archive of Australia 1975). "Women's Political Forum," *Canberra Times* (ACT : 1926 - 1995), August 19, 1975; "Women and Politics: Migrant Women "Most Disadvantaged"," *ibid.*, September 5., *ibid.*

¹²⁸⁹ Fowler, "News from the Executive."

¹²⁹⁰ Nursing Mothers' Association of Australia, "Nursing Mothers' Association of Australia, Submission, Prime Minister's Working Party on Women's Advisory Body, March 1976." 1.

¹²⁹¹ *Ibid.* 3.

Those women who are mothers are afforded the status their role deserves and that their views are adequately represented at the national level.

Motherhood must be accepted as a valuable and worthwhile occupation and an awareness of the value of the mother caring for her own infant should not be understated.¹²⁹²

The members were concerned about recognition of women's rights in relation to the provision of care in hospitals. For example they advocated Kangaroo Care for premature babies.¹²⁹³ They were concerned about the right of the infant to be fed when they were hungry, regardless of location.¹²⁹⁴ By 1996, the theme of National Mothering Month was "Breastfeeding is your responsibility".¹²⁹⁵

Tackling the big issues

In its submission to the Royal Commission on Human Relationships, the Association stated, "All aspects of maternity, infant and child care services should sustain and increase a mother's self-confidence, knowledge, spontaneity,

¹²⁹² Ibid. 3.

¹²⁹³ "The Astonishing Effects of Kangaroo Care (Skin to Skin Contact)," *Premiepress* (2011); Nursing Mothers' Association of Australia, *Breastfeeding Your Premature Baby*. Note: In Kangaroo Care for premature babies, "the baby, wearing only a nappy and a hat, is placed against the mother's skin underneath her clothing, so he has unrestricted access to the mother's breasts". Source: Australian Breastfeeding Association, "Breastfeeding Your Premature Baby," Australian Breastfeeding Association.

¹²⁹⁴ "Nursing Mother Lodges Protest."

¹²⁹⁵ "Nursing Mothers' Association of Australia: Breastfeeding Awareness Month 1996 Breastfeeding Is Your Responsibility," *Western Tiers (Tas. : 1980 - 2004)*, August 27, 1996.

maturity and self-respect, those being good for the mother, good for the child and good for the family".¹²⁹⁶

The Association made use of free community columns in newspapers to list meetings and promote its products.¹²⁹⁷ There was the occasional book review and articles about the Association, generally in conjunction with Mothers' Day.¹²⁹⁸ Sometimes the Association was able to use the newspapers as a means of communicating with mothers, such as an article about forthcoming talks by Derek Llewelyn Jones and by Hartmann organised by the Association in Canberra.¹²⁹⁹ However, unlike earlier providers of maternal education, it did not take on the role of expert providing general advice in magazines and newspapers.

In order to engage in the critical practice of breastfeeding education, it was necessary for the Association to participate in struggles against the dominance in

¹²⁹⁶ Nursing Mothers' Association of Australia, "The Royal Commission on Human Relationships, Submission by Nursing Mothers' Association of Australia, March 1975." 9.

¹²⁹⁷ "Advantages of Being a Nursing Mother," *Canberra Times* (ACT : 1926 - 1995), August 11, 1971.

¹²⁹⁸ Ibid.; "Advertising: Notices of Meetings. Expectant Mothers ... Preparation for Breastfeeding," *Canberra Times* (ACT : 1926 - 1995), March 22, 1972; "President Meets Act Mothers," *Canberra Times* (ACT : 1926 - 1995), June 12, 1974; "Conference.;" "Facilities for Mothers," *Canberra Times* (ACT : 1926 - 1995), December 23, 1976; "A Page for Women: The Nursing Mothers' Association of Australia," *Canberra Times* (ACT : 1926 - 1995), December 2, 1969.

¹²⁹⁹ "Life Style: Author's Talk," *Canberra Times* (ACT : 1926 - 1995), March 19, 1981; "Nursing Mothers," *Canberra Times* (ACT : 1926 - 1995), May 20, 1981.

the community of the consumption associated with infant nutrition, and this it did with gusto regarding the World Health Organisation's *International Code of the Marketing of Breast-Milk Substitutes* (WHO Code).¹³⁰⁰ The Association actively supported other World Health Organisation's policies such as UNICEF's Ten Steps to Successful Breastfeeding campaign, the Baby Friendly Health Initiative, and it promoted the annual World Breastfeeding Week.¹³⁰¹ It had representatives on numerous health department and hospital working parties and committees for maternity services across Australia.¹³⁰² It contributed to the revision of the

¹³⁰⁰ World Health Organisation, "International Code of Marketing of Breast-Milk Substitutes," (Geneva 1981). Mary Goodwin, "Pharmacist Violating Who Code: Discussion Notes," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, n.d.).

¹³⁰¹ Australian Breastfeeding Association, "The WHO Code," Australian Breastfeeding Association, <https://www.breastfeeding.asn.au/who-code>. UNICEF, *Baby Friendly Hospital Initiative. Ten Steps to Successful Breastfeeding* (New York: UNICEF, 2018). World Alliance for Breastfeeding Action, "About Waba," WABA, <http://waba.org.my/about-waba/about-waba-who-we-are/>; World Health Organisation. Division of Child Health and Development, *Evidence for the Ten Steps to Successful Breastfeeding*, Rev. ed. (Geneva: World Health Organisation. Division of Child Health and Development, 1998); World Health Organisation Unicef, *Protecting, Promoting and Supporting Breast-Feeding: The Special Role of Maternity Services*; World Health Organisation, "Breastfeeding," World Health Organisation, http://www.who.int/child_adolescent_health/topics/prevention_care/child/nutrition/breastfeeding/en/index.html. "Breast-Feeding Mums Go Public for a Good Cause." Australian College of Midwives, "Baby Friendly Health Initiative (Bfhi)," ACM, <https://www.midwives.org.au/baby-friendly-health-initiative-bfhi>; Baby Friendly Hospital Initiative and Australian College of Midwives, *Breastfeeding Success : Achieving Baby Friendly Accreditation* (Australia: ACMI, 2004), 1 videocassette VHS ca 16 mins.

¹³⁰² Bill Norman, "Woden's Caesarean Birth Increase 'Unacceptably High'," *Canberra Times* (ACT : 1926 - 1995), 12 October 1993. Note: The author of this thesis was a Member of the ACT Maternity Services Working Party, representing the Nursing Mothers' Association of Australia at the time of this report.

Code of Practice for the Marketing of Infant Formula.¹³⁰³ Escott was a member of the Advisory Panel of the Marketing in Australia of Infant Formula (APMAIF) which monitored compliance and published breaches of the code annually.¹³⁰⁴ The Association's view was pragmatic. Paton stated:

Breastmilk substitute manufacturers will not go away because there is a need, minute, though it is ... it will be necessary for the Association to stem misinformation, misleading advertising, to be alert for improper promotions and to ensure the manufacturers and breastmilk substitutes are slotted into the scheme of things in their limited sphere.¹³⁰⁵

The Association and its members were prepared to write directly to formula manufacturers and to complain to the APMAIF.¹³⁰⁶ As interviewee

¹³⁰³ The WHO Code was promulgated in 1981 after years of international criticism of formula companies' marketing practices particularly in third world countries and concern about very low breastfeeding rates in developed countries.¹³⁰³ The Association has been prepared to criticize the threats to breastfeeding such as contraventions of the WHO Code. In 1992 the *Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement* known as The MAIF Agreement was signed by manufacturers and importers of infant formula, setting out their voluntary obligations. It is "the basis of Australia's implementation of the WHO Code" but it does not cover "retail activity, toddler milk products or infant feeding bottles and teats". In 1996 there was a serious breach by Bristol-Myers Squibb Australia Pty Ltd regarding iron deficiency "requiring the attention of the ministers".¹³⁰³ It has been replaced by the MAIF Tribunal.¹³⁰³ There has been ongoing concern internationally about "commerciogenic malnutrition" with the *Innocenti Declaration* reiterating the WHO's position.

¹³⁰⁴ Advisory Panel on the Marketing in Australia of Infant Formula, "Advisory Panel on the Marketing in Australia of Infant Formula (Apmaif) Submission to the Parliamentary Inquiry on the Benefits of Breastfeeding," (Canberra ACT: Advisory Panel on the Marketing in Australia of Infant Formula, 2007); Gael Walker, "Letter from Gael Walker to Neal Blewett, 25 July 1988," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1988); Neal Blewett, "Letter from Neal Blewett to Gael Walker, 10 May 1988," *ibid.*

¹³⁰⁵ Paton, "25th Birthday Melbourne." 5.

¹³⁰⁶ Commonwealth Department of Health and Ageing, *Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement the Maif Agreement* (Canberra ACT: The Department of

North, comments, "[We were] taking a stand against something that was really, really important and we were apolitical in it".¹³⁰⁷ Because the Association was financially independent and only accepted small, short-term government grants, it could maintain a distance from governments at all levels unlike the outspoken International Baby Food Action Network.¹³⁰⁸ The Association was apolitical but increasingly influential.

From the early 1970s, the Association provided copies of booklets and other publications in formats for mothers who could not read, that is, tape recordings and braille. These versions were originally produced by the Queensland Tape Service for the Handicapped.¹³⁰⁹ There were Guidelines and a Minority Groups Coordinator whose task it was to identify equity groups and

Health, 2003); World Health Organisation, "The International Code of Marketing Breast-Milk Substitutes: Summary of Action Taken by Who Member States and Other Interested Parties, 1996 - 1998. Who/Nut/98.11," (Geneva: World Health Organisation, 1998). Gael Walker, "Letter from Gael Walker to Neal Blewett, 1 February 1985," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1985); "Letter to the Managing Director, Mead Johnson from Gael Walker, 10 February 1990," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1990); Lynda Green, "Letter from Lynda Green to Sue Morey, 18 June 1990," *ibid.*

¹³⁰⁷ North, "Interview by Trisha Edgoose." 10.

¹³⁰⁸ Reiger, *Our Bodies, Our Babies: The Forgotten Women's Movement*. 277.

¹³⁰⁹ Mary Lambert, "Letter to NMAA Re Braille Copy of the Womanly Art of Breastfeeding," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne VIC: State Library of Victoria, Australia, 1975). Constan Wielaert, "Letter from Constan Wielaert to Mrs M. Dix," *ibid.* (1973); Nursing Mothers' Association of Australia, "Correspondence About Provision of Accessible Versions of Publications," *ibid.*

liaise with established support to provide suitable Association materials such as booklets, brochures, posters and films.¹³¹⁰ The Association responded to and in some cases pre-empted major social legislation. For example, it produced the booklet *Where There's a Will, There's Usually a Way: Breastfeeding When the Mother Has a Disability* 1982, the year after the International Year of Disabled Persons 1981 and ten years before the Disability Discrimination Act.¹³¹¹

The Association was involved in issues such as, effects of drugs on breastmilk and various medical conditions and breastfeeding.¹³¹² It was

¹³¹⁰ Anderson, "Report - Minority Groups Coordinator." Nursing Mothers' Association of Australia, "NMAA Guidelines on How to Approach Hospitals. Hospital Contacts - Ethnic and Low Income Mothers.," *ibid.* (n.d.).

¹³¹¹ *Disability Discrimination Act 1992*, (Cth); Nursing Mothers' Association of Australia, *Where There's a Will, There's Usually a Way: Breastfeeding When the Mother Has a Disability* (Hawthorn, VIC: Nursing Mothers' Association of Australia, 1982); United Nations, "The International Year of Disabled Persons 1981," UN Dept of Economic and Social Affairs: Division for Social Policy and Development, <http://www.un.org/esa/socdev/enable/disidydp.htm>. "Social and Physical Barriers Make Life Hard for the Disabled Mum," *Canberra Times (ACT : 1926 - 1995)*, December 6, 1987.

¹³¹² Sutherland, "Interviewed by Clare Gleeson-Maguire." 13 – 14.

concerned about possible contaminants in milk – both cow's and human milk.¹³¹³

This included pesticides¹³¹⁴ and other issues such as the French Nuclear tests.¹³¹⁵

Significantly, the Association has been prepared to question the grand narratives of the formula companies, to challenge their marketing practices and to encourage members to do likewise. For example the Association effected changes to Heinz's advertising¹³¹⁶ following concerns about the ubiquitousness of advertising, complimentary cans of baby formula, free literature about bottle feeding and identity cards on bassinets displaying formula manufacturers' logos.¹³¹⁷ Its views were vindicated when the National Health and Medical Research Council advocated breastfeeding in 1976.¹³¹⁸ However, it believed in cooperation rather than confrontation with the formula companies, as Paton stated:

¹³¹³ Munslow-Davies, "Western Australian Branch Annual Report."

¹³¹⁴ "Old Milk to Be Tested for Dioxins," *Canberra Times* (ACT : 1926 - 1995), May 22, 1989; "World News: Even Breast Milk Can Be Polluted," *Canberra Times* (ACT : 1926 - 1995), September 12, 1977; Chenyin Dong et al., "Environmental Contamination in an Australian Mining Community and Potential Influences on Early Childhood Health and Behavioural Outcomes," *Environmental Pollution* 207, no. Supplement C (2015); "Pest Sprays Find Way into Human Fat," *Canberra Times* (ACT : 1926 - 1995), July 6, 1964; "Pesticides Found in Human Milk," *Canberra Times* (ACT : 1926 - 1995), August 15, 1973.

¹³¹⁵ Laird, "NMAA Newsletter Supplement President's Report for the Year Ended June 1973."; Sutherland, "Interviewed by Clare Gleeson-Maguire."

¹³¹⁶ Metherall, "Public Relations Report: Achievements."

¹³¹⁷ Rosemary Deakin, "Research Department Report: Formula Advertising," *ibid.* 7, no. 3 (1976).

¹³¹⁸ "Nursing Mothers."

N.M.A.A. was founded to assist mothers in the return to breastfeeding. It was not founded to attack, demonstrate or boycott ANY [sic] formula company, nor to attack ill-informed or biased medical or allied professions, individuals, governments or nations. Nor was N.M.A.A. founded to be fanatical in its breastfeeding attitude.

The best deterrent for the inappropriate use of breast milk substitutes is the well-informed breastfeeding mother.

And that is N.M.A.A.¹³¹⁹

As part of its community education focus, breastfeeding preparation classes and talks were provided in antenatal classes and there were hospital visits. The Association began its own antenatal talks in 1972, Preparation for Breastfeeding Classes with detailed class notes.¹³²⁰ These overlapped with public relations¹³²¹ and community education activities.¹³²² Taking a softly, softly approach, its hospital visits program gave the Association access to mothers, including mothers from equity groups, before and after they had their babies and significantly, it gave them access to staff in those hospitals.¹³²³

¹³¹⁹ Nursing Mothers' Association of Australia, "Memo from Mary Paton to NMAA Board Re: N.M.A.A Relationship to Formula Companies."

¹³²⁰ Laird, "NMAA Newsletter Supplement President's Report for the Year Ended June 1973." Nursing Mothers' Association of Australia, "Nursing Mother's Association of Australia, Breastfeeding for Beginners, 18 September 1976," *ibid.* (1976).

¹³²¹ "Mother's Day Gift for New Mothers," *Canberra Times (ACT : 1926 - 1995)*, May 9, 1980; "Mother's Day Babies," *Canberra Times (ACT : 1926 - 1995)*, May 11, 1981; "Mothering Week," *Times (Victor Harbor, SA : 1987 - 1999)*, May 9, 1990.

¹³²² "Advertising: Notices of Meetings. Expectant Mothers ... Preparation for Breastfeeding."

¹³²³ Nursing Mothers' Association of Australia, "NMAA Guidelines on How to Approach Hospitals. Hospital Contacts - Ethnic and Low Income Mothers."

The Association has been very influential in achieving changes in key areas such as public facilities, workplace arrangements as well as hospital practices that affected mother's success with breastfeeding. It has been an energetic supporter of the move for public facilities for breastfeeding mothers,¹³²⁴ arguing for an extension of the facilities provided since the early part of the twentieth century in some towns and cities.¹³²⁵ Interviewee Barbara Horton led a campaign to have the Association's baby care symbol instead of a baby's bottle as the symbol for a parenting room, which was adopted at major venues such as airports:

I did that for ... about eight or ten years ... it was my little hobby horse, this Baby Care Room thing, so I saw lots of insides of architects offices, loads of shopping centres, spoke to loads of shopping centre managers and just basically went around lobbying people to get our Baby Care Room [Award] sign accepted.¹³²⁶

¹³²⁴ "Making It Easier for Mums," *Canberra Times* (ACT : 1926 - 1995), May 9, 1989. "New Symbol for Mothers," *Canberra Times* (ACT : 1926 - 1995), October 25, 1986. "Letters to the Editor: Baby Care Room Awards," *Canberra Times* (ACT : 1926 - 1995), April 22, 1994.

¹³²⁵ Jean Beatson, "Labor Women's Interests: Mothers Need Rest Rooms in the City," *Labor Daily* (Sydney, NSW : 1924 - 1938), November 11, 1938. "Nursing Mothers' Room," *Geraldton Guardian and Express* (WA : 1929 - 1947), February 27, 1947; Katharine Susannah Prichard, *Intimate Strangers* (London: Angus and Robertson, 1976); "Rest Rooms," *Sun* (Sydney, NSW : 1910 - 1954), June 23, 1947; "Queensland Country Women's Association: Rest Rooms," *Central Queensland Herald* (Rockhampton, Qld. : 1930 - 1956), February 13, 1930; "Mothers' Room," *Canberra Times* (ACT : 1926 - 1995), June 21, 1985.

¹³²⁶ Horton, "Interview by Cathy Trethowen." 9.

Cadd also recalled the long term involvement of the local Association group in planning for new toilet facilities in her town, “Eventually the actual building was constructed and the baby care room was included which was pretty gratifying after ... six years or so of planning and talking about things”.¹³²⁷

Further to the “Breastfeeding Welcome Here” certification which was originally created at the initiative of individual groups, but became nationally coordinated,¹³²⁸ there has been the program of the Mother Friendly Workplace Award for workplaces and university campuses in response to demands by mothers.¹³²⁹ With the support of the local Association, the first Federal Department to receive the certification was the Department of Transport and Regional Services in Canberra in 1995 (Figure 40).¹³³⁰

¹³²⁷ Cadd, "Interview by Joanne Packer." 4

¹³²⁸ "Canberra Restaurants 'Family-Friendly'.:"; Australian Breastfeeding Association, "Breastfeeding Welcome Here Program," Australian Breastfeeding Association, <https://www.breastfeeding.asn.au/services/welcome>.

¹³²⁹ "Mothers' Room," *Tharunka (Kensington, NSW: 1953 - 2010)*, August 31, 1987.

¹³³⁰ The late Anthony Carmody, husband of the author of this thesis was a member of the Community and Public Sector Union and Chair of the Department's Workplace Delegates' Committee which liaised with the local Association and instigated this move at the Department of Transport and Regional Development.

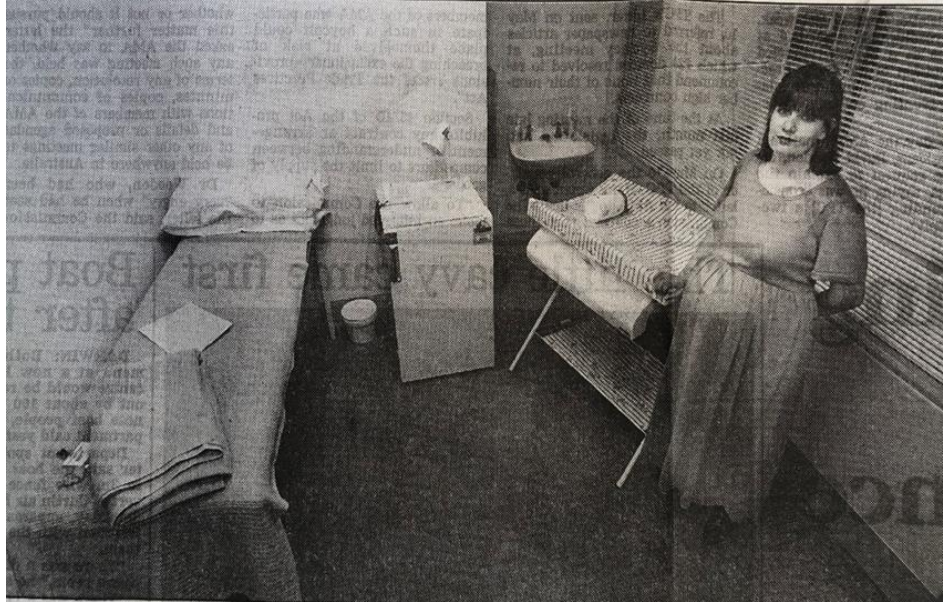


Figure 40. Schafer, Gary. "Mother-to-Be Louise Wright Could Not Be Happier with the Commonwealth Department of Transport's New Parents' Room." Black and white photograph. Canberra ACT: *Canberra Times*, 1995.

The first University campus was the Canberra Campus of the Australian Catholic University in 1996, at the initiative of a counsellor who was a staff member (Figure 41).¹³³¹

¹³³¹ "The Evolution of the Mother-Friendly Workplace," *Canberra Times* (ACT : 1926 - 1995), May 15, 1995. "Keeping Mum Is the Aim of the Game at Transport," *ibid.*, September 21,. Australian Catholic University, "Mother Friendly' Award for Signadou," *The Chronicle* 5, no. 4 (1996). Note: The author of this thesis was the Counsellor who suggested this initiative to the Rector and arranged for the Association to inspect the facilities and make the Award.

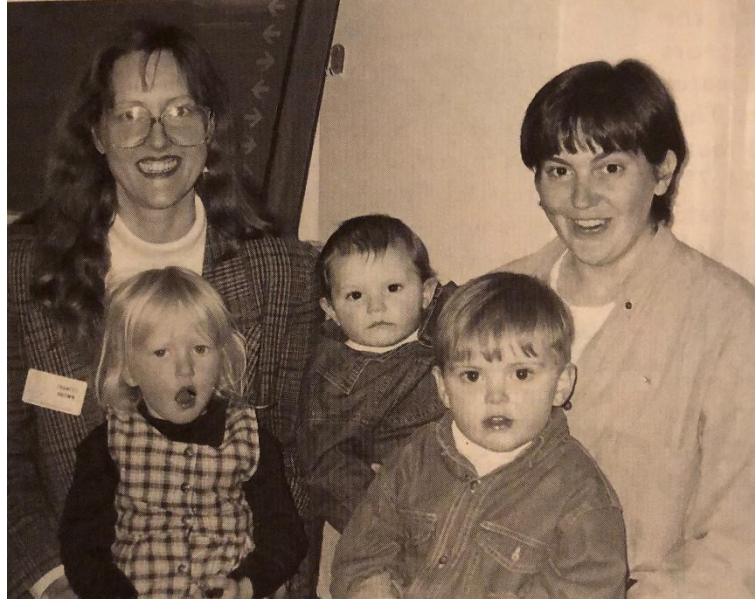


Figure 41. Frances Brown [Counsellor] (left), daughter Felicity and Catrina Maynard [university student], Jack and James, at the Canberra Campus of the Australian Catholic University. "Anniversary for Mother-Friendly Workplace". Black and white photograph. *Nursing Mothers' Newsletter* Summer 1998. 22.

Researchers argued that for more mothers to be confident to work and breastfeed, support was needed from friends and family as well as from the workplace or indeed educational institution.¹³³²

The Association and its members supported moves to have changes in hospital practices such as rooming-in for mothers and babies and on occasions were directly responsible for changes.¹³³³ Many workplaces have arrangements to

¹³³² Clifford, Jacqueline, and Ellen McIntyre. "Who Supports Breastfeeding?" *Breastfeeding Review* 16, no. 2 (2008): 9 - 19.

<https://search.informit.com.au/documentSummary;dn=553206637678989;res=IELAPA>.

¹³³³ Note: For example, the successful 1982 campaign to change the policy at the hospital in Kerang, Victoria. Nursing Mothers' Association of Australia, "Letter from Kaye Baulch to Pamela Re Rooming in at Kerang Vic Hospital," in *Records, 1964 - 1997 [Manuscript]* (Melbourne VIC:

enable breastfeeding mothers to work.¹³³⁴ Breastfeeding is advocated by the National Health and Medical Research Council in its dietary guidelines.¹³³⁵ There is active government support for breastfeeding as indicated by publications such as *Naturally: The facts about breastfeeding* and research on supporting particular groups such as Aboriginal mothers.¹³³⁶ A significant part of the research has been in collaboration with the Association.¹³³⁷

As part of its involvement in the wider community, the Association attempted to establish milk banks in the 1970s, which was a formalisation of the

State Library of Victoria, Australia, 1982). "The Royal Commission on Human Relationships, Submission by Nursing Mothers' Association of Australia, March 1975." 5-6. Reiger, "Sort of Part of the Women's Movement, but Different': Mothers' Organisations and Australian Feminism." Lynda Green, "Letter from Lynda Green to Lyn, 10 September 1989," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1989).

¹³³⁴ Australian Breastfeeding Association, *Breastfeeding & Work: Your Rights at Work*, ed. Australian Breastfeeding Association (East Malvern VIC: Australian Breastfeeding Association, 2014); *Sex Discrimination Act 1984*, (Cth).

¹³³⁵ Australia Department of Health Family Services, *Naturally: The Facts About Breastfeeding* (Canberra ACT: AGPS, 1997). Australia Office for Aboriginal Torres Strait Islander Health Services and Groos, *Audit of Current Training in Breastfeeding Support and Infant Nutrition for Aboriginal and Torres Strait Islander Health Workers and Other Health Professionals Providing Health Care to Aboriginal and Torres Strait Islander Women*.

¹³³⁶ National Health and Medical Research Council, "Dietary Guidelines for Children and Adolescents in Australia Incorporating the Infant Feeding Guidelines for Health Workers," ed. Department of Health and Ageing Australian Government (Canberra: Australian Government Publishing Service, 2003). Jane Svensson and Joy Heads, *Breastfeeding and You: A Handbook for Antenatal Educators* (Canberra ACT: Commonwealth Department of Health and Aged Care, 2000).

¹³³⁷ Australia Department of Health and Ageing, Rural Health Education Foundation, and Australian Breastfeeding Association, *Breastfeeding: The Facts, the Issues, the Benefits, Education Life Line to the Bush. 312* (Phillip, ACT: The Foundation; sponsored by the Department of Health and Ageing, 2003), 1 videocassette VHS 90 min approx.

existing *ad hoc* arrangements for hospitals to provide expressed breastmilk (EBM) for premature and unwell babies.¹³³⁸ EBM was provided for a maximum of four weeks, along with support and education for the mother to establish or re-establish breastfeeding. This led to ongoing discussion about EBM and milk banks, with the Association devising detailed policies and protocols to protect both the donors and the recipients.¹³³⁹ The milk bank attracted media interest,¹³⁴⁰ however, the dream of central milk banks was abandoned because it was not sustainable with voluntary labour.¹³⁴¹ It could be argued that providing the service of a milk bank fell beyond the core activities of the Association to support and educate mothers and the public.

The task of the counsellors and community educators in seeking to educate the community about breastfeeding was at times daunting. Paton acknowledged the “apathy in the community” evident when the ACT Representative contacted health professionals and had almost no response.¹³⁴² As

¹³³⁸ Virginia Thorley, "Breasts for Hire and Shared Breastfeeding: Wet Nursing and Cross Feeding in Australia, 1900-2000.," *Health History* 10, no. 1 (2008).

¹³³⁹ Rosemary Deakin, "Expressed Breastmilk - Human Milk Banks," *Talkabout* 7, no. 4 (1976).

¹³⁴⁰ Nursing Mothers' Association of Australia, "Public Relations," *ibid.* 4, no. 3 (1973). Australian Red Cross, "Milk Bank for Premature Babies," Australian Red Cross, www.milkbank.com.au. Note: In a recent development, Australian Red Cross is about to establish milk banks along the lines of their blood banks.

¹³⁴¹ Virginia Thorley, "Human Milk Banking in the Volunteer Sector: Policy Development and Actuality in 1970s Australia," *Midwifery* 28, no. 2 (2012).

¹³⁴² Mary Paton, "General News," *Talkabout* 1, no. 3 (1970).

the Association gradually established itself in communities across Australia it approached many different groups, and identified those which were most responsive to its activities, while at the same time continuing outreach to other groups when funding and personnel became available.¹³⁴³

The Association used ordinary mothers and their children in low-key situations such as bathing and feeding a baby at the local pre-school. They also ran sessions for medical students and health professionals which again were low-key affairs with mothers telling of their own experiences and the students having opportunities to learn by observation and by discussion. These strengths in education made their sessions very effective and represented a ground-breaking model of education.

As the Association became widely recognised and successful, it became open to the sort of criticism that Wenger describes as the “strategic” stage of communities of practice.¹³⁴⁴ The criticism in the media arose primarily in response to the Association’s public rather than its private role. The basis of this criticism was sometimes perceived shortcomings such as the Association was

¹³⁴³ Nursing Mothers' Association of Australia, "NMAA Guidelines on How to Approach Hospitals. Hospital Contacts - Ethnic and Low Income Mothers."

¹³⁴⁴ Wenger, "Communities of Practice: Learning as a Social System".

part of a “radical fringe”, unsympathetic to mothers who bottle fed their babies.¹³⁴⁵ Others were “scornful” of the Association as “politically naïve”, as explained by one of the interviewees who commented, “that was good for me because it made me think through questions around ... the different feminist approaches to women’s bodies and women’s choices around childbirth and child rearing and childbearing”.¹³⁴⁶

Some criticism of the Association was directed at a sense of complacency or “smugness”.¹³⁴⁷ An example was the complaint by a mother who claimed the Association Members at the Feed-and-Change-Tent were less than welcoming to her and her five children at the Royal Canberra Show in 1995.¹³⁴⁸ The Association responded with an apology to the woman and letters to the press explaining the situation as well as letters some members sent describing their pleasant experiences of the tent.¹³⁴⁹ At other times there were accusations of elitism and exclusiveness due to a perception that the Association represented a particular

¹³⁴⁵ Nursing Mothers' Association of Australia, "Help!! Nursing Mothers' Association of Australia. South Australian Counsellors' and Trainees' Bulletin October 1981." 18. Mary Thomson, "Letter from Mary Thomson to the Executive Committee (NMAA)," *ibid.* (Melbourne VIC1971).

¹³⁴⁶ McKay, "Interview by Clare Gleeson-Mcguire ". 15.

¹³⁴⁷ Wenger, "Communities of Practice: Learning as a Social System".

¹³⁴⁸ Marion Frith, "Frith up Front," *Canberra Times (ACT : 1926 - 1995)*, 28 February 1995.

¹³⁴⁹ "Bouquets, Not Brickbats," *ibid.*, March 5; "Nursing Mothers Merit Praise," *Canberra Times (ACT : 1926 - 1995)*, March 5, 1995. "NMAA Ought to Accept Complaint," *Canberra Times (ACT : 1926 - 1995)*, March 15, 1995. "It Was a Pleasant Refuge to Me," *Canberra Times (ACT : 1926 - 1995)*, March 8, 1995.

section of the community, namely white, middle class, conservative respectability and that it was unconcerned about the needs of other mothers.¹³⁵⁰ This led to Association reviews of services provided to identified equity groups.¹³⁵¹

The success in community education left the Association open to criticism of amateurish fanaticism, lack of sympathy for and understanding of women who could not or chose not to breastfeed. The Association became aligned by their critics with the health professionals who had bullied mothers into bottle feeding as bullies in favour of breastfeeding, making mothers “feel guilty if they could not attain the desired ... breastfeeding”.¹³⁵² Disparaging comments in the media, such as “Nipple Nazis” and “Breastfeeding Police”, are referred to by a number of interviewees.¹³⁵³ The League was subject to similar criticism, as detailed by Weiner.¹³⁵⁴ Association members were depicted as part of the

¹³⁵⁰ Reiger, *Our Bodies, Our Babies: The Forgotten Women's Movement*; "Sort of Part of the Women's Movement, but Different': Mothers' Organisations and Australian Feminism." 585. President, "Letter to Margaret Lewis from NMAA President 28 December 1983." Minchin, "Memo from Maureen Minchin to Board Members "Where Is NMAA and What of the Future?"."

¹³⁵¹ Hazen Waller, "Report Presented to the Community Education Committee," *ibid.* (1980); Warfe, "Report of Meeting at the Vicseg (Victorian Cooperative on Children's Services for Ethnic Groups)."

¹³⁵² Reiger, *Our Bodies, Our Babies: The Forgotten Women's Movement*.

¹³⁵³ Balmford, "Interview by Gwendolyn Dawlings." 22. McKay, "Interview by Clare Gleeson-Mcguire ". 15. Sutherland, "Interviewed by Clare Gleeson-Maguire."

¹³⁵⁴ Weiner, "Reconstructing Motherhood: The La Leche League in Postwar America." 1373.

“Mothers Mafia” and breastfeeding in public was described as “not nice”: the Association responded in the press.¹³⁵⁵ Another example was Pamphilon’s Letter to the Editor of *The Canberra Times* claiming that Canberra mothers are breastfeeding in public without any fuss.¹³⁵⁶

Taking the opportunity to examine the claims, to respond to them with reasoned argument and to reflect on the approach that had been taken, the Association Members used these criticisms positively. Criticism led to the Association recognising its limitations as a voluntary community organisation and at times to decisions to discontinue non-core activities which were beyond their personnel and financial resources.

Enlightening the health professionals

The Association’s Code of Ethics

The Foundation Members had a dilemma ensuring the integrity and professionalism of the Association. They limited their activities to breastfeeding, yet they strongly desired to work cooperatively with health professionals and to influence institutions such as maternity hospitals to change their rigid routines

¹³⁵⁵ Verona Burgess, "Midweek Magazine: Do You Fit into the Mothers' Mafia?," *Canberra Times* (ACT : 1926 - 1995), January 4, 1989. "Letters to the Editor."

¹³⁵⁶ "Letters to the Editor: Breastfeeding Is Best," *Canberra Times* (ACT : 1926 - 1995), July 22, 1979.

which discouraged breastfeeding. And thus they wrote the Code of Ethics, demanding a “softly, softly” approach.¹³⁵⁷ The strength of the Code of Ethics enabled the Association to be accepted and believed.¹³⁵⁸ This is radicalism where the views are radical but the actions as a result of those views are cooperative, assertive and persuasive rather than aggressive, as described by Freire.¹³⁵⁹ As Wilson comments, work within the Code of Ethics “paid off.... [We] worked hard at establishing good relations at a higher [medical] level”.¹³⁶⁰ Much of this activity took place in informal interactions between individual members and health professionals.¹³⁶¹ In relation to changing community attitudes to breastfeeding, one interviewee, Salom stated, we were “nudging away at the rock little bit by little bit, always with a smile”.¹³⁶² When running sessions for health professionals about the WHO Code they used problem-based learning, with small groups discussing case studies and suggesting their own answers,

¹³⁵⁷ Australian Breastfeeding Association, *Code of Ethics of the Australian Breastfeeding Association*.

¹³⁵⁸ Murray, "Interview by Joy Anderson." 12.

¹³⁵⁹ Freire, *Education for Critical Consciousness*. 8.

¹³⁶⁰ Wilson, "Interview by Simone Yemm ". 7.

¹³⁶¹ Reiger, *Our Bodies, Our Babies: The Forgotten Women's Movement*.

¹³⁶² Judy Salom, "Interviewed by Marion Offer " in *Nursing Mothers' Association Of Australia Oral History Project* (Brisbane, QLD: John Oxley Library, State Library of Queensland, Australia 2001). 22.

often using hand drawn resources, rather than a formal information session.¹³⁶³

This was an approach that encouraged interactive and critical health literacy.

The Code of Ethics positioned the Association as “allied health”, subordinate to doctors. It had a direct link to the professional experience of the Foundation Members who had worked in nursing, physiotherapy and occupational therapy.¹³⁶⁴ Paton reflects, “[We] understood that, to get through to the medical and allied professionals, you had to have a certain standard, as being non-threatening”.¹³⁶⁵ The Code of Ethics defined the counsellors’ obligations to society in their position of trust in relation to the area of breastfeeding knowledge and bound all members. It had a legal aspect requiring members and particularly counsellors to comply with the Code of Ethics, as Balmford explains,

¹³⁶³Gael Walker, "Putting the Who Code into Practice: What Can One Person Do? By Gael Walker (N.D.)," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, n.d.); *ibid.* Australian Breastfeeding Association, "The Who Code". World Health Organisation, "International Code of Marketing of Breast-Milk Substitutes."; James Akre and World Health Organization, "Infant Feeding: The Physiological Basis," *Bulletin of the World Health Organization* (1991); Gael Walker, "The Who Code of Marketing of Breast Milk Substitutes - a Simplified Outline, 17 August 1988," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1988); Nursing Mothers' Association of Australia, "Case Study 2 Who Code" *ibid.*, ed. Nursing Mothers' Association of Australia (Melbourne VIC).

¹³⁶⁴ Australian Breastfeeding Association, *Code of Ethics of the Australian Breastfeeding Association*; "Nightingale Pledge by Nurses," *Argus (Melbourne, Vic. : 1848 - 1957)*, January 7, 1943; Beth Epstein and Martha Turner, "The Nursing Code of Ethics: Its Value, Its History," *Online Journal of Issues in Nursing* 20, no. 2 (2015); Australian Association of Occupational Therapists, *Code of Ethics* (Fitzroy VIC: OT Australia, 2001); "The History of Physiotherapy," *Therapia*, <http://therapia.com.au/the-history-of-physiotherapy/>.

¹³⁶⁵ Paton, "Interview by Margaret Carmody." 4.

“You weren’t allowed to sit around at meetings ... just moaning about how mean the hospital was and how awful your doctor was. That was very smartly shut up”.¹³⁶⁶ The matter of conflict due to non-adherence to the Code of Ethics by members has been detailed in Chapter 6.

The Code of Ethics also guided the participants in any community education in their responses to questions. In the opinion of an interviewee:

The base has broadened I think the way we’ve gone about our work in the town, very gently, gently, spreading good information, having positive experiences and keeping positive relationships with our health professionals. I think that we are a respected group in the community.¹³⁶⁷

Careful to maintain a politically neutral stance, the Association has received bipartisan support from State, Territory and Federal Governments.¹³⁶⁸ This has directly benefited the community education activities with grants to promote breastfeeding.¹³⁶⁹

¹³⁶⁶ Balmford, "Interview by Gwendolyn Dawlings." 22.

¹³⁶⁷ Cadd, "Interview by Joanne Packer." 5.

¹³⁶⁸ Rachel Fuller, *Submission by the Australian Breastfeeding Association to Consultation Paper - Review of Not-for-Profit Governance Arrangements* (Canberra ACT: Australian Government The Treasury: Philanthropy and Exemptions Unit Personal and Retirement and Income Division, 2012). Director General of Health, "Letter from Director General of Health, Commonwealth Department of Health to A. T. Siros, Re Nuk Teats Advertising, 27 August 1984," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1984).

¹³⁶⁹ Wainwright, "Interview by Kaylene Proud." 19

Health professionals

While the Association waited for mothers to come to them, it made approaches directly to health professionals and schools. Members sometimes left flyers in doctors' surgeries, baby health clinics, pharmacies and other places where expectant and new mothers might see them. They were occasionally featured in newspapers or magazines and were active on radio, especially with *ad hoc* contributions to talk-back radio programs.¹³⁷⁰

From the start, according to Paton, they determined to, "Win over the medical professionals so there would be no opposition".¹³⁷¹ Some health professionals were opposed to mothers having information and education about breastfeeding, claiming it as the professionals' domain, attitudes that were also prevalent in the media. Smibert reminisces, "I think they felt at the Women's [Hospital] that I was against nursing [the profession] because I had brought in lay women [Association members] to help these babies and come and talk to the [medical] students".¹³⁷²

¹³⁷⁰ Sutherland, "Interviewed by Clare Gleeson-Maguire."

¹³⁷¹ Paton, "Past and Future of NMAA."

¹³⁷² Smibert, "Interview by Clare Gleeson-Maguire." 10.

The turning point in that acceptance came in 1965 when Paton and Francis, with the support of two key members, Lloyd-Green and Doctor Betty Wilmott spoke at a meeting of the Women's Medical Association.¹³⁷³ This acceptance was further enhanced when breastfeeding rates started to rise, providing the Association with legitimisation as a community of practice.¹³⁷⁴

During the 1970s, breastfeeding rates began to rise. Paton recalls, "The first place where there was an increase in the numbers of breastfed babies was North Melbourne and this was attributed in the *Annual Report of the Director of Maternal Health, Infant and Pre-School Welfare* to the work of the Association in the area".¹³⁷⁵ Barry recalls that Sister Rosejo set up an early group of the Association in the Infant Welfare Centre in the Housing Commission area in North Melbourne.¹³⁷⁶ In a letter to the Australian Medical Journal commenting on the 1972 Annual Report of the Director of Maternal, Infant and Preschool Welfare to the Victoria Department of Health, Smibert wrote:

On p. 15 is recorded the % of babies attending health centres who were breastfed at 3 and 6 months of age. It is stated that for the 1st time in many

¹³⁷³ Paton, "Past and Future of NMAA."

¹³⁷⁴ Wenger, "Communities of Practice: Learning as a Social System".

¹³⁷⁵ Paton, "Past and Future of NMAA." Department of Health Victoria, "Breast Feeding Analysis," in *Annual Report of the Director of Maternal Health, Infant and Pre-school Welfare* (Melbourne VIC: Department of Health, Victoria, 1972).

¹³⁷⁶ Barry, "Interview by Frances Fiddian." 2.

years, the % of babies being breastfed at 3 and 6 months of age has increased and that some credit for this must be paid to the (NMA) Nursing Mothers' Association.¹³⁷⁷

Soon after that, there was wider recognition of the Association's success.

Such recognition was an indicator of continuing progression in a community of practice.¹³⁷⁸ There was an invitation for Paton to speak to the Victorian Child Health Nurses.¹³⁷⁹ There were further increases in breastfeeding rates reported in South Australia and Victoria.¹³⁸⁰ These results were discussed at conferences and in journals and were directly attributed to the work of the Association.¹³⁸¹ Among the counsellors, this was seen as confirmation of their efforts:

The breastfeeding figures have risen again! In SA, the Seminar of Clinic Sisters recently reported a 10% rise in the numbers of mothers breastfeeding their babies last year [1973]. A further rise on that of last year has been reported by the Victorian Department of Maternal and

¹³⁷⁷ James Smibert, "Nursing Mothers' Association of Australia. [Letter]," *Medical Journal of Australia* 1, no. 12 (1974); Department of Health Victoria, "Breast Feeding Analysis."; Smibert, "A History of Breastfeeding with Particular Reference to the Influence of NMAA in Victoria. Breastfeeding Review 12 May 1988 ". Note: Smibert's letter was republished in *Talkabout* Vol 5 No 5. 45 – 46.

¹³⁷⁸ Wenger, "Communities of Practice: Learning as a Social System".

¹³⁷⁹ Paton, "Past and Future of NMAA."

¹³⁸⁰ Infant and Pre-School Welfare Director of Maternal, "Annual Report," (Melbourne VIC: Victorian Department of Health, 1973). Note: The South Australian results were reported at a Professional Seminar of Maternal and Child Health Nurses run by the Mothers and Babies Health Association in 1973.

¹³⁸¹ Margaret Fowler, "Research Information Sheet: Human Milk and Lactation, by Margaret Fowler, Presented at the 46th Anzaas Congress, Canberra, January 1975," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1975).

Infant Welfare and in both cases, some of the credit for this rise has been contributed [sic] to the NMAA and its work.¹³⁸²

Sarie Culka, Public Relations Officer reflected, "As far as we can ascertain, on a world-wide basis, Australia is unique in this statistically documented return to breastfeeding" noting also that the Association was beginning to receive international recognition in papers presented at the International Paediatric Congress in Buenos Aires in 1974.¹³⁸³ A few years later, Minchin who was a teacher and a Trainee Counsellor at the time, attacked the claims about the role of the Association in the turn-around in breastfeeding rates.¹³⁸⁴ By this time, however, there was discernible caution by the Association in attributing the improvement to their activities, with no more effusive items in *Talkabout*. Later still, Reiger stated that the Association "was a significant catalyst for change [in the breastfeeding rates] but not the sole factor".¹³⁸⁵

By the end of the period under discussion, national breastfeeding rates had continued to increase,¹³⁸⁶ albeit without reaching the aims of the National

¹³⁸² Metherall, "Public Relations Report: Achievements."

¹³⁸³ Sarie Culka, "Public Relations Report," *ibid.*, no. 5.

¹³⁸⁴ Minchin, "Branch Presidents? To the Board from Maureen Minchin, December 1980, July 1982." 3.

¹³⁸⁵ Reiger, *Our Bodies, Our Babies: The Forgotten Women's Movement*.

¹³⁸⁶ Australian Bureau of Statistics, 4810.0.55.001 - *Breastfeeding in Australia, 2001* Note: National data collected by the ABS in 2001 shows that 54% of infants three months or less in age were breastfed and that 32% of infants six months or less in age were fully breastfed.

Health and Medical Research Council's guidelines.¹³⁸⁷ Hartmann states, "Much of this increase in breastfeeding can be attributed to the experience-based advice provided first by the Australian Breastfeeding Association and more recently by assistance from Lactation Consultants".¹³⁸⁸ Educated women were more likely to breastfeed and feed for longer than women who had no post-school education.¹³⁸⁹

Professional development for health professionals

The Association ran conferences and workshops for health professionals.

As McIntyre remarked:

Just disseminating information is a really important thing. We can use the usual methods of reading books and reading papers and that, but actually talking to people one on one seems to be the most effective way of actually getting information over ... I think people probably get more out of going

¹³⁸⁷ Ibid. Note: Contrary to the aims of the National Health and Medical Research Council guidelines, the ABS reported, "No [surveyed] infants at age six months were being fully breastfed in either 1995 or 2001".

¹³⁸⁸ Hartmann, Peter. "The Lactating Breast: An Overview from Down Under." *Breastfeeding Medicine: The Official Journal of the Academy of Breastfeeding Medicine* 2 (03/01 2007): 3-9. <https://doi.org/10.1089/bfm.2006.0034>.

¹³⁸⁹ Australian Institute of Health and Welfare, "2010 Australian National Infant Feeding Survey: Indicator Results," (Canberra ACT: AIHW, 2011). 15. Australian Bureau of Statistics, *4810.0.55.001 - Breastfeeding in Australia, 2001*; National Health and Medical Research Council, "Dietary Guidelines for Children and Adolescents in Australia Incorporating the Infant Feeding Guidelines for Health Workers." Note: The first national survey of infant feeding practices of 52,000 children aged 0 – 2 years in Australia in 2010 indicated a difference of 10 percentage points in breastfeeding rates between mothers with above or below year 11 education.

to the workshops or the informal discussions than they do from listening to the keynote speaker or whatever.¹³⁹⁰

As part of its approach to the education of health professionals, the Association used the journal, *Breastfeeding Review*¹³⁹¹ and the book, *Breastfeeding Management in Australia* which was written by several Association counsellors and edited by Counsellor and General Practitioner, Wendy Brodribb.¹³⁹² Association members also presented at conferences¹³⁹³ and contributed articles to professional journals such as *The Australian Nurses' Journal* and the *Lancet*.¹³⁹⁴

The Association provided sessions for tertiary students including medical students. Latham tells of talking to infant welfare sisters and medical students, "we had to teach them a lot ... there was a lot of bad information around".¹³⁹⁵

¹³⁹⁰ McIntyre, "Interview by Lindy Harris ". 10.

¹³⁹¹ Nursing Mothers' Association of Australia, *Breastfeeding Review* (Hawthorn, VIC: NMAA, 1982); Hazen Waller, "School Programme Trentham Vic," in Records, 1964-1997 [Manuscript], ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1964-1997).

¹³⁹² Wendy Brodribb, ed. *Breastfeeding Management in Australia*, 2nd ed. (East Malvern VIC: Nursing Mothers' Association of Australia, 1997). Margaret Carmody, "Breastfeeding after a Caesarean " in *Breastfeeding Management in Australia*, ed. Wendy Brodribb (Melbourne VIC: Australian Breastfeeding Association, 2004).

¹³⁹³ Margaret Fowler, ""Human Milk and Lactation" 46th Anzaas Congress, 23 January 1975," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1975).

¹³⁹⁴ Nursing Mothers' Association of Australia, "Public Relations. "; Margaret Fowler, "Letter from Margaret Fowler to the Editor, *Lancet*, 5 May 1975," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1975); Robyn Leeson, "The Benefits of Breastfeeding," *Australasian Nurses' Journal* (1973).

¹³⁹⁵ Latham, "Interview by Tricia Edgoose." 9.

Existing medical courses and the standard textbooks largely ignored breastfeeding or saw it as problematic.¹³⁹⁶ Members “always went in twos, two at least and we would take turns in talking and we always had children in tow, and they were a good advertisement ... [breastfeeding toddlers] used to shock them a little”.¹³⁹⁷ The concept of learning by observation of babies’ breastfeeding was a revolutionary style of delivery to medical students who were challenged by, yet respected the knowledge and expertise of the Association counsellors and community educators. One of the sessions run at the University of Western Australia as part of research in collaboration with Hartmann was filmed by the ABC.

Resources for community education

The Association had a unique source of information based on mothers’ experiences, integrated with medical knowledge. It recognised the power of a large number of mothers. Its democratic, cooperative approach involved encouraging mothers to speak up, enabling counsellors to do research, collaborating with other researchers and accepting assistance and support from

¹³⁹⁶ Mayes, *A Textbook of Obstetrics*

¹³⁹⁷ Latham, "Interview by Tricia Edgoose." 9.

governments and institutions.¹³⁹⁸ An example is Leeson's research on weight gain.¹³⁹⁹ The Association's 1988 International Lactation Conference included researchers such as Hartmann, Cox, Leeson and Reiger and "provided an interface between science and practical wisdom which is a model for future progress not only in helping women breastfeed, but also in advancing scientific knowledge [breastmilk is a] biological fluid of great complexity".¹⁴⁰⁰ Besides public conferences, there were other examples of speaking up such as when the Association President, Margaret Fowler wrote to the *Lancet* disputing the claims of an earlier letter regarding the physiology and endocrinology of lactation.¹⁴⁰¹ In this way the Association has arguably contributed to health literacy in Australia.

At first, the Association was regarded as non-scientific and non-medical in its approach to breastfeeding; however, as its information base grew and more serious research was done attitudes began to change particularly among the

¹³⁹⁸ Nursing Mothers' Association of Australia, "Ideas on the Future of the NMAA Research Department 30/11/1978," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, 1978).

¹³⁹⁹ Robyn Leeson, "Nursing Mothers' Association of Australia. Background Paper on Weight Gains," *ibid.*, ed. Nursing Mothers' Association of Australia (Melbourne VIC 1981). Note: An example is Leeson's research on weight gains.

¹⁴⁰⁰ Nursing Mothers' Association of Australia, "A New Look at an Old Art: Conference Statement Melbourne 1988," *ibid.* (Melbourne, VIC 1988).

¹⁴⁰¹ Margaret Fowler, "Letter from Margaret Fowler to the Editor *Lancet*, 21 August 1975," *ibid.*, ed. Nursing Mothers' Association of Australia (Melbourne VIC, Australia 1975).

clinic sisters.¹⁴⁰² The Association was itself “creating an awareness of the need for information and ... research”.¹⁴⁰³ This research, together with encouraging mothers to speak up, had effects such as changing hospital practices.¹⁴⁰⁴ As one interviewee, Judy Salom relates:

People got knowledge [about demand feeding and the benefit of rooming in], and knowledge equalled power and they learned how to be powerful in a clear way that didn't cause them any more stress than necessary at a difficult time.¹⁴⁰⁵

The Association also campaigned for services for mothers discharged early from hospital.¹⁴⁰⁶ Its Lactation Resource Centre provided information and resources which were used in community education.¹⁴⁰⁷ These resources were often the result of combined research.¹⁴⁰⁸

The Association's booklets are of particular interest with regard to community education.¹⁴⁰⁹ They were used in health facilities especially by clinic

¹⁴⁰² Crisp, "Interview by Joanne Packer".

¹⁴⁰³ Australian Breastfeeding Association, "Australian Breastfeeding Association History," <http://www.breastfeeding.asn.au/aboutaba/history.html>. 10.

¹⁴⁰⁴ Balmford, "Interview by Gwendolyn Dawlings." 27 – 28.

¹⁴⁰⁵ Salom, "Interviewed by Marion Offer". 14.

¹⁴⁰⁶ "Letters to the Editor: Breastfeeding Not Encouraged," *Canberra Times (ACT : 1926 - 1995)*, August 30, 1994.

¹⁴⁰⁷ Nursing Mothers' Association of Australia Lactation Resource Centre, *Breastfeeding Information Kit* (Nunawading, Vic: Lactation Resource Centre, 1990). Newbold, "Interview by Judy Valero." Nursing Mothers' Association of Australia, *Breastfeeding Review*.

¹⁴⁰⁸ Murray, "Interview by Joy Anderson." 8.

¹⁴⁰⁹ Nursing Mothers' Association of Australia, *Basically Breastfeeding*.

sisters, alongside the Association's *Newsletter*¹⁴¹⁰ as well as in a variety of community education settings such as antenatal talks and¹⁴¹¹ were frequently mentioned in the press.¹⁴¹² Books written by individual members or in collaboration with government agencies were also used in community education.¹⁴¹³ The Association also produced kits, resources, posters, fridge magnets, leaflets, brochures and the website.¹⁴¹⁴ The brochures, written "for influencing outside the organisation",¹⁴¹⁵ were very popular. In the first three months of 1975 alone, Headquarters dispatched 66,000 copies of the brochure *You Can Breastfeed Your Baby*.¹⁴¹⁶ Some of these materials were used to educate health professionals and were used in turn by health professionals with mothers.¹⁴¹⁷

¹⁴¹⁰ Huffam, "Interview by Margaret Carmody."

¹⁴¹¹ Nursing Mothers' association of Australia, "Notes for Post Natal Talks," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, n.d.).

¹⁴¹² "Advantages of Being a Nursing Mother."

¹⁴¹³ Virginia Phillips, *Successful Breastfeeding* (Nunawading, VIC: Nursing Mothers' Association of Australia, 1987). *Balancing Breastfeeding and Work: Important Information for Workplaces*

¹⁴¹⁴ Nursing Mothers' Association of Australia, *Breastfeeding Information Kit* (Nunawading, VIC: Lactation Resource Centre, 1990). "Handouts for School Visits, for Tomorrow's Mums and Dads," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, 1980). Nursing Mothers' Association of Australia. Dandenong /Noble Park Group, *You Wouldn't Eat Here. So Why Should a Baby?*, ?1990. Poster. Nursing Mothers' Association of Australia.

¹⁴¹⁵ Nursing Mothers' Association of Australia, "Editorial - History of NMAA Publications 1964 - 1970."

¹⁴¹⁶ Beverley Rae, "Editorial Report: "You Can Breastfeed Your Baby"," *Talkabout* 6, no. 2 (1975).

¹⁴¹⁷ Huffam, "Interview by Margaret Carmody." Note: Huffam commented on the usefulness of such materials in her role as a Maternal and Child Health Nurse.

The Association undertook to question the scientific attitudes to infant nutrition and the assumption of the universal efficacy, objectivity and neutrality of scientific reasoning. For instance, when research was published claiming that extended exclusive breastfeeding caused anaemia in babies, the Association Canberra Branch President, Wainwright provided information which refuted that claim.¹⁴¹⁸ This material about anaemia in women and school children as well as infants, was particularly insidious because it was published as brochures by the Meat and Livestock Corporation, using research by gastroenterologist Geoff Cleghorn and widely distributed to general practitioners, baby health clinics, schools and it involved well known children's book illustrators and entertainers.

Maintaining the research aspect of the Association proved difficult due to increasing amounts of information. The Lactation Resource Centre became more important to counsellors; however, there were critics of the research role of the Association. Minchin was critical of the reliability of the information and was supported in this view by some counsellors such as Board Member Judy McKecknie who raised concerns that the Association's literature about breastfed babies being "content" was an echo of Truby King's claims and quite

¹⁴¹⁸ Elvira B. Calvo, Ana C. Galindo, and Norma B. Aspres, "Iron Status in Exclusively Breast-Fed Infants," *Pediatrics* 90, no. 3 (1992); "Iron-Clad Promise of Good Health," *Canberra Times (ACT : 1926 - 1995)*, 02 March 1994. "Mums Milk Kids of Iron: Dr," *ibid.*, March 21, 1995.

misleading.¹⁴¹⁹ One response to Minchin's criticism was Paton's statement about the relationship of the Association with the formula manufacturers, in which she expressed her concern about "Emotionalism tending to cloud breastmilk substitute facts".¹⁴²⁰ There were also problems with staffing the Lactation Resource Centre. At the time of Minchin's criticism, there was no one in the position of NMAA Research Officer which prompted a review of this aspect of the Association's activities and a decision to set up an Information Service.¹⁴²¹

In the community

Parents

The Association ran Basics of Breastfeeding classes for expectant parents.¹⁴²² In addition, it participated in the mainstream antenatal classes offered by the hospitals. The Association used its members' networks collaboratively to advertise the groups at the local baby health centres,¹⁴²³ participated in

¹⁴¹⁹ McKecknie, "Memo to Board Members from Judy Mckecknie, 8 January 1981."

¹⁴²⁰ Mary Paton, "Memo from Mary Paton to NMAA Board, 22 September 1981," *ibid.*

¹⁴²¹ Patricia Bruce and Enid Newell, "Ideas on the Future of the NMAA Research Department," *ibid.*, ed. Nursing Mothers' Association of Australia (Melbourne VIC 1978); Rosemary Deakin, "Responsibilities of the Research Department," *ibid.* (1975); Nursing Mothers' Association of Australia, "Extract of Minutes of Board Meeting Held on the 13th and 14th November 1978 at Nhq," *ibid.* (1978).

¹⁴²² "Fridge Door: Breastfeeding Class," *Canberra Times (ACT : 1926 - 1995)*, November 12, 1990.

¹⁴²³ McKay, "Interview by Clare Gleeson-Mcguire ". 4 – 5.

community discussions,¹⁴²⁴ shared presentations with other groups,¹⁴²⁵ and film screenings with the Childbirth Education Association.¹⁴²⁶ Cadd described the approach in the rural area where she lived:

[Antenatal classes] had always been run by the hospital and we were starting to get a little bit more Nursing Mothers' input and going along and presenting some hopefully relevant and valuable breastfeeding information to new mums ... we did that fairly gradually and just worked our way in there and that blossomed as other people came on and – became sort of a valuable sort of time for people to learn about Nursing Mothers as well as breastfeeding.¹⁴²⁷

The Association took a humanistic approach when educating parents: it had an awareness of the learner as self-directed and having a desire to learn about breastfeeding in order to be able to cope with their life as a new parent. Furthermore, the experience of speaking in public on behalf of the Association made the members realize what was important about the message, and how best to present the information to specific audiences. At first one interviewee, Crisp observed:

They don't take in what you say, they're more worried about getting the baby out, it is more important that they feel familiar and comfortable to

¹⁴²⁴ "Discussion Groups," *Canberra Times (ACT : 1926 - 1995)*, March 27, 1982.

¹⁴²⁵ "Notes and Quotes: Parents of Twins," *Canberra Times (ACT : 1926 - 1995)*, April 26, 1988.

¹⁴²⁶ "Life Style People: Workshop Visit," *Canberra Times (ACT : 1926 - 1995)*, January 24, 1980.

¹⁴²⁷ Cadd, "Interview by Joanne Packer." 3 – 4.

contact you if they need ... they get a little bit of breastfeeding information.¹⁴²⁸

There was a consciousness of learning as a guided journey, where the adult learner is guided along a path to the knowledge they seek, whether the learner is an individual mother seeking counselling or participating in a class such as a Breastfeeding Education Class.¹⁴²⁹ The Association designed discussions and workshops so that they had a positive focus.¹⁴³⁰ In Balmford's opinion, the Association's community education has progressed precisely because of the members' "professionalism, publicity, literature, administration [because they are seen] not as a helpless gaggle of emotional fanatics".¹⁴³¹

Tomorrow's parents

In addition to parent education, the Association moved into the area of "tomorrow's parent" that is, children at school. The Association described its activities in the community education sphere as, "Not teaching but showing by example".¹⁴³² Thus, the Schools Program, begun in 1972 with the "blessing of the

¹⁴²⁸ Crisp, "Interview by Joanne Packer ". 6.

¹⁴²⁹ Knowles, Holton III, and Swanson, *The Adult Learner*; Nursing Mothers' Association of Australia, "Talk Notes."

¹⁴³⁰ "Pac-10017826."

¹⁴³¹ Balmford, "Interview by Gwendolyn Dawlings." 19.

¹⁴³² Gill Lennard, "The Schools Programme 1976 by Gill Lennard," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1976).

Home Economics department of the [Victorian] Education Department", was essentially about raising awareness of students about babies in general, not just how they were fed. This approach was quite unlike that taken by other groups whose programs for a typical school session were far more academic.¹⁴³³ In contrast, there were five topics that the Association offered to schools: Bathing a baby, Breastfeeding, Growth and development, Self-discipline and Care of mother.¹⁴³⁴

The Community Education Standing Committee stated, "For our public relations image, the giving of school talks should be treated as cautiously and seriously as hospital visits and ante-natal talks".¹⁴³⁵ Although these sessions had an informal atmosphere, they were actually a thoroughly planned program aimed at school children. The Schools' Programme involved careful selection of the mothers who participated and demonstrated and a great deal of preparation along with evaluation by the Association members who had taken part and by

¹⁴³³ Joan North, "'For Tomorrow's Mums and Dads.' NMAA Participation in Schools," *Talkabout* 3, no. 2 (1972). Nursing Mothers' Association of Australia, "School Visit Reports 1977-78," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, 1977-78); Childbirth Education Association, "Special Report CEA Schools Program," *ibid.*, ed. Nursing Mothers' Association of Australia (n.d.); Nursing Mothers' Association of Australia, "CEA's School Visiting Programme, September 1980" *ibid.* (1980).

¹⁴³⁴ Lois Urquhart, "The Study of Human Life - Illustrated," *Talkabout* 4, no. 1 (1973).

¹⁴³⁵ Nursing Mothers' Association of Australia, "Community Education Standing Committee 29/10/1980," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, 1980).

the teacher of the class.¹⁴³⁶ The aim was, "to create an awareness, in young people of the benefits and rewards of skilled and loving parenthood and the values of close and happy family relationships".¹⁴³⁷ Latham said, "Through our schools programme, we are introducing the idea of breastfeeding as the normal and natural way to feed a baby to many children and young people".¹⁴³⁸ The schools program was enormous. In 1977 for instance, there were an estimated 1,468 school visits Australia-wide.¹⁴³⁹ In addition to its own program, the Association was included alongside other organisations in existing mothercraft classes in schools.¹⁴⁴⁰ At Loreto College in Ballarat Victoria in 1978 for example, Hazen Waller recalls, "The aim [was to make the girls know] what it feels like to be a

¹⁴³⁶ "Nursing Mothers' Association of Australia Schools' Programme," in *Records, 1964-1997* (Melbourne, VIC: State Library of Victoria, n.d.). Lennard, "The Schools Programme 176 by Gill Lennard." Nursing Mothers' Association of Australia, "Nursing Mothers' Association of Australia: Guidelines for Schools Programme," *ibid.* (1978); "Advantages of Breastfeeding " in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, n.d.).

¹⁴³⁷ Margaret O'Callaghan, "Visits by Nursing Mothers' Association of Australia Members to the La Leche League Conference San Francisco " *ibid.*, ed. Nursing Mothers' Association of Australia (State Library of Victoria, Australia, 1976).

¹⁴³⁸ Nursing Mothers' Association of Australia, "Final Report to Schools' Commission, by NMAA, September 1976," *ibid.*

¹⁴³⁹ Pamela Fletcher, "School Liaison Officer's Report March 1978," *ibid.*, ed. Nursing Mothers' Association of Australia (State Library of Victoria, 1978).

¹⁴⁴⁰ Association, "Special Report CEA Schools Program." Ashton, "Karitane's Contribution to Public Health in New South Wales 1923-2000." 61. Judith Rafferty, "Saving South Australia's Babies: The Mothers' and Babies' Health Association," in *Playford's South Australia: Essays on the History of South Australia, 1933-1968*, ed. Bernard O'Neil, Judith Rafferty, and Kerrie Round (Adelaide SA: Association of Professional Historians SA, 1996). 5.

parent".¹⁴⁴¹ The Association's program was 1.5 hours per week every week for a year with year 9 girls.¹⁴⁴² An evaluation said the classes stressed "the non-materialism of breastfeeding - don't use aids, just baby and bath" and observed that the mothers who bathed and breastfed their babies were "glowing with confidence engendered in them by the admiration and enthusiasm of the girls [in the class]".¹⁴⁴³

Members and their families were involved in the schools' program, led by community educators or counsellors. A counsellor commented on presenters for one session, "14 mothers, 6 babies, 4 fathers". One counsellor reported, "Aids used: Babies, Toddlers, Slides". Another commented on the "homely and informal atmosphere", and "questions kids asked e.g. recovery of figure ... students making scrapbooks about mothering and childcare - NMAA contributed to this ... students enthusiastic".¹⁴⁴⁴

Some schools placed restrictions on what could be demonstrated, as one counsellor regretted, "No feeding was allowed, this would have improved visit".

¹⁴⁴¹ Hazen Waller, "School Programme Trentham Vic," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1964-1997).

¹⁴⁴² Ibid.; Nursing Mothers' Association of Australia, "Letter to Pam from Helen Waller 22 May 1978," *ibid.* (1978).

¹⁴⁴³ Hazen Waller, "Report Presented to the Community Education Committee," *ibid.* (1980).

¹⁴⁴⁴ Nursing Mothers' Association of Australia, "School Visits Reports 1977-78," *ibid.* (1977-1978).

One report mentions that there was paper on the classroom windows because of male apprentices outside and how the counsellor wished they could have been included. There were problems liaising with teachers about the size of the groups which could be as large as 46 pupils and the availability of technical resources such as a film projector. Counsellors commented that there was sometimes a "Friday Afternoon" atmosphere and that they were learning to tackle fewer topics as they did more demonstrations. About a combined visit with the local Maternal and Child Health Nurse the counsellor wrote, "A Nursing Mothers' visit should not be combined with anyone else", and she lists the problems as: "Nestle leaflets handed out, bottle feeding mothers present, nurse did the talking, gave instructions re preparation of cow's milk for a bottle".¹⁴⁴⁵

From the teachers, there were complaints that the mother was "too efficient/quick at bathing baby!" One teacher felt that small groups were best, and another said, "It is certainly a learning situation for me too". A counsellor expressed concern about the set-up of the room, "like an arena"; however, the teacher's report on the same visit was, "The students enjoyed it enormously and combined it with cooking morning tea for mothers and children".¹⁴⁴⁶

¹⁴⁴⁵ Ibid.

¹⁴⁴⁶ Ibid.

The credibility of the Association as a provider of education to the community was of paramount importance. This is evident from their cautious approach to writing a booklet for use in schools. They sought expert opinion and involved teachers and academics in the revision process.¹⁴⁴⁷ Group leaders were provided with resources for teaching and funding. There were detailed lesson notes, information sheets, evaluation forms, proforma letters to principals and for funding requests and lists of addresses.¹⁴⁴⁸ There was funding sometimes from Community groups such as the Lions for the Schools' Program.¹⁴⁴⁹ There were specific guidelines regarding equity groups such as those of low socio

¹⁴⁴⁷ Lorna Lloyd Green, "Letter Re NMAA Booklet 'Tomorrow's Mums and Dads' "ibid., ed. Nursing Mothers' Association of Australia (1976). Pamela Fletcher, "School Liaison Officer's Report April 1977 "ibid. (State Library of Victoria, Australia, 1977). Hazen Waller, "Notes on Growth and Development" ibid. (State Library of Victoria, Australia, n.d.); "Breastfeeding and Bonding," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, n.d.); "Week Six Growth and Development " in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, n.d.); Nursing Mothers' Association of Australia, "Appendix to Minutes of Executive Committee Meeting 25 November 1976," ibid. (1976).

¹⁴⁴⁸ "Child Development - Baby's First Year - Feeding: A Visit from the Nursing Mothers," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, 1978); "Proforma Letter to the Principal," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, n.d.); "Form Letter Used When Requesting Funds from Lions Club," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, n.d.); "Relevant Addresses for Community Education," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, n.d.).

¹⁴⁴⁹ Hazen Waller, "Letter from Hazen Waller to Pam 26 July 1978," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1978). Australian Lions Foundation Limited, "Australian Lions International " <http://www.alf.lions.org.au/index.html>.

economic status and Aboriginal students, and there was an assumption that group leaders would address the needs of their own community.¹⁴⁵⁰ There was also direct liaison with professionals such as social workers working with identified groups.¹⁴⁵¹

The international forum

The Association set up an international association of mother's groups, the International Breastfeeding Affiliation, and hosted the first conference, the Nursing Mothers' International Workshop in Sydney in 1981, opened by Lady Cowen and supported by Prime Minister, Malcolm Fraser and the Health Department.¹⁴⁵² It was described by Paton as "a loose organisation of many

¹⁴⁵⁰ Hazen Waller, "Procedure to Be Followed for the Establishment of Minority Group Activities," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, 1980); "Aboriginal Activities Newsheet July 1980" in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1980).

¹⁴⁵¹ Warfe, "Report of Meeting at the VICSEG (Victorian Cooperative on Children's Services for Ethnic Groups)."

¹⁴⁵² Clare Claydon, "The Nursing Mothers' International Workshop: One Year After," *Talkabout* 13, no. 2 (1982); Mary Paton, "Nursing Mothers' International Workshop: Summary by Mary Paton," in *Records, 1964-1997*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, n.d.); Nursing Mothers' International Workshop, *The Nursing Mothers' International Workshop, 24 to 27 March 1981: Proceedings* (Nunawading, VIC: Nursing Mothers' Association of Australia, 1981); Nursing Mothers' Association of Australia, "The International Breastfeeding Affiliation Newsletter Vol. 1 No. 2. 17 November 1982," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1982). "Vice Regal," *Canberra Times (ACT: 1926 - 1995)*, March 25, 1981.

individual and unique groups".¹⁴⁵³ There were 21 organisations from 17 countries represented.¹⁴⁵⁴ Its purpose was to collect and disseminate data about breastfeeding, to be a reference source on all breastfeeding matters for member groups, publish a journal, liaise with world authorities and cooperate with research.¹⁴⁵⁵ It was favourably reported in the press and coincided with Paton receiving an Advance Australia Award for Community Service.¹⁴⁵⁶ Paton remarks:

When we ran the Workshop, we had ones [breastfeeding support groups] that were just beginning or thinking of beginning as well, so this is why we called it a "workshop" not a "conference", it was a way to learn something and we geared it along that way, so that mothers' groups could be started.¹⁴⁵⁷

The Association's International Workshop was unique because it was the mothers, rather than health professionals who attended. The follow up to the Workshop was newsletters and support to groups establishing themselves all over the world.¹⁴⁵⁸ However, there were no further workshops. As Paton

¹⁴⁵³ Nursing Mothers' Association of Australia, "The International Breastfeeding Affiliation Newsletter Vol. 1 No. 2. 17 November 1982."

¹⁴⁵⁴ Ibid.

¹⁴⁵⁵ Ibid.

¹⁴⁵⁶ Eileen Alderton, "A Nursing Mums' Workshop," *Australian Women's Weekly* (1933 - 1982), April 8, 1981.

¹⁴⁵⁷ Paton, "Interview by Margaret Carmody." 18.

¹⁴⁵⁸ Nursing Mothers' Association of Australia, "The International Breastfeeding Affiliation Newsletter Vol. 1 No. 2. 17 November 1982."

reflected in her recent interview, it was too difficult for the Association to pursue.¹⁴⁵⁹ She explains:

Well, what happened with that was, it was Breastfeeding Affiliation it was undermined by the fact that the League thought we were going to lead or be ... forming another type of La Leche League [International] which wasn't the case. I can remember they had it upside down and wrong. And then, Sweden, in particular and Norway were envious that we were trying to get this loose organization started and they were undermining ... I thought I'm not going to be bothered with this fight, it was a power grab ... I just despaired. It was so sad.¹⁴⁶⁰

The difficulties described by Paton indicate the different approaches of the various organisations providing breastfeeding support in response to very different cultures and social circumstances across the world and possibly also the difficulties in communication in cross cultural situations.

Although the International Affiliation did not proceed beyond the first couple of years, the effect of the Workshop was significant for its contribution to the international conversation and for the Association locally. There was evidence of continuing contact among the attendees and initiatives taken in the report "One Year After".¹⁴⁶¹ There is a long list of the activities that took place in each country that had attended. In particular, there were discussions with UNICEF

¹⁴⁵⁹ Paton, "Nursing Mothers' International Workshop: Summary by Mary Paton."

¹⁴⁶⁰ "Interview by Margaret Carmody." 18 – 19.

¹⁴⁶¹ Nursing Mothers' Association of Australia, "Talkabout Vol 13 No 2 March 1982."

representatives about the role of volunteer organisations in providing maternal education and improving breastfeeding rates, and there were contributions to the draft International Code of Marketing Breastmilk Substitutes.

A German language edition of one of the Association's booklets was published in Germany with acknowledgement of the Association.¹⁴⁶² The Association assisted mothers in Papua New Guinea to form a branch of the Association.¹⁴⁶³ It also provided training for two mothers from India so they could form their own indigenous independent association and similarly for the Philippines.¹⁴⁶⁴ Kenya reported that they had devised a Code of Ethics "after seeing the advantages of NMAA's Code of Ethics".¹⁴⁶⁵ Although the Association was prepared to assist mothers to set up their own groups in other countries such as Fiji, Brazil,¹⁴⁶⁶ the Philippines, Thailand and Vanuatu,¹⁴⁶⁷ it did not want

¹⁴⁶² Ibid. 7.

¹⁴⁶³ Claydon, "The Nursing Mothers' International Workshop: One Year After."; Susu Mamas PNG, "Susu Mamas Family and Youth Services Papua New Guinea," Susu Mamas Family and Youth Services Papua New Guinea, <https://www.susumamas.org.pg/about-us/>.

¹⁴⁶⁴ Nursing Mothers' Association of Australia, "Talkabout Vol 13 No 2 March 1982." 3.

¹⁴⁶⁵ Ibid.

¹⁴⁶⁶ Ibid.

¹⁴⁶⁷ Paton, "The Strength of NMAA and Its Role in the Community by Mary Paton February 1982." 5 Margaret Taylor, "Letter to the Librarian NMAA from Group Leader Nursing Mothers of Fiji," *ibid.* (Melbourne VIC: State Library of Victoria, Australia, 1979).

to have branches in other countries, declining an invitation to set up in the UK.

Paton states:

The Committee felt that an association in a particular country should belong to that country if it was to receive the spontaneous support and enthusiasm from that country's citizens and medical professionals ... Distance, communication difficulties, extra workload, expense etc. also came into the decision.¹⁴⁶⁸

This approach was markedly different from the League which had set up branches in New Zealand and the Philippines and indeed in Australia.¹⁴⁶⁹ In a collaborative gesture, the Association proposed affiliation with the League in 1966 and 1967 which was rejected by the League on both occasions.¹⁴⁷⁰ Paton expressed regret when a League leader started a group in Townsville in 1968 arguing, "We feel it rather a sad thing that unnecessary duplication has commenced in a small town like Townsville ... We feel splinter groups and organisations with similar aims hinder the progress of breastfeeding, rather than help. Unity is important".¹⁴⁷¹ However, counsellors attended League conferences in the USA which is an indication of their shared domain of knowledge.

¹⁴⁶⁸ Mary Paton, "Comments," *Talkabout* 1, no. 2 (1968).

¹⁴⁶⁹ "Interview by Margaret Carmody." 20.

¹⁴⁷⁰ "Comments." "Letter to Dr Lloyd Green Re La Leche League," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne VIC: State Library of Victoria, Australia, 1967).

¹⁴⁷¹ "Comments."

The International Workshop raised the international profile of the Association and it also had an impact on the Association locally. One interviewee commented. "It was really important because it drew people together from all over the world to talk about breastfeeding internationally".¹⁴⁷² Paton had been in contact with groups in Europe, which were established soon after the Association, particularly in Holland, Norway and Sweden and she visited them when she was overseas.¹⁴⁷³ She also had contact with researchers and experts in the field and this contributed to her thinking about breastfeeding and the organisational structure of the Association. She wrote, "I have discussed organisational structure with many overseas and Australian associations, including managers, directors, management consultants etc."¹⁴⁷⁴ The subscription lists of journals taken by the Association and of organisations taking the Association's publications is an indication of the links that existed world-wide.¹⁴⁷⁵ The international influence of an Association begun by six young mothers in

¹⁴⁷² Newbold, "Interview by Judy Valero." 11.

¹⁴⁷³ Paton, "Interview by Margaret Carmody." 21.

¹⁴⁷⁴ Nursing Mothers' Association of Australia, "Memo to Pamela Fletcher from Mary Paton Re: N.M.A.A. Organisational Structure 30 September 1981," ed. Nursing Mothers' Association of Australia Records: 1964 - 1997 (Melbourne VIC: State Library of Victoria Australia, 1981). 2.

¹⁴⁷⁵ Pam Doughty and Mary Paton, "Periodicals - Subscriptions and Discharges: Motion by Pam Doughty and Mary Paton to [NMAA] Meeting 18-19 April 1978," in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1978).

suburban Melbourne is not immediately apparent, because it was at a very personal as well as a professional level, yet that influence is an indicator of the importance with which the Association was regarded.

Comparison of the Association with La Leche League

Similarities

To illustrate the unique features of the Association, it is pertinent to make a comparison of the Association with the League. While the Australian infant welfare conditions with baby clinics across the country were quite different from the conditions in the USA where medical professionals provided most of the care of well babies, there were many similarities between the Association and the League.¹⁴⁷⁶ Both the Association and the League began with informal gatherings of young women and their friends who sought to share their knowledge about breastfeeding with other mothers and encourage a natural approach to infant nutrition in contrast to the prevailing ideas of scheduling.¹⁴⁷⁷ Both organisations operated as grass roots, small groups of mothers and the education was

¹⁴⁷⁶ Paton, Mary. "Letter to Dr Lloyd Green Re La Leche League." In *Records, 1964-1997 [Manuscript]*, edited by Nursing Mothers' Association of Australia. Melbourne VIC: State Library of Victoria, Australia, 1967.

¹⁴⁷⁷ "Nursing Mothers," *Canberra Times* (ACT : 1926 - 1995), December 2, 1976. Marinelli, Kathleen. "An Interview with La Leche League Founders Marian Tompson and Mary Ann Kerwin, Jd." *Journal of Human Lactation* 34, no. 1 (2018/02/01 2017): 14-19.

primarily “mother to mother”.¹⁴⁷⁸ Both provided telephone counselling and ran discussion groups, although the Association’s were much less structured than the League’s. Both organisations had training programs for those that led the small groups and provided telephone breastfeeding counselling.¹⁴⁷⁹ The Association’s training was initially based on the program of the League, however, it rapidly evolved from the original concept. Both organisations wrote and published their own materials and relied on medical advisers to ensure the reliability of their information.¹⁴⁸⁰ The Association used the League’s publications initially until they had written their own.¹⁴⁸¹ Both organisations produced cookbooks, and advocated mothers carrying their babies, selling similar baby

¹⁴⁷⁸ Paton, "Interview by Margaret Carmody." 1. Weiner, Lynn. "Reconstructing Motherhood: The La Leche League in Postwar America." *The Journal of American History* 80, no. 4 (1994): 1357. Ward, *La Leche League: At the Crossroads of Medicine, Feminism, and Religion*. 8.

¹⁴⁷⁹ Nursing Mothers' Association of Australia. "Board Handbook: Newsletter, *Talkabout*, Breastfeeding Review, NMAA Training." In *Records, 1964-1997 [Manuscript]*, edited by Nursing Mothers' Association of Australia, 11. Melbourne, VIC: State Library of Victoria, Australia, n.d. Weiner, Lynn. "Reconstructing Motherhood: The La Leche League in Postwar America." *The Journal of American History* 80, no. 4 (1994): 1357.

¹⁴⁸⁰ Nursing Mothers' Association of Australia. "Nursing Mothers' Association of Australia. Members of Advisory Panel, January 1981." In *Records, 1964-1997 [Manuscript]*, edited by Nursing Mothers' Association of Australia. Melbourne, VIC: Box 49, 1981. Marinelli, Kathleen. "An Interview with La Leche League Founders Marian Tompson and Mary Ann Kerwin, Jd." *Journal of Human Lactation* 34, no. 1 (2018/02/01 2017): 14-19.

¹⁴⁸¹ Nursing Mothers' Association of Australia. "NMA Newsletter Supplement, July-August 1968." In *Records, 1964-1997 [Manuscript]*. Melbourne, VIC: State Library of Victoria, Australia, 1968. Nursing Mothers' Association of Australia. "Editorial - History of NMAA Publications 1964 - 1970." In *Records, 1964-1997 [Manuscript]*. Melbourne, VIC: State Library of Victoria, Australia, ?1970.

carriers.¹⁴⁸² Being voluntary community groups proved increasingly difficult by the end of the period under consideration as less women were available to train to be Association Counsellors and then work in the groups and similarly, availability of volunteers has also proved to be a problem for the League.¹⁴⁸³ Both organisations trained their volunteers with a “self-training” approach with arrangements for League Leaders to become Association Counsellors.¹⁴⁸⁴ Despite the tensions about affiliation, they maintained links though attending conferences, correspondence and exchange of materials.¹⁴⁸⁵ The Association and

¹⁴⁸² Nursing Mothers' Association of Australia. *NMAA Cooks*. Hawthorn, VIC: Nursing Mothers' Association of Australia, 1977. Johnson, Roberta Bishop, ed. *Whole Food for the Whole Family: La Leche League International Cookbook*. Franklin Park ILL: La Leche League International, 1981. Nursing Mothers' Association of Australia. "Why Do I Need a Meh Tai Baby Sling." In Nursing Mothers' Association of Australia, edited by Nursing Mothers' Association of Australia. Nunawading VIC, 1984. "Baby Rides the Asian Way." *Australian Women's Weekly (1933 - 1982)*, 23 July 1969, 9.

¹⁴⁸³ Cadd, Chris. "Interview by Joanne Packer." In *Nursing Mothers' Association of Australia Oral History Project*. Brisbane, QLD: John Oxley Library, State Library of Queensland, Australia, 1999. 6. Highton, Bronwyn. "Interview by Margaret Carmody." Dunedin NZ, 2011. 22.

¹⁴⁸⁴ Nursing Mothers' Association of Australia. "Board Handbook: Newsletter, Talkabout, Breastfeeding Review, NMAA Training." In *Records, 1964-1997 [Manuscript]*, edited by Nursing Mothers' Association of Australia, 11. Melbourne, VIC: State Library of Victoria, Australia, n.d.

¹⁴⁸⁵ Nursing Mothers' Association of Australia. "Visits by Nursing Mothers' Association of Australia Members to the La Leche League Conference San Francisco - Margaret O'Callaghan." In *Records, 1964-1997 [Manuscript]*. Melbourne, VIC: State Library of Victoria, Australia, 1976.

Nursing Mothers' Association of Australia. "Exchange of Information and Leaflets between La Leche League UK and NMAA." In *Records 1964-1997*, edited by Nursing Mothers' Association of Australia. Melbourne, VIC: State Library of Victoria, Australia, 1982. Wagner, Betty. "Letter to Mary Paton from Betty Wagner." In *Records, 1964-1997 [Manuscript]*, edited by Nursing Mothers' Association of Australia. Melbourne, VIC: State Library of Victoria, Australia, 1981. Kerwin, Anne. "Letter from Mary Ann Kerwin to Mary Paton, 2 October 1982." In *Records, 1964-1997 [Manuscript]*, edited by Nursing Mothers' Association of Australia. Melbourne, VIC: State Library of Victoria, Australia, 1982.

the League have sought to change community attitudes to breastfeeding and have been subjected to criticism which in both cases has driven the organisations to reflect on their practices and evolve as communities of practice.¹⁴⁸⁶

Differences

The Association's Founders established the Association as a secular Australian organisation without any connections with traditional Christian ideals of motherhood, whereas the League founders shared a strong connection with mid-century Catholic views of family life and in particular the Christian tradition of the self-sacrificing mother, with the name La Leche a reference to an image of the Madonna breastfeeding.¹⁴⁸⁷ The Association confined itself to breastfeeding while the League was also involved in advocating for natural childbirth.¹⁴⁸⁸ The Association took a practical approach to the matter of breastfeeding and caring for a baby without the League's at times emotional appeals.¹⁴⁸⁹ The Association took a broad view of mothering in contrast to the

¹⁴⁸⁶ Lave, Jean, and Etienne Wenger. *Situated Learning: Legitimate Peripheral Participation*. Cambridge UK: Cambridge University Press, 1991. 33. Wenger, "Communities of Practice: Learning as a Social System".

¹⁴⁸⁷ Note: Mary Paton conversation with the author of this thesis on 22 August 2016. Ward, Julie DeJager. *La Leche League: At the Crossroads of Medicine, Feminism, and Religion*. Chapel Hill: UNC Press Books, 2000.

¹⁴⁸⁸ Judith Laird, "From the President," *Talkabout* 7, no. 4 (1976). La Leche League International, "Brief History of La Leche League International".

¹⁴⁸⁹ Australian Breastfeeding Association, Breastfeeding: An Introduction 10.

League's emphasis on the relationship between the mother and baby, sometimes at the expense of the mother's relationship with her partner or her own self development.¹⁴⁹⁰ The Association sought to support mothers whatever their circumstances with regard to paid employment, whereas for many years, the League saw paid employment as dichotomous with breastfeeding.¹⁴⁹¹ The Association supported the setting up of mothers' breastfeeding groups in other countries whereas the League established branches internationally.¹⁴⁹² With its non-confrontational approach to community education, the Association did not engage in large scale public campaigns, but the League were conspicuous in their campaigns on behalf of breastfeeding women and their babies.

Conclusion: Changing society through education

Freire has argued that true learning requires action in the world. Seen through this lens, the Association's approach to community education was progressive, radical adult education with the purpose of empowering the learner and changing society's attitudes to breastfeeding. It was effectively the next

¹⁴⁹⁰ Nursing Mothers' Association of Australia, *Sex and the Breastfeeding Woman* (Nunawading, Vic: Nursing Mothers' Association of Australia, 1986). Weiner, Lynn. "Reconstructing Motherhood: The La Leche League in Postwar America." *The Journal of American History* 80, no. 4 (1994): 1357.

¹⁴⁹¹ Hunter, *Working and Breastfeeding*. Weiner, Lynn. "Reconstructing Motherhood: The La Leche League in Postwar America." *The Journal of American History* 80, no. 4 (1994): 1357.

¹⁴⁹² Paton, Mary, "Interview by Margaret Carmody." 20.

logical step following the education of mothers, counsellors and community educators and was closely aligned with the Foundation Members' understanding of the importance of the environment that surrounded mothers as an influence on their success with breastfeeding. This was empowerment that enabled mothers to act in collaboration with others to effect change in attitudes to breastfeeding.¹⁴⁹³

The Association introduced new concepts and a collaborative, non-confrontational approach into community education about breastfeeding in Australia for health professionals, students from preschool to university, expectant parents and the general public. Internationally, the Association instigated the International Breastfeeding Affiliation.¹⁴⁹⁴ It had links with other breastfeeding organisations including the League in the USA, UK and NZ.¹⁴⁹⁵ It

¹⁴⁹³ Wallerstein and Bernstein, "Empowerment Education: Freire's Ideas Adapted to Health Education." 2.

¹⁴⁹⁴ Paton, "Note on La Leche League Leaders' Packet by Mary Paton." Nursing Mothers' Association of Australia, "Nurturing Tomorrow's World: The Nursing Mothers' International Workshop 1981," in *Records, 1964 - 1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, 1964 -1997); "The International Breastfeeding Affiliation Newsletter Vol. 1 No. 2. 17 November 1982."; Mary Paton and Frances Fiddian, "International Affiliation of Voluntary Nursing Mothers' (Breastfeeding) Support Groups," *ibid.*, ed. Nursing Mothers' Association of Australia (n.d.); Anne Kerwin, "Letter from Mary Ann Kerwin to Mary Paton, 2 October 1982," *ibid.* (1982).

¹⁴⁹⁵ Paton, "Interview by Trisha Edgoose ". 8. O'Callaghan, "Visits by Nursing Mothers' Association of Australia Members to the La Leche League Conference San Francisco ". Nursing Mothers' Association of Australia, "La Leche League Advice to NMAA Re Training for Professionals," *ibid.* (1980). "Exchange of Information and Leaflets between La Leche League UK and NMAA," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria,

did not seek to separate itself and its members from mainstream care, but rather, as Paton emphasises, sought to complement rather than supplement the health system.¹⁴⁹⁶ The Foundation Members specifically desired to establish a voluntary association for Australian mothers which would appeal to those mothers and gain the endorsement of the health professionals and these features impacted on their community education.

Australia, 1982); "'Successful Breastfeeding' Featured in Our Bookstore at La Leche League 9th International Conference, Kansas, 1983," in *Records, 1964-1997 [Manuscript]* (Melbourne, VIC: State Library of Victoria, Australia, 1983); "Exchange of Information and Leaflets between La Leche League UK and NMAA." Highton, "Interview by Margaret Carmody."

¹⁴⁹⁶ Paton, "The Strength of NMAA and Its Role in the Community: Talk to Vic Branch Conference." 3. Reiger, *Our Bodies, Our Babies: The Forgotten Women's Movement*. Childbirth Education Association, "Birth Preparation Course Program," Childbirth Education Association, <http://ceadarwin.asn.au/antenatal-education-sessions/course-program/>.

8: Conclusion

A community of learners and a community of practice.

This thesis has argued that through its formation of groups of volunteers the Association established a community of learners and a community of practice, where mothers learned mother-to-mother. This was a new method of educating not only mothers but also the community about breastfeeding. Its fully researched publications maintained the true voice of the Australian mother. The Association introduced a humanistic, learner-focused perspective to maternal education. It adopted new concepts about breastfeeding and introduced a collaborative, non-confrontational line of action into community education about breastfeeding in Australia for parents, for students, for health professionals and for the general public. It was progressive, radical adult education with the purpose of empowering the learner to become interactively and critically health literate in the area of breastfeeding and changing society's attitudes to breastfeeding.

The thesis began by identifying a gap in the research about how best to educate mothers about breastfeeding and more specifically, in the research as to how the Association educated mothers. None of the earlier histories of maternal

education in Australia has examined the Association as a provider of informal adult education. This is unsurprising as informal learning typically is neither documented nor analysed. Yet it is an important area to address in relation to Australia's provision of adult education, the standard of health literacy in the community and the resulting development of Australia's social capital.

The core principles of the education provided to mothers by the Association were first, mother-to-mother education; second, valuing the experience of the learner; and third, encouraging a critical view of mothering and breastfeeding which has empowered mothers.

Mother to mother

Capacity for mothers to learn

The Foundation Members sought to impart a practical and conceptual grasp of the knowledge required to breastfeed successfully. They had a unique understanding of the capacity for mothers to learn and of the desirable relationship between the learners and the facilitators of that learning. They understood the need for a supportive environment for the mother. Their system of groups of volunteers, where mothers learned mother-to-mother was in contrast to previous methods where experts taught mothers.

In its education of mothers, the Association concentrated on informal discussions: it had no formal classes or lectures and very little discernible set curriculum. It provided counselling about breastfeeding for mothers, including members and non-members, via telephone, face-to-face, writing and email. It had informal gatherings which often had a practical focus. The Association counsellors took an empathetic, uncritical view of the mother and her circumstances when counselling and provided the mother with suggestions rather than advice or instruction. The counsellors encouraged the mother to reflect, to examine different approaches and then proceed in the way that best suited her and her baby.

The Association trained its counsellors and there was, at the time under consideration, no accreditation of its training program. The Association did not have built premises or identifiable physical locations. To all intents and purposes, the Association had no public presence. It was in terms of Wenger's definition of a community of practice, an invisible, intangible force.

Independent, confident, courageous

The Association members were confident in their sources of knowledge and what they knew worked for mothers in varying circumstances and they were determined to overcome the institutional and community biases against breastfeeding. They had the intention of empowering the learner and changing community attitudes. The Foundation Members were prepared to challenge the modernist grand narratives of infant nutrition and the “scientific mother” and to trust their own knowledge. Influenced by Bowlby, they were vehemently opposed to the minimalist mothering implicit in the maternal education by leading providers such as Sykes and Truby King and the organisations which used their methods.

The Foundation Members were particularly influenced by Winnicott and his concepts of the “good enough” mother along with the identification of the state of late pregnancy and the post-partum period as a time of “primary maternal preoccupation”, when mothers most needed the support of other mothers.¹⁴⁹⁷ In educational terms, this was a situational analysis of the

¹⁴⁹⁷ Winnicott, "Primary Maternal Preoccupation." Paton, "Interview by Margaret Carmody."

learners.¹⁴⁹⁸ The groups functioned to provide an “environmental holding” for the mother who could gradually become more involved with the group.¹⁴⁹⁹

The Code of Ethics, the discussions and the informal gatherings derived from the occupational therapy background of several of the Foundation Members.¹⁵⁰⁰ They realized that mothers could learn while engaged in caring for their children, that they learned through conversations and by imitating observed behaviour. This approach encouraged interactive health literacy about breastfeeding.

The Foundation Members established an independent, self-funded association for meeting the distinctive needs of Australian mothers. The Association devised its own materials and curricula. It had a hierarchical structure with small groups gradually spreading across Australia, strictly controlled by its National Headquarters and relying entirely on volunteers whom they described as “office bearers”. A key feature of the groups was their

¹⁴⁹⁸ Virginia Phillips, "Nursing Mothers' Association of Australia: Self-Help and Mutual Support by Women, at a Particular Stage of the Life-Cycle " in *Records, 1964-1997 [Manuscript]*, ed. Nursing Mothers' Association of Australia (Melbourne, VIC: State Library of Victoria, Australia, 1979).

¹⁴⁹⁹ Paton, "The Strength of NMAA and Its Role in the Community: Talk to Vic Branch Conference." 3. Donald Woods Winnicott, *The Maturation Processes and the Facilitating Environment: Studies in the Theory of Emotional Development*, 2nd ed. (London: Karnac Books, 1990).

¹⁵⁰⁰ Mary Paton, "On Introductions," *Talkabout* 1, no. 3 (1970). "Interview by Margaret Carmody." 9.

small libraries with the latest texts about breastfeeding freely available to members. Overall, the Association must have seemed quite nebulous.

Training the counsellors

Similar to the arts and crafts tradition, the counsellor training was an “apprenticeship”,¹⁵⁰¹ a style of education typical of communities of practice.¹⁵⁰² The Foundation Members believed that mothers who had breastfed “reasonably well” were the best people to train as counsellors because they have an intimate knowledge of what it is like to be a mother.¹⁵⁰³ This “mother-to-mother” education was similar to the League’s approach, but, the Association Foundation Members did not engage in the sacrificial mother and “League maternalism” concepts and they gave the individual groups greater autonomy in their discussion topics.¹⁵⁰⁴

The training for counsellors and community educators was in mixed mode programs, consisting of self-paced study materials with written assignments and practical workshops, all with the guidance of experienced counsellors. There was continuing education for counsellors in the form of a

¹⁵⁰¹ Paton, "Interview by Margaret Carmody."

¹⁵⁰² Lave and Wenger, *Situated Learning: Legitimate Peripheral Participation*.

¹⁵⁰³ Paton, "Interview by Margaret Carmody."

¹⁵⁰⁴ Weiner, "Reconstructing Motherhood: The La Leche League in Postwar America."

newsletter,¹⁵⁰⁵ workshops and conferences.¹⁵⁰⁶ Over the years, the training gradually evolved, and the roles became more defined. The training and assessment were entirely in-house without the use of institutional settings.

It could be argued that the non-formal counsellor training was in the category of lifelong learning and the informal mother-to-mother breastfeeding education was in the category of life-wide learning.¹⁵⁰⁷ The training for counsellors was progressive adult education. The counsellors attained a high level of critical health literacy in relation to infant nutrition.

Valuing the learner's experience

Dedifferentiation of maternal education

The distinctions between education, leisure and recreation became hazy, which is an example of dedifferentiation in adult education. It was a new form of education with diverse curricula, venues and pedagogy for mothers whom they regarded as an oppressed group. Taking a democratic approach, the counsellors had the flexibility to facilitate the discussions ensuring that all participants contributed, and all contributions were considered valid. There was a valuing of

¹⁵⁰⁵ Nursing Mothers' Association of Australia, "Counselling Problem."

¹⁵⁰⁶ Murray, "Interview by Joy Anderson."

¹⁵⁰⁷ Adult Learning Australia, "Lifelong and Lifewide Learning for All Australians: Find a Course".

the mother's experience and intuitive knowing. This led to voicing their subjugated knowledge which was a humanistic approach to adult education.

Sharing knowledge and experiences

The Association held a view of learning as a sharing of knowledge and experiences, as reflecting, considering various ways of tackling a problem and distinguishing between them. This encouraged interactive health literacy as the learners engaged in self-guided learning by reading and discussions and conversations with other learners. The mother was encouraged to construct her own knowledge, to solve her own problems rather than just following instructions. This enabled her to develop critical health literacy.

The Foundation Members understood that the mother has a strong internal motivation to learn and that there were intrinsic rewards for this learning. The education focused on individual growth, taking a humanistic view of adult education where the locus of control is firmly with the learner, not the teacher and the knowledge gained is applicable outside where it was learned.

Encouraging a critical view

Discourse of mothering

Recognising that knowledge about breastfeeding was fluid and ever changing, the Association constantly revised its publications on the basis of research which gave the Association great credibility with the health profession. It promoted new ideas about breastfeeding as a holistic experience, demand feeding and the notion of the mother and baby as the nursing couple.¹⁵⁰⁸ In a radical approach, they challenged the previous focus on measuring babies' progress and gave voice to mothers' intuitive knowledge about babies' well-being. The experiential and intuitive knowledge of the members was highly valued, reflecting a humanistic view of adult education and indicating the status of the Association as a community of practice with a shared domain of knowledge.¹⁵⁰⁹

The Association sought to change the discourse of infant nutrition and mothering generally. In a democratic approach it provided mothers with researched information that was comprehensible and inherently allowed the

¹⁵⁰⁸ Nursing Mothers' Association of Australia, "Nursing Couple Symposium."; Middlemore, *The Nursing Couple*.

¹⁵⁰⁹ Knowles, *Andragogy in Action*. Wenger, "Communities of Practice: Learning as a Social System".

mother to choose for herself what suited her own circumstances. The Foundation Members were intensely aware of how language shaped knowledge and how it affected mothers' ability to understand information and to communicate their point of view.

Defining motherhood

The difficult task which faced the Foundation Members of the Association was to adhere to their objective of supporting, encouraging and educating mothers who wanted to breastfeed and at the same time to steer a path between the powerful modernists with their defined area of scientifically based knowledge who advocated a structured, routine approach to infant nutrition and were supported by infant formula manufacturers, and those who had practically disengaged from the health providers. In the face of the feminists they redefined the concept of motherhood as "nurturer", and in defiance of the consumer society they replaced the signifiers of good infant nutrition and good mothering with their own products.

Softly, softly

The Association's Constitution and its Code of Ethics bound the Members and guided their activities.¹⁵¹⁰ The Code of Ethics demanded a "softly, softly", collaborative, non-confrontational approach to community education. It was a combination of problem-based learning and observation, encouraging the development of functional and interactive literacy about breastfeeding.

The Association adopted a humanistic, learner-focused approach to adult education. It is an example of progressive, radical adult education with the purpose of empowering the learner and changing society's attitudes to breastfeeding and indeed to mothers. Through their contact with the Association, the members contributed to government enquiries, effected changes in policies in schools, hospitals and workplaces and participated in campaigns to make breastfeeding in public acceptable. Increases in breastfeeding rates have been attributed to the Association's activities.

¹⁵¹⁰ Australian Breastfeeding Association, "Constitution of the Australian Breastfeeding Association", ed. Australian Breastfeeding Association (East Malvern, VIC: Australian Breastfeeding Association, 2010). *Code of Ethics of the Australian Breastfeeding Association*.

Conclusion: A new model of maternal education with health literacy implications.

To conclude, the core principles of the maternal educational model devised by the Association are firstly, mother-to-mother education; secondly, valuing the experience of the learner; and thirdly, encouraging a critical view of mothering and breastfeeding. Allied to these core principles of maternal education are the training of the volunteer counsellors to facilitate maternal education, the dedifferentiation of the program, a new understanding of how groups can support their members and the development of a new discourse of infant nutrition which has empowered mothers not only to successfully breastfeed, but also to change society's attitudes to breastfeeding.

The Association is an example of an organisation of middle-class women who have found their voices, articulated their knowledge and empowered themselves to contribute to increased breastfeeding rates in Australia. The members of the Association were not prepared to accept the unified voice of the powerful health professionals and their institutions regarding breastfeeding and mothering generally. They did not accept that there was only one view of these matters and they set about providing education that was non-institutional and

led by the mothers rather than an official provider. This resulted in education that some would describe as ephemeral and disjointed, as fragmentary and superficial; however, it was a democratic approach to adult education where the learners could make choices about what they would learn, how they would learn it and where they would learn it. It challenged the accepted ideas about adult education and what constitutes knowledge. In doing this, the Association has made a major contribution to the discourse of infant nutrition and mothering.

This thesis has argued that the key to the Association's success was that Paton, together with the five other Foundation Members, devised a new model of educating mothers about infant nutrition and particularly breastfeeding: they simultaneously established a community of learners and a community of practice which have fostered critical health literacy in Australia and also internationally.

Appendices

Appendix A

Ethics Approvals

Ethics approval: ACU

Email from Sophie Hardefeldt on 8Oct10

Dear Margaret and Shurlee, Thank you for your application for ethics approval. Your register number is V2010 121.

-----Original Message-----

From: Kylie Pashley [<mailto:Kylie.Pashley@acu.edu.au>]

Sent: Friday, 30 August 2013 1:34 PM

To: Shurlee Swain; Carolyn Broadbent; Margaret Carmody

Subject: V2010 121 Extension approved

Dear Shurlee and Margaret,

Ethics Register Number : V2010 121

Project Title : A history of the Australian Breastfeeding Association, and a consideration of its contribution over its first 45 years as an adult education provider.

Data Collection Date Extended : 31/12/2015

Thank you for returning the Ethics Progress Report for your project.

The Deputy Chair of the Human Research Ethics Committee has approved your request to extend the period of data collection. The new expiry date for data collection is the 31/12/2015 .

We wish you well in this ongoing project.

Kind regards,
Kylie Pashley

Ethics Officer | Research Services

Office of the Deputy Vice Chancellor (Research) Australian Catholic University PO Box 456, Virginia, QLD, 4014

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Margaret Carmody
Australian Catholic University Limited, Canberra Campus,
223 Antill St WATSON ACT 2602 Australia
Phone: 02 62091170

Dear Margaret

Re: Research investigation into the Australian Breastfeeding Association (the Association) founded in 1964 as the Nursing Mothers' Association, and its contribution over its first 45 years as an adult education provider.

I am writing to give you permission to access our archives and to interview ABA members who volunteer their time.

ABA will put up a notice in the research area of our website to inform our members about this research and call for volunteers. We are also happy to put out a notice in our electronic members newsletter. When you have drawn up a list of participants ABA is happy to read through and approve.

I note that the project has been Peer Reviewed and has been approved by the Australian Catholic University Human Research Ethics Committee .

Best wishes with your research

Sincerely



Kate Mortensen
Manager
Lactation Resource Centre
Australian Breastfeeding Association
Phone 03 9805 5507

Appendix B

Interviews



INFORMATION LETTER TO PARTICIPANTS

TITLE OF PROJECT: "A history of the Australian Breastfeeding Association, and a consideration of its contribution over its first 45 years as an adult education provider".

PRINCIPAL SUPERVISOR): Dr Shurlee Swain.....

STUDENT RESEARCHER : Margaret Carmody.....

PROGRAMME IN WHICH ENROLLED: ... Doctor of Philosophy.....

Dear Participant,

You are invited to participate in a research project about the Australian Breastfeeding Association, formerly the Nursing Mothers' Association of Australia (the Association). This project is part of a PHD project. The researcher is a Member of the Association.

Your participation would involve a one-hour audio taped interview about the Australian Breastfeeding Association at a venue and on a date to be arranged. The interview will be recorded and transcribed. I will send you a copy of the transcript of the interview for your editing and approval and will undertake to store the material from the interview in a locked filing cabinet to which only I have access.

The potential benefits of this research to you personally are to be able to contribute your unique perspective on the Association. The potential benefits to society in general are that the research will reveal the nature of the educational approach of the Association. The possible outcomes are the completion of a Thesis and the publication of articles on the research results.

As a participant you are free to refuse consent altogether without having to justify that decision, or to withdraw consent and discontinue participation in the study at any time without giving a reason. There are no foreseen risks, but should participants find themselves inconvenienced, they can seek assistance from the Campus Counsellor, Mr Vic Val who is located at the Canberra campus of Australian Catholic University.

Unless you choose to be identified, your confidentiality will be protected during the conduct of the research and in any report or publication arising from it. The research will involve accessing personal archives. However, as it is a group of well-known participants, it may be impossible to guarantee confidentiality and still use those responses fully. However, your identity will only be revealed if you have given specific permission in this particular project.

You can choose whether you would like your words to be attributed to you or to be anonymous (attributed to 'a former Association Member', 'former Association Counsellor', or 'former Community Educator' for instance).. If you prefer to remain anonymous, all possible steps will be taken to protect the confidentiality of the information you provide (such as removing any features that might link it to you before it is published), subject to legal requirements. However, you should be aware that, given the limited number of members and Counsellors who were in the Association during its first years, there is a possibility that readers could work out that you are the source of the quotes.

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Canberra Campus, 223 Antill St WATSON ACT 2602 Australia
PO Box 256 DICKSON ACT 2602 Australia
CRICOS registered provider: 00004G, 00112C, 00873F, 00885B

Any questions regarding this project should be directed to the Supervisor and the Student Researcher:

Prof Shurlee Swain
Phone: 3239.....
School of Arts & Sciences.....
Melbourne Campus Locked Bag 4115 FITZROY MDC VIC 3065

Margaret Carmody.....
Phone: 02 6209 1170.....
School of Arts & Sciences.....
Canberra Campus 223 Antill St WATSON ACT 2602

At the completion of the project, you will be provided with an electronic copy of the thesis.

This study has been approved by the Human Research Ethics Committee at Australian Catholic University.

In the event that you have any complaint or concern, or if you have any query that the Supervisor and Student Researcher have not been able to satisfy, you may write to the Chair of the Human Research Ethics Committee care of the nearest branch of the Research Services Office.

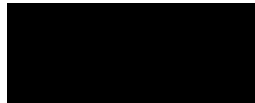
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C/- Research Services
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Tel: 03 9953 3158
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Any complaint or concern will be treated in confidence and fully investigated. The participant will be informed of the outcome.

If you agree to participate in this project, please sign both copies of the Consent Form, retain one copy for your records and return the other copy to the Student Researcher, Margaret Carmody.



Supervisor



2 September 2011
Student Researcher

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TITLE OF PROJECT: "A history of the Australian Breastfeeding Association, and a consideration of its contribution over its first 45 years as an adult education provider".

PRINCIPAL SUPERVISOR: Dr Shurlee Swain

STUDENT RESEARCHER: Margaret Carmody

I (*the participant*) have read and understood the information provided in the Letter to Participants. Any questions I have asked have been answered to my satisfaction. I agree to participate in this one hour interview which will be audio taped, realising that I can withdraw my consent at any time. I agree that research data collected for the study may be published or may be provided to other researchers in a form that does not identify me in any way.

I acknowledge that:

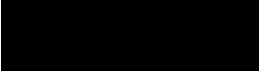
- 1) The proposed use of the interview(s) has been explained to me to my satisfaction;
- 2) The project is for the purpose of research;
- 3) I have been informed that I am free to withdraw from the project at any time without explanation or prejudice and to withdraw any information supplied, before publication;
- 4) If I do not wish the interview to be attributed to me, my confidentiality will be protected, within the limits of the law;
 - a) I wish for the interview to be attributed to me: Yes No
- 5) I have been informed that because of the limited number of counsellors and members of the Association in its first years of operation, there is a possibility that readers may work out that I am the source of certain quotes;
- 6) The raw interview data will be kept securely at the Canberra campus of Australian catholic University, and will only be available to be viewed by members of the research team;
- 7) I acknowledge that the researcher may have access to my personal archives.

NAME OF PARTICIPANT:

ADDRESS:

PHONE: EMAIL:

SIGNATURE DATE

SIGNATURE OF PRINCIPAL SUPERVISOR:  .DATE: 2 September 2011

SIGNATURE OF STUDENT RESEARCHER:  .DATE: 2 September 2011.....



Copy for Participant to Keep

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- (a) The proposed use of the interview(s) has been explained to me to my satisfaction;
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- (f) The raw interview data will be kept securely at the Canberra campus of Australian catholic University, and will only be available to be viewed by members of the research team;

NAME OF PARTICIPANT:

SIGNATURE DATE

SIGNATURE OF PRINCIPAL SUPERVISOR: [redacted] DATE: 2 September 2011

and,

SIGNATURE OF STUDENT RESEARCHER: [redacted] DATE: 2 September 2011.....

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Interviews – Notes

Rationale

There will be semi focused in depth interviews with probing questions to extend and elaborate specific themes and provide insight into the history of ABA, formerly known as the Nursing Mothers' Association of Australia (the Association).

Questions

Preliminary questions:

1. When were you first involved with the Association?
2. Where were you involved? Can you tell me the name(s) of your local group(s)?
3. Did you attend functions run by your local group?
4. Did you train as a Counsellor or a Community Educator? For how long did you have this role?
5. Were you a Group Leader? Did you hold any other position in the Association?
6. Are you still involved with the Association? If not, when did your involvement cease?

The questions will be around these issues:

Interest in breastfeeding

- What was your interest in breastfeeding? Was it your own personal experience of being a mother or was it a professional interest?

Involvement in the Association

- What was it that led you to be involved in the Association?
 - Tell me something about your role in the Association.
 - Can you recall for me the details of any particular aspects of your role in the Association?
 - Were you involved in areas such as telephone Counselling, writing publications, training of Counsellors, representing the Association, Mother Friendly Workplaces or any other area of the Association?

Learning about breastfeeding

- How did you feel as a mother learning about breastfeeding?
 - What would you say characterised the way that you learnt about breastfeeding from the Association?
 - What value do you think was placed on your own experience?
 - Can you think of times when you felt that your own feelings and opinions were treated as valid?
 - Can you remember examples of where the ideas of the Association were backed up by research?

Location of learning

- Where did that learning take place?
 - Was the setting a morning tea discussion in a Member's home or a local community centre or perhaps somewhere else?

- In learning about breastfeeding, how important for you were Counsellor led discussions, one to one consultations with Counsellors, telephone counselling, the booklets, the website information, the Lactation Resource Centre and the Association's publications.
- Were there other sources of information that were helpful for you?

Teaching mothers about breastfeeding

- How would you describe the Association's approach to teaching mothers about breastfeeding?
 - Would you say that the approach of the Association to teaching mothers about breastfeeding was different from other sources of information or instruction?
 - In what way was it different?

Resources

- The booklets were written by mothers and they sound like a conversation.
 - In what ways did you find them useful in learning about breastfeeding?
- The Association's newsletter, *Essence* contains mothers' stories, photographs, information and researched articles.
 - What topics have you found to be useful?
 - In what way has it been useful for you?
- The Association has a number of publications such as *Breastfeeding management*.
 - Can you tell me the names of any of the books that you found useful in learning about breastfeeding?
 - What was it that made them helpful for you?
- The Lactation resource centre has information about particular issues in relation to breastfeeding such as gestational diabetes and breastfeeding.
 - Did you use their resources? How were they helpful?

The Counsellors

- All the Association Counsellors are mothers who are experienced in breastfeeding themselves and who have completed a training course. Can you think of any examples of where this personal experience made a difference when they were teaching about breastfeeding?

Code of Ethics

- The Association has a Code of ethics. How would you describe the way this has an effect on the approach to teaching mothers?

The group of learners

- The Association emphasises "mother to mother" education. Did the mothers in your local group become your friends?
 - Did you support each other in your mothering role? How did this take place?
 - Did your child(ren) become friends with the children of other Association members? Can you think of some examples?
 - Did you find the local group newsletter useful? How did it help you?

Community Education

- The Association has Community Educators who promote breastfeeding in schools and the community generally.
 - What is your impression of this aspect of the Association?
 - How useful do you think this approach is in encouraging breastfeeding.
- The Association is involved in encouraging mothers to continue breastfeeding while in paid employment.
 - What personal experience have you had of this aspect of the Association?
 - Can you tell me about how you combined working and breastfeeding?
 - What sort of information did you have about it?
 - What arrangements did you make for combining breastfeeding and work?

General comments

- To what do you attribute the success of the Association?

Margaret Carmody

28Sep10

Appendix C

Definitions of breastfeeding

Table A - Definitions of breastfeeding: ABS vs WHO classifications

Infant consumes...	ABS classification	WHO classification
Breast milk only (may also [only] have: drops, syrups, medicines, vitamins & minerals)	Fully (does not measure consumption of juice, syrups, water, vitamins or minerals)	Exclusive (measures consumption of juice, syrups, water, vitamins and/or minerals)
Breast milk and other liquids (may also have other liquids except non-human milks or food-based fluids)	Fully	Predominant
Breast milk, non-human milk and/or \ milk substitutes	Partial	Complementary
Breast milk and solid or semi-solid foods	Complementary	Complementary
No breast milk	Not breastfed	Not breastfed
Source: AUSTRALIAN BUREAU OF STATISTICS. 2003. 4810.0.55.001 - Breastfeeding in Australia, 2001 [Online]. Canberra ACT: ABS. Available: http://www.abs.gov.au/ausstats/abs@.nsf/mf/4810.0.55.001#2.%20BREASTFEEDING%20PRACTICES%20IN%20AUS [Accessed]. Explanatory Notes.		

Appendix D

Publications

- “A new model of maternal education”. Poster presented at the 4th European Health Literacy Conference, Dublin Ireland 13 – 15 March 2019.
- “An innovation in informal adult education: mother-to-mother learning in the Australian Breastfeeding Association”. *International Journal for Cross-Disciplinary Subjects in Education* 7:2 2016. Paper Presented at Ireland International Education Conference, Dublin, Ireland October 2012.
- “A subtle approach to educating mothers: ABA” ANZHES Conference, Melbourne, VIC, December 2014.
- “ABA: A fresh, new approach to educating mothers” Liquid Gold Conference, Melbourne, VIC, August 2014.
- “ABA: ‘More than just breastfeeding and giving food’” OHAA Conference Adelaide SA, September 2013.

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Nursing Mothers' Association of Australia Oral History Project
- Mary Paton Private Archive
- Mortlock Library, State Library of South Australia
J. D. Somerville Oral History Collection Adelaide
- Museum of New Zealand
History Collection
- National Archives of Australia
Photographic Negatives and Prints
- National Film and Sound Archive of Australia
Preservation Material Film 16mm.
Preservation Material Video/mxf
- NSW State Archives & Records
NSW Anzac Centenary
- Otago University
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- Powerhouse Museum
Museum of Applied Arts and Sciences
- Public Record Office Victoria
Agency
- Royal Archives
Queen Victoria's Scrapbook
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