IN FOCUS / January 2013

Governing Motherhood

Who Pays and Who Profits?

Phyllis L. F. Rippeyoung

MOTHERHOOD IS TRENDING. In the blogosphere, in books, magazines, and the news, debates about how to parent are ubiquitous and growing hotter. Much of the debate has been about how parents (read: mothers) can do the best to provide for their children. For example, this past spring, child-star-*cum*-neuroscientist Mayiam Bialik released her book *Beyond the Sling* singing the praises of "attachment parenting." This was followed not too long after by a Time Magazine cover story featuring a mother breastfeeding her four year old standing up, with the headline "Are you mom enough?" Although the issue of Time sparked much outrage both for the tagline and the image of a preschooler suckling at his mother's breast, I argue that far more outrage should be directed at the increasing pressures put on mothers to parent intensively and the concomitant lack of policies to support them in this work, making women the primary bearers of the associated costs of mothering (enough or otherwise).

"Intensive motherhood" a term first coined by U.S. Sociologist Sharon Hays (1996), describes the current cultural pattern of parenting that involves focusing on children's every need and ensuring that such needs come before any needs of parents. Extending Hays' work to Canada, Fox (2006) interviewed 40 families in Toronto and demonstrated that the patterns of "intensive mothering" within the Canadian context are similar to the U.S., and are linked to one's occupation and class. They both demonstrate that these patterns of parenting are highly influenced by pop culture expert advice.

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Building on these authors' works, I argue that the newest experts on the scene, the Sears family, up the ante for intensive motherhood while continuing the same pattern of individualizing responsibility for social reproduction and human welfare, with their "attachment parenting" approach. While the Sears profit off their expert empire, the ability to parent "best" is becoming more costly, both to the women who practice it and to those who cannot. Not only is this problematic for individual women but this also reinforces the relationship between "good" mothering and socioeconomic status, while providing a justification for neoliberal policies that minimize state supports for working families. If policy makers truly want to improve child health, more needs to be done structurally to support not only mothers, but all members of society.

The Profits of Intensive Mothering

One of the stated goals of most parenting experts, breastfeeding advocates, and members of the public health community, is to improve the welfare of children. Although there is a long history of the concern for children's welfare by experts, as Hays (1996) points out, pressures for mothers to parent intensively have been increasing over time. In defining what she calls an ideology of intensive mothering, she writes about the work of parenting experts Benjamin Spock, T. Barry Brazelton, and Penelope Leach that:

> All in all, Spock, Brazelton, and Leach demand what I have called intensive mothering. First, they assume that childcare is the primary responsibility of the individual mother. Second, the methods they recommend are child-centered, expert-guided, emotionally absorbing, labour-intensive, and financially expensive. Finally, they clearly treat the child as outside of market valuation: children are sacred, innocent, and pure, their price immeasurable, and decisions regarding their rearing completely distinct from questions of efficiency or financial profitability (Hays 1996: 54).

Her argument that intensive mothering has increased over time, is only further supported when reading the tenets of Dr. William Sears, whom Time magazine dubs the father of attachment parenting. Writing with his wife Martha (a nurse), and their three physician sons, they base their arguments on their medical practices and their own personal experiences as parents, as well on their particular interpretation of attachment theorists such as John Bowlby and Mary Ainsworth. The Sears go well beyond these psychologists or the parenting experts that Hays discusses, to insist that infants not only need to be cared for as the central focus of mothers' lives, but they also need to be a part of almost *every moment* of mothers' lives. In addition to

the basic caretaking tenets of his expert predecessors, they argue that by exiting the labour force and carrying one's child in a sling, co-sleeping, and/or breastfeeding for extended periods of time, children are argued to do better overall.

Like all such experts, science is drawn on to "prove" that such babies will have better emotional and physical health and higher IQs (Faircloth 2010). On the *Ask Dr. Sears* website, they assure parents that practicing the basic tenets of attachment parenting will lead to six main payoffs, what they call "the 6 Cs": caring, compassionate, connected, careful, and confident kids and confident parents. Thus, by following their tips, one can have better behaved, nicer children and everyone in the family will feel good about what it is that they are doing (Sears 2011a).

Not only will kids do better with this parenting "tool-kit" but the website further promises parents that attachment parented children will even be less likely to turn into psychopaths or "troubled teens." He offers no evidence other than that "studies" show that troubled teens and psychopaths share a lack of caring, although he does not provide any citations for these studies. This is likely because there are none. Although there is research showing that adolescents with insecure attachments are more likely to engage in delinquent behaviour (Hoeve, et al. 2012) no research has been conducted that shows a direct preventative mechanism of co-sleeping, babywearing, or extended exclusive breastfeeding on delinquency or psychopathy. Considering that psychologists estimate that only around .75% of the population has traits that would be considered those of a psychopath, and that psychopathy is largely attributable to genetics (Blair, Mitchell, Blair 2005:19), it is unlikely that it would even be possible to test conclusively if attachment parenting, per se, immunes children from a such a dire future fate. Dr. William Sears admits as much in a response to the Time Magazine article on his website by writing:

> Regarding the science criticism, it's impossible to scientifically prove by a placebo-controlled, double-blind, randomized study (the gold standard in science) that AP works better than a more distant style of parenting. You would have to take a thousand mothers who practice AP and another thousand who don't, and see how their kids turn out. What parent would sign up for such a study? Yet there is one long-term effect that science does agree on: The more securely-attached an infant is, the more securely independent the child becomes.

Thus, although there is not actual science to confirm his theory of what makes for a "securely-attached infant," his work draws on pseudo-scientific language and invokes fear of stigmatized mental illnesses to persuade parents to practice the Sears version of parenting.

Whether babies or mothers are actually profiting from his advice is less clear than the financial profits that the Sears family empire is making. In addition to the

more than 30 books the various family members have co-authored, they also have developed, branded, or marketed numerous other supplements, snacks, beverages, and baby care items with the Dr. Sears stamp of approval. Their celebrity status has also garnered son Dr. Jim Sears a seat on Dr. Phil's spin-off TV-show The Doctors, while all of the Sears family members working in the field of medicine have been interviewed on major leading television networks. Further, patriarch Dr. William's speaking appearances can be booked through the All American Speakers agency for a fee somewhere in the range of $10,000–$20,000 (All American Speakers 2010–11).

The Sears also have at least two websites[1] from which they profit. In addition to the advice and products offered on their Ask Dr. Sears website (http://www.askdrsears.com), they also include endorsements for such products as goat's milk, Dr. Sears' "favorite" salmon, vitamin enriched juice, and a program to teach children to read at home. They also have a website for the Dr. Sears Wellness Institute (http://www.drsearswellnessinstitute.org/). This "scientifically based, family approved" wellness institute, headed up by Drs. William and Jim Sears, claims to "provide high quality professional certifications, scientifically-based educational programs, and resources that empower individuals and families to live happier, healthier, longer lives by making positive Lifestyle, Exercise, Attitude, and Nutrition (L.E.A.N.) choices" (Sears 2012). Here, parents and caregivers can take e-courses for $59.99 or find out where to get (or how to become) a certified "L.E.A.N." coach.

The Costs of Intensive Mothering

While the Sears family profits, mothers are paying. They are paying not only for these books, courses, coaches, supplements, and other devices all created to make children healthier, but they are also paying with lost earnings. Although the Ask Dr. Sears website notes that mothers can successfully combine "attachment parenting" with paid employment, he suggests that women consider some "alternatives to spending the entire day away from your baby."

His suggestions include bringing one's baby to work, potentially in a sling, as "there will be less emotional wear and tear on mother and baby." If this cannot work, he further suggests mothers work from home or find an employer with on-site or near-by daycare. Alternatively, mothers can have "dad or grandma as chief childcare provider" to bring the baby for visits at work or halfway between home and work. According to Sears one could also try a new career doing freelance work, start one's own business or go back to school. Even better would be to switch to part-time work since "minimizing the time you spend away from your baby will make breastfeeding easier." But the final piece of advice is for mothers to "learn to live with less… [As]

you may decide that you're willing to trade some of your income for less stress and more relaxed time with your baby" (Sears 2011b). By focusing on encouraging mothers to make individual sacrifices to improve the wellbeing of their children, the individual costs to mothers are minimized.

Even if all mothers could somehow afford to leave the labour force to stay home with their children to breastfeed longer, with the intention to return to the labour force when their children are older, there are significant impacts of this on their long term financial well-being. In another study, I and Mary C. Noonan examined the different earnings trajectories of U.S. mothers given their infant feeding practices. What we found was that mothers who breastfeed for at least six months (the minimum recommended duration), have steeper earnings declines than those who breastfeed less than six months or not all. The main explanation for this gap is that long duration breastfeeding mothers end up working fewer hours or exiting the labor force entirely (Rippeyoung and Noonan 2012). This should be an unsurprising finding given that the U.S. is the only industrialized country in the world that has no state-subsidized paid maternity leave provisions and breastfeeding and work have been shown to be incompatible (at least within the current context) in much prior research (Galtry 1997; Gatrell 2007; Kimbro 2006).

In Canada, analyses of the earnings trajectories of breastfeeding and non-breastfeeding mothers have not been carried out. However, in their commentary in the *Canadian Journal of Public Health*, Heymann and Kramer (2009) contend that parental leaves in Canada are stingier than in many other places around the world, where 144 other countries pay more. According to the authors, Quebec is the most generous offering "30 weeks at 70% pay plus an additional 25 weeks at 55% pay, or they can opt to receive 43 weeks at 75% pay. In the rest of Canada, less pay is available; paid parental leave is provided at 55% of pay" (Heymann and Kramer 2009:382). Further, according to Beaupré and Cloutier (2006), nearly 15% of Canadian mothers returned to work before their children were 6 months old in 2006 and only about half of mothers take a 12 month or longer leave. Most of the parents who did not make full use of their EI leaves did so because they could not afford it. Not only are parental leaves relatively expensive in Canada, but there is no federal or provincial legislation mandating paid breaks for breastfeeding according to research conducted at the Institute for Health and Social Policy (Chaussard, Gerecke, and Heyman 2009). The Canadian Human Rights Commission does include breastfeeding under the category of pregnancy. It lists making employment accommodations for breastfeeding mothers within their best practices for avoiding pregnancy discrimination (CHRC 2010). Most provinces have some protection against employment discrimination for breastfeeding (BCMH 2012). However, human rights complaints depend on

people knowing their rights and on their taking complaints to the commission. Simpler than going through this is to quit work or quit breastfeeding.

Although the largest percentage of mothers who quit nursing say that it was because of a loss of milk supply (23.4%) rather than due to a need to work (Health Canada 2010b), the loss of milk supply could be a consequence of working conditions for some women. Considering that scientists estimate that fewer than 5% of women cannot produce enough milk for their children (Kent, Prime and Garbin 2012), there are many factors that can lead to experiences of insufficient milk that are structural, rather than due to a biological defect. If a mother were to need to work, stress from the job or from balancing work and family, supplementing with formula, or an inability to pump one's breasts frequently or long enough can all trigger a decline in milk production (Kent, Prime and Garbin 2012). Thus, a mother might report a low milk supply as the cause of breastfeeding cessation, when her working conditions were what triggered her milk decline. However, this is only conjecture and there are not available data as to the cause of the loss of milk supply for these particular women.

It is important to note that many mothers do couple breastfeeding with work, and all mothers who breastfeed are not intensive mothers. However, if mothers were to take Sears's advice to quit work in order to intensively mother, this could have a significant impact on their financial well-being if they became divorced or widowed (McLanahan and Percheski 2008). Being out of the labour market or working an insufficient number of hours per year also makes one ineligible for employment insurance. Ferrao's (2012) analysis for Statistics Canada, using the Labour Force Survey, shows that women are more likely than men to exit the labour force for "family or personal reasons" (although the large majority of both men and women leave due to losing their job). Women are also more likely than men to have worked an insufficient number of hours to qualify for EI (Ferrao 2012). This is likely to get only worse with the newly proposed stricter requirements to qualify for EI. Should mothers have limited childcare options, they may be forced to make impossible choices between going to work at lower paying, less flexible jobs without daycare, or losing their EI benefits (which is their access to future paid parental leaves)—neither of which is likely to benefit the health and welfare of their children.

Additionally, even if women take a leave for a few years and decide to re-enter the labour force once their children begin school, research from Statistics Canada shows that, the longer the leave from the labour force, the larger the pay gap between mothers and childless women. For instance, women who took a three year or longer leave, earned approximately 30% less at age 40 than their childless peers. Those who took less than a three year leave, earned similar salaries to their childless peers by the age of 40. Further, these effects are largest for those with higher levels of education (Zhang 2009).

Intensive Mothering and Social Class

Because of these economic consequences for leaving the labour force, the "choices" that Dr. Sears suggests mothers make are not realistic options for many working women. Few women with low levels of education in service sector jobs with poor working conditions would be able to bring their babies to work or expect onsite daycare. These mothers are also less likely to initiate breastfeeding than are those with more financial resources (Health Canada 2010a). According to Health Canada's analysis of the Canadian Community Health Survey data from 2007–08, compared to mothers in the top quintile of the income distribution, 10% fewer mothers in the bottom quintile initiated breastfeeding. The kinds of women Dr. Sears and other intensive mothering proponents are speaking to are unlikely to be those working at minimum wage, part-time, insecure jobs. Rather, they are providing advice for middle and upper class women who are more likely to be able to make these kinds of requests of their employers or who are married with husbands earning breadwinner wages.

In Bonnie Fox's qualitative study of intensive mothering, she found clear class differences in mothers' likelihood of practicing intensive mothering (Fox 2006). In her sample of 40 Toronto mothers, what allowed for intensive mothering were adequate earnings, the ability to breastfeed, having a supportive partner, a woman's personal strengths (i.e. her sense of accomplishments in her previous work making her both confident and willing to give up more of herself), social supports from friends and family, and time. All of these factors were linked with class, particularly because the middle-class mothers were more likely to be partnered with men who could financially support them or they were themselves in jobs that allowed for the hiring of cleaning help or childcare providers. She argues, as well, that the reason why these women engaged in these demanding practices was not simply to signal their class position, since most activities are seen by no one but their baby's father. Rather, she argues that women are engaging in these activities because they "firmly believed that babies' needs are best met by full-time mothering" (256). Notably, expert advice is taken especially seriously by middle-class mothers, who stand to lose the most ground in terms of earnings and power when they engage in these kinds of practices.

In contrast to the middle class mothers, those who cannot afford to engage in the *de rigeur* parenting activities are deemed "not mom enough" and are often seen as potentially harming their children (Hays 1996). According to their analysis of young, low-income mothers using the Early Child Centres in Toronto, Romagnoli and Wall (2012) found these mothers experienced an intensified scrutiny of their mothering by the state and the public. All of their participants were mandated to attend parenting workshop, typically by their maternity residences or schools; many also attended for free food, formula vouchers, or diapers, and to provide a break in their

parenting duties by providing space and toys for the children to play. The mothers clearly understood the benefits of doing the kinds of 'cognitively stimulating' activities they were being exposed to in their government mandated parenting trainings. However, most were unable to parent fully according to the guidance they were receiving because they were more focused on tackling their families' material deprivation. As a result of their inability to parent intensively, they were more likely to resist such exhortations and eschew the guilt that middle-class mothers feel, in order to maintain their identities as good mothers. Thus, Romagnoli and Wall (2012) argued that these young, low-income mothers are more in need of support to meet their families' material needs than lessons in how to be an ideal parent.

Individual, Not Government, Responsibility for the Collective Good

The governmental interventions focused on educating mothers in how to be better parents, such as Romagnoli and Wall's (2012) participants experienced, is fully supported by the parenting experts. Although, the Ask Dr. Sears website notes that attachment parenting is an approach or a tool that can help each parent develop their own individual style, major deviations that might be limited by class are not discussed and the locus of responsibility for children remains firmly with mothers. As they write on the Dr. Sears Wellness Institute website, they state that their program can "empower individuals and families to live happier, healthier, longer lives" if they follow their program. They go on to say that this will be accomplished by "educating individuals; training and certifying coaches; and by partnering with organizations." Ignored are a myriad of far-less profitable ways in which government policies could improve children's welfare but have been failing to do so.

When conducting a search on the Ask Dr. Sears' website using the word "government," links to four pages within the site emerged in May 2012. The only issues that seem to be raised in reference to the state are those that would both raise fear in parents by focusing on the ways in which the government is letting down American families because it allows children to be shot full of mercury from their vaccines or poisoned with unclean drinking water. Although, this website does suggest parents pressure the government to clean up the water supply, there is no equivalent push for action for the government to provide more for mothers in their work raising children. One could encourage mothers to write their legislators to provide state subsidized high-quality daycare with lower child to adult ratios to reduce the spreading of infections. Instead parents are encouraged to make individual decisions that

make the most sense for their own families, rather than the collectivity of children and families as a whole.

This individualizing of responsibility for child welfare has also been seen among breastfeeding proponents, as most explicitly illustrated in an editorial by Dr. Ruth Lawrence, a founder of the Academy of Breastfeeding Medicine. In her essay, "The Elimination of Poverty One Child at a Time," she argues that breastfeeding is the panacea for health and cognitive inequalities between poor and non-poor children. She ends the piece by writing that breastfeeding may be the only gift that poor mothers have to offer their children.

Although neglectful and abusive parenting has been shown to explain multiple forms of inequalities in child outcomes (Kaiser and Delaney 1996), I have been unable to find any research assessing whether breastfeeding, baby-sling wearing, co-sleeping, or the other attachment parenting practices advocated by the Sears Family or others will actually reduce either poverty or the consequences of growing up poor, one child at a time or otherwise. In research I have recently completed (Rippeyoung forthcoming), I assessed the relative impact of breastfeeding versus the family educational environment on reducing gaps in child verbal IQ between the poor, the near poor, and the non-poor (as measured by the admittedly not perfect LICO scores) in Canada using the National Longitudinal Survey of Children and Youth. What I found is that although breastfeeding is correlated with higher test scores for children, it does less to reduce the gaps between poor and non-poor children than does reading to one's children and increasing the mother's education. However, even if we were to equalize all of these factors, a large and significant gap in the scores remains. This research indicates that individual solutions to low test scores will not solve the problems of inequalities in school readiness.

When Policies are Best

"Expert" narratives spun by the media about who is "mom enough", while the government hacks away at social spending does little more than shame mothers for not saving us all from a gloomy future. In the blogosphere backlash to the Time cover article, some women posting comments to the article got angry and argued for women to follow their own "common-sense" solutions to rearing their children, because everyone can do it differently and in their own individual way. There are powerful arguments to be made for women pushing back against being bullied into feeling inadequate as mothers. However, others such as Huffington Post columnist Lisa Belkin (2012) and New York Times blogger KJ Dell'Antonia (2012) rightfully argue for shifting the narrative away from how mothers are getting it right or wrong, to how we as a society

can help shape children into loving, well-adjusted, happy-enough adults. All of society benefits when kids do well, and yet, mothers are paying the largest price for it.

This does not mean that parents can relinquish all responsibility for their children or that breastfeeding should not be supported by the state. Dr. Sears is correct that loving attachments with other people is an important part of life. And, breastfeeding must be supported with public funds to provide more women with well-trained and compassionate lactation consultants. Although I would never argue that all women *should* breastfeed, as feminist social critic and breastfeeding advocate Bernice Hausman (2003) points out, all women have a right to do so. To deny this right would be akin to denying people the right to use the bathroom or sneeze or do the other kinds of things human bodies do. Just as we are not born knowing how to use the bathroom or a tissue, women are not born knowing how to breastfeed. Breastfeeding can be challenging and women need support to make it work.

Nonetheless, putting major public health monies into campaigns telling women that if they do not breastfeed they are putting their child's life in danger, as was done in the U.S. from 2004–06 (Wolf 2007), will do little to address poverty, low test scores, or juvenile delinquency. An improvement to the U.S. campaign was that which began in Nova Scotia in 2009 which attempted to normalize the difficulties of breastfeeding, rather than shame or try to convince women to breastfeed. This was a good first step; however, it remains problematic because it only discusses the difficulties of breastfeeding in the first six weeks of a baby's life while not offering actual physical support for new mothers or anything for mothers with older babies. This also continues the narrative of breastfeeding as some kind of choice to be made by individual rational actors, rather than viewing breastfeeding as being both constrained and promoted within our current socio-political and economic contexts.

As one reviewer of this paper cogently noted, we also need to ask why health promotion is the only department with anything to say about breastfeeding. If breastfeeding is the golden ticket to better health and welfare for us all, more agencies need to be figuring how to make it work within the constraints of women's lived realities. Without adequate support, pressures to intensively mother may encourage women to make choices that can have a negative impact on their financial wellbeing and give the state carte blanche to continue to systematically cut the social safety net to the point of being threadbare.

If policy makers are truly interested in improving child health and welfare, more needs to be done to address the problems faced by families comprehensively and structurally; not only in terms of training individual mothers to behave in particular, culturally defined ways. All children will do better when they are in families where the members are employed in jobs that pay a living wage and offer fully paid leaves to care for new babies or ill family members. They do better when their families can find

safe and affordable housing, which is decreasingly possible in an age of housing flips and bubbles. All children need access to clean drinking water and to have greater food security, both in terms of their individual abilities to afford food and in terms of food safety. For parents to work in these jobs and house and feed their children, they need accessible and affordable childcare. Parents also need high-quality and affordable education from pre-school through university, both for their children and for themselves. Children do better in communities with a strong sense of engagement, through recreation and through open governance structures where all members' voices can be heard. Most obviously, improving the health of children also requires improved access to high quality preventative medical care including prescriptions, vision, dental, and mental health care, both for the children and for their parents, friends, and neighbors. Individuals thrive when everyone in their communities are thriving.

In writing for the CCPA, sociologist Pat Armstrong argued that "attending to women's health goes far beyond boobs and babies to understanding that the lives of women and men, boys and girls are shaped and experienced in different and usually unequal ways" (2008). Relatedly, focusing disproportionately on breastfeeding or parenting skills alone within a middle-class framework will not solve all of our social problems in health care or otherwise. Addressing solutions to these problems will require far more complex, overarching policies than what can be expected of individual women. Thus, the question that we should be asking is not whether women are "mom enough" to make well-adjusted and healthy children, but rather, is the state governing enough to secure a bright future for us all.

Phyllis L. F. Rippeyoung, Ph.D. is an Associate Professor of Sociology at the University of Ottawa, having previously taught courses in research methods, statistics, social stratification, work, and gender, as an assistant professor at Acadia University. Her research has examined inequality in early childhood and gender inequality in pay, the workplace and in families. Her current research examines how infant feeding practices shape and are shaped by inequities of gender, class, and sexual orientation.

The author is grateful to Christine Saulnier of the CCPA-NS, Matthew T. Rippeyoung, and the two anonymous reviewers for their thoughtful insights and feedback on this paper.

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Notes

1 They previously had a third site that is now defunct. This Dr. Sears Family Essentials (http://www.drsearsfamilyessentials.com/) was a marketplace for the sale of their "essential" products, although the other two sites also have stores within them as well.

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