

“Off to the best start”? A multimodal critique of breast and formula feeding health promotional discourse

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Abstract

This study critically examines the multimodal discourses of baby feeding practices in contemporary health promotion in the UK. Comparing two parallel texts from the ongoing *Start4life* campaign (one dedicated to breastfeeding, the other to bottle/formula feeding), our multimodal critical discourse analysis identifies a series of recurring, multi-semiotic strategies through which these texts aim to promote breastfeeding as the most desirable, natural and even morally responsible method of infant nutrition. These discursive strategies, we argue, are underpinned and driven by neoliberal assumptions about infant feeding, health and risk, which fail to take into account the structural constraints that affect the take up the ‘ideal’ of breastfeeding, all the while propagating unobtainable and often contradictory notions of total motherhood and familial relations – discursive moves that can have negative consequences for the health and wellbeing of new mothers.

Keywords: infant nutrition, breastfeeding, motherhood, neoliberalism, health promotion, multimodal critical discourse analysis

1. Introduction

In this paper we focus upon the discourses surrounding breast and formula feeding in the context of contemporary health promotion in the UK. We examine the multi-semiotic composition of health educational discourse designed to advise parents, pre-birth, on infant nutrition by focusing specifically on the National Health Service's (NHS) *Start4life* campaign.¹ We analyse and compare two key pamphlets: *Off to the best start: Important information about feeding your baby* and *Guide to bottle feeding*, which make up the campaign.² At the time of writing, these texts form a core part of the nationally distributed midwife packs given to all pregnant women in the UK via their doctor's surgeries, as well as being readily available on all NHS maternity wards. These pamphlets represent key attempts by the UK Government's Department of Health to influence parental decision-making regarding how to feed new-born infants.

In order to produce a detailed critique of the *Off to the best start* and *Guide to bottle feeding* texts, we take a multimodal approach to critical discourse analysis (hereafter MCDA), following Fairclough (1995), Machin and Mayr (2012) and Machin (2013). Adopting a multimodal approach to analysing health promotional discourses enables us to produce a more comprehensive critique of the strategies used by text producers in their attempts to influence parents' decisions about infant feeding in line with neoliberal approaches to public health education more widely. Whilst there has been some initial discourse analytic research investigating the advertising strategies behind the discourses of formula milk (e.g. Cook and O'Halloran 1999), the focus of this existing work has not been undertaken from a gender and discourse-semiotic perspective. There is also, moreover, a gap for comparative studies of health promotional materials directly comparing public health strategies for the promotion of breastfeeding against formula feeding methods of infant feeding.

2. Background

Within the field of gender and language research, whilst there has been an important focus on discourses of the gendered body in general (e.g. Jeffries 2007; Mullany et al. 2015) and on discourses surrounding the linguistics of pregnancy and childbirth in particular (for example, Pizzini's (1991) work on the linguistics of gynaecological examinations during childbirth, Bucholtz's (1999) work on communities of practice and pregnant women, and Page's (2002) work on childbirth narratives), the discourses surrounding breastfeeding practices are currently under-researched. Wolf (2011) points out that, since breastfeeding carries with it such a broad ranging socio-cultural significance, it can figure simultaneously on the agendas of many different sides of the political spectrum. She argues that, whilst pro-breastfeeding can clearly serve feminist ends, from liberal through to radical feminist positions, at the same time it can be convincingly incorporated into non-feminist and even anti-feminist arguments. It is therefore an area that requires detailed critical examination from a gender and (multimodal) discourse perspective.

Societal practices and the accompanying health promotional discourses surrounding breastfeeding have varied greatly across time and are imbued with a number of complexities, including differing practices according to social class, race and religion. With the creation of infant formula in the early 20th century, a safe alternative to breastfeeding and its associated practices, such as wet nursing, became available in countries with access to clean drinking water. Infant formula became an everyday consumer product in these countries, and by the

mid-1970s, up to 75% of babies born in the US alone were being fed either wholly or partly by infant formula (Wolf 2011). However, in the last 20 years, there has been another shift in practice back towards the health promotion of breastfeeding (even in cultures where formula is still readily available) due to scientific evidence which supports the purported superiority of breast milk – evidence which is widely accepted by medical practitioners, independent health advisors and charities alike. Indeed, this move towards establishing and promoting the superiority of breastfeeding is a global initiative, with The World Health Organisation (WHO) recently setting a target to increase the number of babies who are exclusively breastfed for the first 6 months of their lives by 50% globally by 2025 (WHO 2014). However, the WHO's current figures demonstrate that only 38% of infants are exclusively breastfed for the first 6 months of their lives (WHO 2016).

Contemporary attitudes and the medical practices promoting the superiority of breastfeeding are closely aligned to deeply ingrained societal beliefs about what it means to be a successful mother. From the last decades of the 20th century to the present, the notion of being a mother has been replaced by what Hays (1996) refers to as 'intensive mothering' – similarly, Wolf (2011) aptly identifies this cultural shift from being a 'good enough' mother in the 1970s to one of 'total motherhood', which she characterises as follows:

A moral code in which mothers are exhorted to optimise every aspect of their child's lives. It is a choice that frames the public discourse on breastfeeding . . . mothers are held responsible for matters well outside their control, and they are told in various ways that they must eliminate even minute ultimately ineradicable, potential threats to their children's well-being . . . breastfeeding, in which mothers are personally responsible for reducing health risks for babies by controlling the production of their food, is the epitome of total motherhood in a neoliberal risk culture.

(Wolf 2011:xvii)

Wolf (2011:xvi) usefully defines this 'neoliberal risk culture' as a 'pervasive anxiety about the future that drives many people to build their lives around reducing all conceivable risks'. In terms of health promotional literature, we would argue that the anxiety surrounding risk is inextricably interrelated with the 'culture of fear' that permeates health promotional literature, as previously studied by Brookes and Harvey (2015). In a neoliberal society such as the UK, contemporary health promotion places emphasis on the individual, who is implored to take personal responsibility (Burchell 1996) for their lives and the lives of their families by making informed and responsible health-related choices, on the (false) understanding that doing so will allow them to prevent health risks. To be a responsible citizen, individuals need to take control and responsibility for themselves and their children. By making responsible, informed choices as good citizens, the falsehood that risk for individual families will be averted is thus propagated (Brown and Baker 2012), and it is against this backdrop that the current health promotional campaign surrounding the promotion of breastfeeding is taking place in the UK. These neoliberal discourses surrounding the superiority of breast milk obfuscate what is often in reality a far more complex and anything but neoliberally 'ideal' picture of how infants end up being fed, and the guilt and anxiety caused by being perceived to be less than a total mother can itself have far-reaching consequences on the health and wellbeing of mothers and new-born infants.

3. A multimodal critical approach to the discourse of baby feeding

The multimodal dataset for this study, the *Off to the best start: Important information about feeding your baby* and *Guide to bottle feeding* pamphlets, both focus on baby feeding, but have been designed to do so in different ways in order to promote a particular health promotional agenda. The *Off to the best start* document consists of 23 pages, divided into 12 sections which broadly promote the health benefits of breastfeeding and provide advice regarding how to breastfeed and how to recognise the signs that a baby is feeding well. Although the pamphlet's title suggests that it is about baby feeding generally, its contents are unabashedly dedicated to persuading parents to breastfeed, rather than formula feed, their new-born babies. The '*Guide to bottle feeding*' pamphlet is a 21-page document that provides information and advice specifically about formula feeding. Both pamphlets were produced in 2015 by Public Health England and are endorsed by the children's charity UNICEF, each text bearing the hallmark of the charity's logo on their respective cover pages.

Our analysis aims to compare two areas of multimodal representation across these pamphlets: the social actors involved in baby feeding (which include babies and parents), and the process of baby feeding itself. Adopting a multimodal framework for critical discourse analysis (MCDA) (Machin and Mayr 2012), we take these representations to be the result of a series of deliberate, ideologically motivated semiotic choices made in the design of these texts. Our analysis therefore aims to examine the representation of social actors and processes in these texts in terms of the various design choices (i.e. concerning lexis, image, photography, font, layout and so forth) through which they are accomplished. These choices, and the resulting multimodal representations, are then interpreted and discussed in terms of the underlying (gendered) discourses and ideologies surrounding baby feeding and motherhood that imbue, and are propagated, by them.

4. Analysis

4.1. Representing social actors: parents and babies

Two types of social actor feature prominently throughout the pages of both baby feeding pamphlets: parents and babies. The vast majority of the parents featured in these texts are women (presumably mothers and in one case a relative or associate of the mother). Reader-viewers of both pamphlets are linguistically and visually indexed as – and so are assumed to be – mothers of feeding infants, with second person, audience-addressing pronominal words, specifically 'you' and the possessive 'your', used in conjunction with references to being a mother, or having the indubitable biological ability to produce breast milk. For example, in the *Off to the Best Start* pamphlet, reader-viewers are advised that: '**As a mum**, it [breastfeeding] also reduces **your** chances of getting some illness later in life' (p. 4), as well as that 'Breastfeeding also helps **you** and **your** baby to get closer. So while **you** are feeding **your** baby, the bond between **you** grows stronger' (p. 4) (all emboldened text here is our emphasis). In linguistically indexing reader-viewers as mothers, both pamphlets offer a gendered representation of the activity of baby feeding as a concern that weighs primarily on the shoulders of mothers rather than fathers and other male partners and associates involved in infant feeding.

Examining the visual representation of parents, specifically mothers, we note the recurring tendency for these actors to be depicted in the gendered space of a domestic kitchen (Meah

2014). For example, inspecting the image in figure 1 below, taken from the *Off to the best start* pamphlet, reader-viewers are presented with a series of ‘objects’ (Barthes 1977), including cupboards and farmhouse-style sink, which identify this breastfeeding mother’s surroundings as a domestic kitchen. Similar domestic objects can be found in other images of mothers featured in this pamphlet, as well as in the *Guide to bottle feeding*, where the only represented participant featured in the entire text (a mother or female carer) is consistently depicted cleaning bottles and preparing formula feeding equipment at a kitchen sink, once more surrounded by a series of domestic appliances that situate that actor within this particular gendered space.

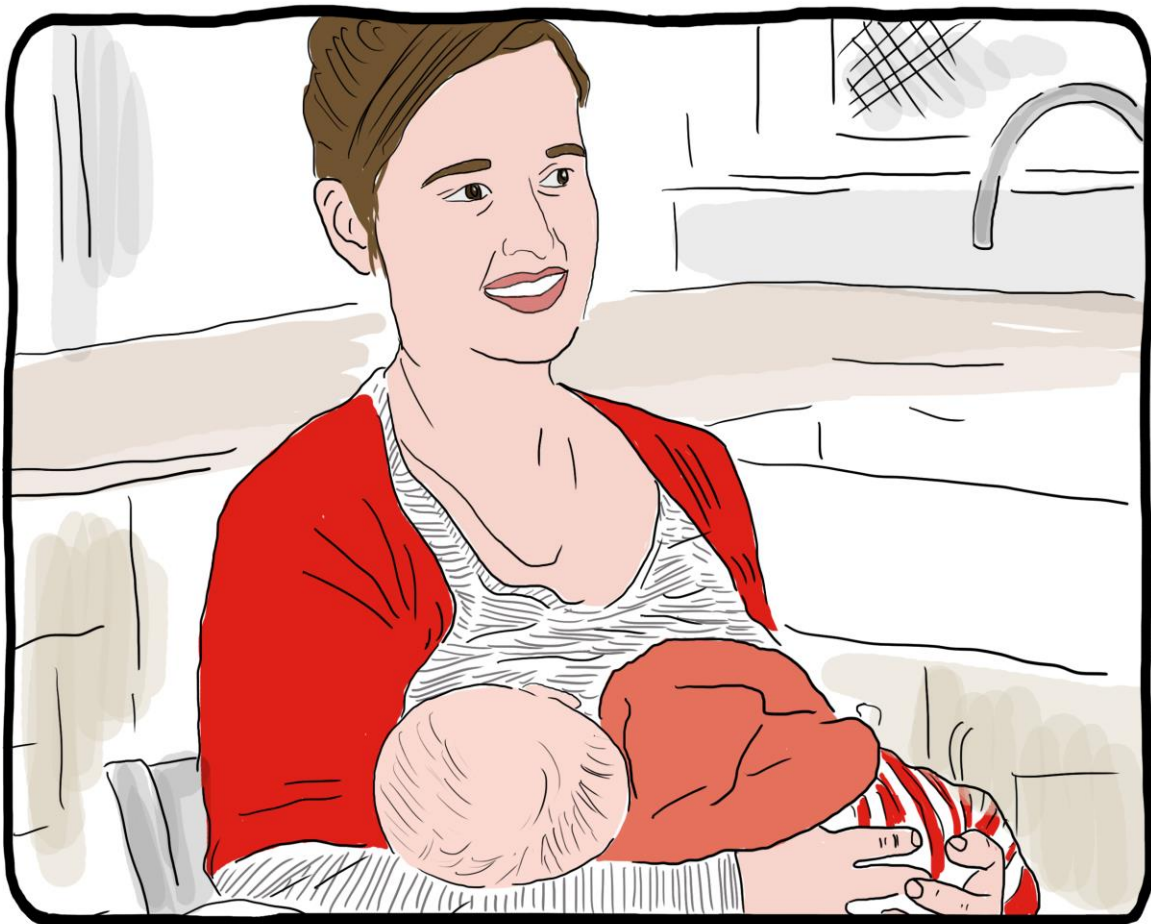


Figure 1. Image of mother breastfeeding baby

The significance of the gendered spaces in which these mothers are routinely located becomes all the more pronounced in the context of baby feeding responsibilities when we consider that male actors (fathers/partners) featured in the *Off to the best start* pamphlet are typically represented in the non-domestic, exceptional settings of a hospital or antenatal class. The depiction of fathers’/partners’ involvement in feeding their babies in these atypical settings and circumstances (at least compared to the routine, everyday domestic contexts in which mothers are presented) serve to construe their involvement in this process as being in some way marked, perpetuating what Sunderland (2006:521) refers to as the ‘part-time father discourse’. This representation also extends to the linguistic passages accompanying these

images, which do not advise fathers/partners on how to feed their infants, but rather implore them to encourage mothers to breastfeed. For example: '[y]our support and understanding will help your partner breastfeed your baby', '[w]omen are much more likely to breastfeed for longer when they have their partner's support' (*Off to the best start*, p. 19).

Although both pamphlets foreground mothers' and background fathers' roles in infant feeding, mothers are represented and indexed in different ways across these texts, depending on whether they breast feed or bottle feed their babies. The visual and lexical choices evident in the representation of mothers across these texts are designed to present breastfeeding mothers in more favourable (i.e. more personalising and fun) ways compared to mothers who bottle feed their infants. An important difference here concerns the ways that mothers are linguistically indexed. While bottle feeding mothers are referred to in the *Guide to bottle feeding* pamphlet as 'mother(s)', breastfeeding mothers are typically addressed and described in *Off to the best start* using the less formal and more affective term 'mum', a loaded lexical choice that arguably serves to strengthen the connection between the act of breastfeeding and the social role of motherhood. As Plant (2010: 12) observes, while the word 'mother' refers to a biological role, the more informal alternative 'mum' (used here to refer only to mothers who breastfeed their infants) indexes a particular *social* role, and carries with it connotations of being fun, caring and actively involved in the child's welfare. This lexical choice in turn helps to create a synthetic intimacy between the reader-viewer and the breastfeeding 'mums' pictured throughout the pamphlet. By comparison, the more emotionally distancing term 'mother' might serve to create a sense of detachment between reader-viewers and those 'mothers' who bottle-feed their babies featured in *Guide to bottlefeeding*.

This more personalised, and personalising, linguistic descriptions of breastfeeding mothers is complemented by visual semiotic choices. The breastfeeding mother shown in figure 1, for example, is presented in such as to establish a sense of familiarity, parity and convergence between her and reader-viewers. We view her in a close-up shot, at a frontal angle and at eye-level – semiotic choices which all combine to create the unmistakable impression of shared space and intimacy between actor and viewer (Kress and van Leeuwen 2006:114-116). The inclusion of natural sunlight in the background of this image – the rays of which can be seen beaming through the window and bouncing off the worktop and kitchen appliances – not only contributes to the naturalistic modality of the scene (van Leeuwen 2011:22), but also provides a positive, perhaps even glowing visual evaluation of the breastfeeding mother and all that she embodies in this scene (Machin and Thornborrow 2003). By contrast, the solitary bottlefeeding mother featured in the *Guide to bottle feeding* pamphlet is pictured in comparatively depersonalising ways, often in faceless shots which typically show only her hands as she performs manual and mechanical tasks associated with preparing infant formula. Unlike the breastfeeding mother, when we are afforded a glimpse of this bottle feeding mother's face, she is not smiling or engaged with the camera or any other actor, but is instead focused on the impersonal task of preparing formula.

As we noted earlier, babies similarly feature prominently in the *Start4life* pamphlets. Comparing the representation of breastfed and bottlefed infants throughout the two documents, we find further evidence of more favourable linguistic and visual depictions of breastfed babies compared to their bottle-fed counterparts. Throughout *Off to the best start*, breastfed infants are visually represented through two modes: photographs and animations. Photographs of breastfed babies exhibit a fairly predictable semiotic formula that emphasises their healthiness and happiness. In *Guide to bottle feeding*, however, there is a striking absence of visually represented infants. While images (photographs and animations) of

breastfed babies abound across the pages of *Off to the best start, Guide to bottlefeeding* contains a limited number of animations – and certainly no photographs – of bottle-fed babies. Whether intended or not, this visually sterile depiction of bottle-fed infants consequently serves to de-humanise the practice of bottle feeding itself. Unlike with the breastfed babies depicted in the *Off to the best start* pamphlet, reader-viewers are granted to no opportunity to align and converge with any bottle-fed baby, for these actors are excluded from this discourse.

Across the *Off to the best start* pamphlet, breastfed babies are visually represented through two modes: photographs and animations. Photographs of breastfed babies exhibit a fairly predictable semiotic formula that is designed to emphasise their healthiness and happiness. They are typically photographed as visibly happy, with glistening eyes, wearing smiling and other evidently joyful and contented expressions. Animated visual depictions of breastfed babies also exhibit several design-related choices which signify their healthiness and happiness. These animated, relatively slender, cartoon-like characters (figure 2) appear in consistently vibrant and energetic hues which connote fun and energy, as if to underscore the idea that breastfed babies are healthy and less likely to be overweight, a depiction that recurs across the pamphlet.

Start4Life is here to help you give your baby a healthier start in life. There are 6 Start4Life building blocks, based on the latest infant health research:

1. Mum's milk – why mums are the baby milk experts
2. No rush to mush – 3 signs that your baby is ready to start on solid foods
3. Taste for life – how giving your baby a variety of food now will help them get into good eating habits
4. Get going every day – Being active every day is important for little ones, so they can grow stronger, bigger and stay healthy
5. Don't forget the development checks and immunisations – Being immunised is the best way to protect them and their checks will ensure they are developing healthily
6. Look after you too – Looking after yourself can help you and your family feel better and healthier too



Figure 2. Animated babies playing with building blocks

Attributes of happiness and healthiness are also imparted to these characters through their being depicted in vigorous-looking poses and engaged in physical activities, such as playing with a ball (p. 3), shaking a rattle (p. 4) and climbing onto the borders of the photographic images (p. 6). We also note a series of co-ordinated visual choices involving certain colours, layouts and fonts designed to support this sense of fun, liveliness and playfulness, such as the consistent use of a brightly-coloured, resplendent (if slightly garish, but always striking) yellow hue (Kress and van Leeuwen 2002) and the recurrence of a curvy and uneven typeface and text line length (van Leeuwen 2006) which give the text the appearance of a child's handwriting. As well as being active and playful, these breastfed babies are also depicted as possessing the social skills required to co-operate and work as a team, evidenced in their cooperatively passing building blocks to each other.

Yet, of course, this artful depiction of babies working together elides the often difficult and fraught reality of childcare, presenting instead a utopian version of life with a breastfed baby as nothing but harmonious and benign – full of fun and co-operation (a discourse that is tellingly absent from representations of bottle-fed babies in the *Guide to bottle feeding* pamphlet). Moreover, the decision to present these various components (i.e. ‘no rush to mush’, ‘get going every day’, ‘look after you too’, and so forth) as numbered building blocks and to arrange them in this way lends them a sense of cohesiveness that is never elaborated in this text. As such, the messy reality of baby feeding and the possible conflicts that arise between ensuring the wellbeing of a young infant and the self, are conveniently obscured. That the building block labelled ‘mum’s milk’ is designated the ordinal number 1 and supports all other developmental building blocks above it subtly suggests to mothers-to-be that it is, by extension, on their willingness and ability to breastfeed that their baby’s health and future development crucially depend. Breast milk, in other words, is promoted here as the foundation on which all the positive and healthy attributes conferred upon the active infants are built and from which they emanate.

4.2. Representing practices: breastfeeding and bottle feeding

Reader-viewers are frequently reminded of the purported benefits of breast milk for babies’ immediate and long-term health, and such benefits appear all the more compelling when the two pamphlets (with their presentation of the different modes of feeding) are considered in comparison. For instance, at various points across the *Off to the Best Start* pamphlet, breast milk is described in unfailingly superlative terms as ‘the best start for your baby’ (p. 4), ‘perfect and uniquely made for your growing baby’s needs’ (p. 5) and ‘the healthiest way to feed your baby’ (p. 18), claims all couched in a high-affinity modality (Hodge and Kress 1988) that categorically affirms the superior quality of breast milk.

Furthermore, the use of comparative descriptors in relation to breastfeeding both here and elsewhere in the pamphlet – to describe, for instance breast milk as the right way to get your baby ‘off to the “best” start’ – subtly undermines the purported health benefits and indeed validity of infant formula, which will be understood by most reader-viewers as the relatively inferior (if unnamed) alternative. The implication of such unconditional assertions is that mothers, whoever they are and whatever their personal and social circumstances, should breastfeed their children, and not to do so is, by extension, to jeopardise their child’s health and development. The *Off to the best start* pamphlet also situates breast milk and breastfeeding in a natural, organic discourse. As noted above, ‘Mum’s milk’ (itself an affectionate, familial phrase, suggestive of wholesomeness) is variously referred to as the ‘healthiest’ and ‘perfect’ means of infant nutrition. Elsewhere it is described as giving ‘your baby all the nutrients he or she needs’, while the process of breastfeeding itself is celebrated for its virtue of ‘naturally’ using up ‘500 extra calories a day’, which, in turn, makes ‘it easier [for mums] to lose their pregnancy weight’. Such formulations construct breast milk as ‘nature’s perfect food’, a substance ‘understood to be essentially, and unquestionably, pure and good’ (Wall 2001:596).

As well as striving to persuade reader-viewers to breastfeed their babies on the grounds of the purported health-giving properties of breast milk, the *Off to the best start* pamphlet also encourages prospective parents to breastfeed their infants by inducing fear of doing otherwise. This strategy is evident in various of the linguistic passages featured across the

pages of the pamphlet, but is most profuse in a series of bullet points, located under the heading ‘Babies who are NOT breastfed have an increased chance of’ (p. 5), which specifies, in pithy and discrete bullet points, the following negative consequences of bottle feeding infants:

- Diarrhoea and vomiting *and having to go to hospital as a result*
- Chest infections *and having to go to hospital as a result*
- Ear infections
- Being constipated
- Becoming obese, *which means they are more likely to develop type 2 diabetes and other illnesses later in life*
- Developing eczema

In case the threat of these negative consequences was not sufficiently fear-inducing enough to disabuse readers of the acceptability of formula feeding, these passages are also framed as extreme case formulations (italicised) (Edwards 2000), including having to make hospital visits, contracting type 2 diabetes and, as a result, other ominously-worded ‘obesity-related illnesses’ later in life. The decision, moreover, to display these negative consequences as separate bullet points transforms them into a list, an arrangement which carries connotations of science and logic (Ledin and Machin 2015:470) and evinces the ‘forensic’ nature of risk, working both backwards to explicate ‘ill-fortune’ and forwards to predict ‘future retribution’ (Lupton 1993:430). Taken together, these bullet point statements thus construe formula milk as a high-risk and less healthy alternative to breast milk, the implication here being that to feed one’s baby formula milk instead of breast milk is to be an irresponsible parent – to fail to provide one’s child with natural protection and thereby subject it to unnecessary health risks. In this sense, choosing not to breastfeed one’s infant is, to adapt Marantz’s memorable take on the fear-instilling quality of health education discourse, ‘the moral equivalent of holding a gun’ to a baby’s head (1990:1186).

In contrast to descriptions of breast milk, which is constantly defined according to what it *does* (i.e. its positive qualities), formula milk is frequently presented according to what qualities it does *not* possess and other negative qualities/consequences respecting its consumption. It is thus defined by absence, by what it lacks or by its otherwise artificial character. For instance:

Most infant formula is made from cow’s milk that has been treated to make it suitable for babies. (*Guide to bottle feeding*, p. 3)

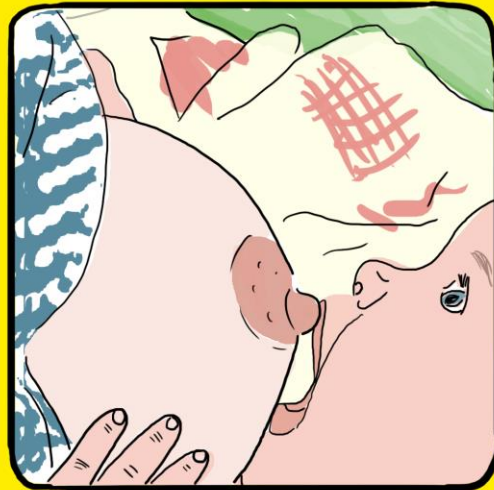
Infant formula is made from cow’s milk and other ingredients. It doesn’t contain the ingredients that help protect your baby from infection and disease. Only your body can make those. (*Off to the best start*, p. 4)

In the first instance, ‘infant formula’ is subject to the agentless passive verb ‘treated’, an unspecified process only after which is the liquid deemed to be fit for consumption. Equally vague and ambiguous is the formulation ‘other ingredients’ in the second example, where the ‘ingredients’ are never specified. Although ambiguous and replete with omissions, these statements nonetheless clearly communicate the idea that formula is an artificial source of infant food and one that, since it has to be ‘treated’ (whatever such a process involves), is a potentially deficient food source, casting doubts on its nutritious sufficiency.

The desirability of breastfeeding vs. bottle feeding is also communicated through design choices respecting the fonts and colours used to represent these practices in both of these texts. Both pamphlets offer a brief set of instructions for breastfeeding and bottle feeding. Given their shared instructive purpose and focus on baby feeding practices specifically, these sections of both pamphlets offer a useful point for comparison here (figures 3 and 4, below).



1. Hold your baby's whole body close with his nose level with your nipple.



2. Let your baby's head tip back a little so that his top lip can brush against your nipple. This should help your baby to make a wide open mouth.



3. When your baby's mouth opens wide, his chin is able to touch your breast first, with his head tipped back so that his tongue can reach as much breast as possible.



4. With his chin firmly touching and his nose clear, his mouth is wide open and there will be much more of the darker skin visible above your baby's top lip than below his bottom lip. Your baby's cheeks will look full and rounded as they feed.

Figure 3. Series of diagrams instructing on breastfeeding

a step-by-step guide to preparing a powdered- formula feed

- 1.** Fill the kettle with at least 1 litre of fresh tap water from the cold tap (don't use water that has been boiled before).
- 2.** Boil the water. Then leave the water to cool in the kettle for **no** more than 30 minutes so that it remains at a temperature of at least 70°C.
- 3.** Clean and disinfect the surface you are going to use.
- 4.** It's really important that you **WASH YOUR HANDS**.
- 5.** If you are using a cold-water steriliser, shake off any excess solution from the bottle and the teat, or rinse the bottle with cooled boiled water from the kettle (not the tap).

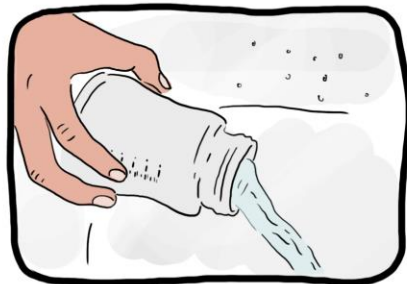


Figure 4. Guide to preparing formula feed

Although their purpose is the same – that is, to instruct on baby feeding practices – these two sections of the pamphlets are very different respecting layout, colour and font – differences that can be seen as semiotic realisations of an oppositional discourse that reflects, in the discourse of health promotion more widely, the increasing gulf between the ideal of breastfeeding and the acceptability of formula milk (Knaak 2006:413). The breastfeeding instructions are offset by a bright and lively yellow hue, while the bottle feeding instructions are set against a comparatively plain, colourless backdrop. One of the most striking and consistently stable semiotic features which contributes to the comparatively wan and lifeless aura of the *Guide to bottle feeding* document, and which helps to sustain the contrast between breast and bottle feeding depictions, is its typeface. The font featured throughout the *Off to the best start* pamphlet takes the form of a jaunty-looking Comic Sans-like typography. In telling contrast, the bottle feeding document is rendered in more formal Calibri font, a relatively uniform and tempered typeface. The contrast here is significant. Typefaces are not simply a stylistic nicety but, as Alvin (2016:13) observes, convey distinct connotations and values that, in turn, generate expectations in particular communicative contexts (see also van Leeuwen 2002). In terms of its interpersonal function, the use of the more conventional and formal Calibri script, which is, moreover, set against a sterile white background, is clearly a motivated choice (Kress 1993). It is a font that, in this health promotion context at least, assumes a kind of ‘power dressing’ (Kress and van Leeuwen 2002:348), connoting as it does authority and order rather than warmth and playfulness, particularly when contrasted with the more skittish and informal font that appears throughout the *Off to the best start* pamphlet.

Another significant difference in the design of these sections of the pamphlets concerns the photographic depictions of the baby feeding practices which are designed to instruct readers. While the breastfeeding instructions are accompanied by images of suckling babies with gleeful and glistening eyes, the images accompanying the bottle feeding instructions (in figure 4) do not show any feeding babies, instead portraying a relatively cold and clinical scenario, devoid of natural light or any kind of human-to-human contact. Although this series of images is most certainly designed to provide readers with serviceable advice regarding the practicalities of bottle feeding, it also locates formula feeding in a discourse of risk. Instead of images of contentedly feeding babies (which accompany instructions on breastfeeding), relentless emphasis is placed on hygiene and the ever-present hazard of infection – infection that can be, so the document warns readers, ‘life threatening’, as the act of cleaning and sterilising is foregrounded in these passages. Although there is no explicit mention of the word here, the notion of ‘risk’ is still very much evident in the very visual arrangement of the photographs and their accompanying text. For instance, the configuration is highly schematic, with each individual stage of the formula preparation operation appearing in strict numerical order and textually articulated in precise, imperative commands, and certain essential points rendered in hectoring capitals: ‘1. Fill the kettle with at least 1 litre of **fresh tap water from the cold tap**’, ‘Clean and disinfect the surface you are going to use’, ‘it’s really important that you **WASH YOUR HANDS**’, etc. (all emphases in the original). To the right of these injunctions appear photographs (seven in total, though only four are reproduced in figure 4) that co-articulate, by way of visual illustration, the accompanying linguistic directives. Quite clearly readers are enjoined to follow each discrete and regimented stage carefully – lest they violate the sequence and incur risk of infection – before proceeding to the next.

Another significant difference between the representations of breastfeeding and bottlefeeding is the portrayal of breastfeeding as a socially rewarding and socially engaged practice and the representation of bottle feeding as an isolating and socially disengaging activity. The various linguistic and visual design choices evident throughout *Off to the best*

start construct breastfeeding as an essential part of motherhood and of fulfilling the role of being a mother. Linguistically, this discourse manifests itself in recurring advice-giving passages which construe familial cohesiveness and bonding – between the whole family, but in particular between mother and baby – as contingent on the mother's ability and willingness to breastfeed. For example, in the section titled 'The best start for your baby', reader-viewers are advised that breastfeeding 'helps you and your baby to get closer - physically and emotionally. So while you are feeding your baby, the bond between you grows stronger' (p. 4). Additionally, in the section 'How can dads and partners support breastfeeding?', breastfeeding is described as a 'bonding experience for the whole family' (p. 19). This latter passage in particular raises the stakes higher still, since mothers' willingness and (in)ability to breastfeed is represented as having implications not only for the emotional bond between mother and baby, but also for the emotional wellbeing and cohesiveness of the entire family.

The most emotive discursive realisations of conflating the act of breastfeeding with motherhood, however, arguably reside in the photographs of babies and breastfeeding mothers which recur throughout the pamphlet. These images appear to follow a predictable semiotic formula, which present the breastfeeding mother and baby as sharing in a moment of bonding, intimacy and mutual enjoyment, as in figure 5.



Figure 5. Image of mother (with grandmother) breastfeeding baby

The photograph, and the other images depicting the practice of breastfeeding throughout the *Off to the best start* pamphlet, recontextualises certain social practices and social relations (van Leeuwen and Wodak 1999). Unlike other images of breastfeeding, which mainly feature mothers with their babies (apart from one instance, which we examined earlier, of both a

mother and father together), figure 5 depicts a mother accompanied by another woman (presumably a relative, friend or supporter). The smiling faces of these woman participants provide a mutually positive evaluation of the scene and of their respective roles in it (Caldas-Coulthard 2005:38). That the mother and baby meet each other's eye gazes – immersed in deep mutual eye contact at the moment in which the photograph is taken – underscores the symbolic power of eye contact as representing parental bonding (Lazar 2000:380), reinforcing the notion that breastfeeding is an activity that has brought this baby and mother (and, indeed, other participant) closer together.

The sense of familial bonding that this image strives to convey and attach to the practice of breastfeeding is a far cry from the images of bottle feeding practices found in the *Guide to bottle feeding* text. Such visual representations can be found in the instructions on bottle feeding displayed in figure 4, where two of the photographs feature a lone woman (perhaps the mother of the infant for whom she is preparing formula) disinfecting utensils and surfaces, while the remaining images directly beneath show, in extreme close up, the washing of hands and rinsing of a formula bottle. In failing to include any other social actors – either in direct substitution for the presumed-to-be mother or accompanying her in the procedures so depicted here – the burden of responsibility for preparing formula is shouldered exclusively by her. Unlike the communal depictions of breastfeeding, there are no subject positions made available here for fathers or partners or other personnel, who are tellingly absent from this sequence of images (and indeed from every other image throughout *Guide to bottle feeding*). As such, whereas social support is portrayed as a natural and integral aspect of breastfeeding, bottle feeding is represented as a socially isolated (and isolating) activity, from which fathers are legitimately absent (or their absence is not, in any real sense, communicated as being somehow untoward). Accordingly mothers, so it seems, must manage all the various problems that attend formula feeding for themselves (Wall 2001:605). If breast milk is the most personal and precious gift that a mother can give her child, since it 'requires no intervention from the outside world' (Lupton 1996:47), bottle feeding is, so the implication goes, nothing but a burden.

5. Discussion

Focusing on two key areas of multimodal representation, the social actors and processes involved in baby feeding, our critical multimodal examination of the *Off to the best start* and *Guide to bottle feeding* pamphlets has uncovered an ineluctable and enduring dichotomy between breastfeeding and bottle/formula feeding, with the former presented in an incontrovertibly positive fashion and the latter depicted in comparatively negative terms. Although this contrast is never expressly articulated (i.e. breastfeeding is good, bottle feeding is bad), it is, with varying degrees of subtlety and emphasis, tacitly communicated across the pages of the documents.

Although our study critiques the neoliberal rhetoric that pervades the *Start4Life* campaign, we do not dispute the scientific evidence of the value of breastfeeding per se (though see Wolf (2011) for a detailed study of how the scientific evidence for the superiority of breastfeeding has been consistently over-stated). Rather, our intention has been to expose and critique the way that breastfeeding, through various multi-semiotic means, is elevated to a near-mythical and inviolable status – where adopting alternative methods of feeding is liable to result in mothers being negatively evaluated, and/or negatively evaluating themselves, as failures (Rabin 2006). As Lupton (1993:431) observes, health education campaigns, in order

to persuade people to adopt certain behaviours, psychologically manipulate people's fears, anxieties and feelings of guilt, and *Start4Life* is no exception. The constant, emotionally-freighted appeals to mothers to breastfeed explored in the foregoing analysis constitute what Knaak (2006:413), in the context of breastfeeding promotion, refers to as 'discursive pressure', a means of guilt-loading mothers into breastfeeding their babies, and which is likely to perpetuate the myth of idealized motherhood, a stable and uniform construction which obscures 'the often difficult and unpleasant work of infant feeding' (Knaak 2006:431). This is an important observation since the feelings of guilt associated with not being able to breastfeed have been shown to lead to some women experiencing acute psychological distress, compounding existing post-natal depression (Shakespeare, Blake and Garcia 2004). In a similar vein, Borra, Iacovou and Sevilla (2015) have demonstrated that women who were dedicated to breastfeeding prior to the birth of their child (and thus who are likely to have bought into the idealised image of total motherhood through breastfeeding and the neoliberal rhetoric surrounding the prevention of risk by avoiding formula), but who were then prevented from doing so due to physiological reasons (relating either to themselves or their babies) were more likely to develop post-natal depression.

However, the fact that reader-viewers are not expressly enjoined to breastfeed presents breastfeeding as a straightforward (and common sense) individual choice, reflecting the neoliberal obsession with self-determination and self-management that characterises public health promotion rhetoric more generally (Brookes and Harvey 2015). At the heart of the neoliberal approach to health promotion is the enduring paradox of reconciling personal agency with structural constraints, and *Start4Life*, with its contradictory messages and guilt-loading rhetoric, evinces such a paradox – along with other troubling incongruities – with remarkable felicity. For example, throughout the two pamphlets there is constant emphasis on the naturalness, and seeming effortlessness, of breastfeeding, as if the process were eminently self-evident and straightforward. It is curious, therefore, that the campaign spells out, in persistent and arresting detail, the precise ways in which breastfeeding should be undertaken, and assumes that mothers are ignorant of how to breastfeed, and hence need to be instructed in and convinced of the so-called 'natural' ways of infant nutrition and motherhood.

The construction of breastfeeding as an essential and non-negotiable natural phenomenon also fails to take into account the realities of many women's everyday life experiences, which, via the recurring semiotic process of recontextualisation, are conveniently obscured. There is, for instance, no mention of the very real, and well-documented, personal difficulties mothers are likely to encounter when starting to breast feed (Shuttleworth 1993; Rabin 2006; Borra, Iacovou and Sevilla 2015), including the pain, discomfort and exhaustion often associated with breastfeeding, pressure from fathers or other family members *not* to breastfeed, and the feelings of inadequacy experienced by mothers unable to satisfy a continually crying and hungry baby (Wall 2001; Berry and Gribble 2008; Arora et al. 2000). Nor is there any discussion, or real appreciation, of economic constraints – such as the short duration of maternity leave and the financial necessity of returning to work (Rabin 2006) – that powerfully militate against breastfeeding. Rather, the process is presented exclusively in Pollyannaish terms, reduced to the simple matter of personal choice and responsibility. According to this logic, being a good mother entails being a compliant neoliberal subject (Lupton 1995). But in adopting such a position mothers are effectively pitched into in a double bind: on the one hand they are expected to uphold the neoliberal principle of self-determination and choice, but at the same time they are subject to a regulatory gaze that defines and polices mothering, where failing to appropriately exercise personal responsibility

is likely to result in clinical sanction and the imputation that they are poor parents, failing to live up to the neoliberal expectations of “total motherhood”.

6. Conclusion

In this study we have critically examined the multi-semiotic means through which the UK government’s *Start4Life* campaign articulates advice and information about infant nutrition. We have sought to show how, through a subtle configuration of verbal and visual elements, this campaign propagates a series of neoliberal beliefs and assumptions about various methods of infant feeding and their relation to motherhood and risk. These beliefs and assumptions are linked to a highly medicalised surveillance culture and idealised, unobtainable notions of total motherhood and familial relations, many of which appear, on closer inspection, to be characterised by a number of tensions and contradictions. By advocating and emphasising individual responsibility for health and the prevention of risk, the *Start4Life* campaign is not unlike other contemporary health promotion initiatives that similarly embrace and reproduce neoliberal values, construing positive health behaviours and outcomes as little more than the appropriate activation of appropriate personal choice, regardless of the context in which this choice is meant to be exercised. In highlighting some of the negative effects that such health education rhetoric might potentially have on new mothers, we have sought to demonstrate the contradictions and shortcomings of such ostensibly well-meaning campaigns.

It is worth noting that some of our findings broadly align with those reported in sociological-based gender studies that examine breastfeeding discourse (e.g. Blum 1993; Carter and Campling 1995; Wall 2001; Duvall 2015; Grant 2016). Such studies, however, take the material realisation of linguistic and visual discourse at face value, paying relatively little attention to the subtle and complex ways in which hidden, or partly-glimpsed, meanings are communicated in and through multi-semiotic texts. Accordingly it is our belief that critical discourse research into health education ideally needs to take into account the multimodal, material reality of discourse. For discourse in all its various semiotic incarnations is, as Fairclough (2003:2) so memorably put it, an ‘irreducible part of social life, dialectically interconnected with other elements of social life’.

Notes

¹ The National Health Service is the publicly funded healthcare system for England. Start4Life is a public health campaign, run by the NHS, which aims at encouraging a healthy lifestyle for pregnant mothers as well as a healthy start to life for new babies. Literature developed as part of the campaign (including posters and pamphlets) are made freely available to healthcare professionals to distribute to patients.

² Due to copyright restrictions, extracts from the pamphlets appear in this article as illustrations. PDF versions of the pamphlets can be accessed online at:
http://www.unicef.org.uk/Documents/Baby_Friendly/Leaflets/otbs_leaflet.pdf
http://www.unicef.org.uk/Documents/Baby_Friendly/Leaflets/start4life_guide_to_bottle_%20feeding.pdf

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