

The Elusiveness of being a “Good Mother” through the Feeding of the Child: Exploring mothering through feeding the baby

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Abstract. The experience of first-time mothering is a social one. Particularly, feeding the infant is a significant social facet to mothering as social networks inform feeding practices and transform seemingly private market interactions, like buying a baby food product, into public acts that are evaluated by other mothers. How do networks affect infant feeding practices of first-time mothers? How do these social networks create tension for mothers in crafting their identity as a “good mother”? This paper draws upon four semi-structured in-depth interviews with first-time mothers who have children ranging from four-and-a-half to eleven-and-a-half months of age in Vancouver, BC. These first-time mothers enact feeding practices to protect their children from the dangers of chemicals. They train their infants to become inclusive, urban eaters to avoid raising the “picky eater” and establish family rituals of eating together. Notably, social networks of other mothers are helpful resources when feeding the child, but they can also be sources of judgement and peer pressure. Thus, the private activity of feeding the child transforms into a public act subject to judgement that can internalize “mom guilt”. This study highlights the force of social networks during early motherhood and how the identity of “mother” is built through feeding.

Introduction

Entering motherhood is a remarkably tense social experience. Particularly, feeding the child is a critical component of this experience that brings forth a variety of emotions. When feeding the child in the marketplace, certain tensions arise for the mother. For example, there are few items that are like baby food products. Lots of products are purchased

by one person (often the mother) on behalf of another, but baby foods are perhaps unique in that the baby is unable to communicate and participate in the purchasing decision, unlike older children or other dependents. Consequently, the mother alone must procure ingredients and food items that communicate with her in a way that directly addresses her multiple concerns for her new baby.

Caring and feeding are responsibilities that tend to fall upon women; these responsibilities surface concerns and questions about meal preparation and nutrition (Devault 1991). The mother is often the shopper and the cook in charge of feeding the family. The mother is the subject of decision-making and diet curation and the baby is object to it.

The complex relationship between mother and child manifests itself in that the mother is responsible for feeding the child and must also protect the child through feeding practices. Alone, the mother must attain this ideal feeding practice through the marketplace. In this neoliberal setting, the individual (the mother) is in control of consumption through individual transactions and purchases. The mother proactively facilitates an identity-making project for herself as normative mothering emerges wherein symbolic distinctions between “good” and “bad” mothering arise from distinct feeding practices that are in the public view of others in their social network.

By interviewing four first-time mothers with children aged four-and-a-half to eleven-and-a-half months, this study examines the feeding practices of first-time mothers with new children. In particular, this exploratory study addresses the ways in which mothers feed their children at home with home-prepared meals and in the marketplace with commercial baby food products. The mother’s caregiving role and the tensions, anxieties, and emotions that come with it come to the fore. The role of social networks of first-time mothers demonstrate their impact on feeding practices and one’s identity as a “good” mother.

It is analytically important to clarify the following terms: “mothering”, “motherhood”, and mother. “Mothering” refers to the activities associated with taking care of children. “Motherhood” is the historically specific institution through which mothering is socially and culturally organized. “Mother” is the social identity designated to women who have borne children or adopted children. Lastly, it is critical to differentiate “parenting” from “mothering”. To “parent” is commonly understood to be supporting the development of a child from infancy to adulthood. This term does not capture the gendered differences that intersect the act of parenting and status of being a parent. In the following analysis, I aim to describe mothering in further depth and use the aforementioned terms with purposeful consideration to be both descriptive and raise analytical points.

Literature Review

C. Wright Mills' sociological imagination provides a sound theoretical backdrop to understanding the experiences of mothers in this study and the larger institutions they find themselves within. In order to contextualize the "personal troubles" that the mothers in this study experience, it is important to employ the sociological imagination to understand the wider, societal "public issues" that facilitate these experiences (Mills 1959). In this literature review, I will be discussing the institutions of parenthood, motherhood, family, and the marketplace as public issues that are at play in the personal experiences of being a mother.

Mothering

In discussing feeding and caregiving, we must first consider the role of the mother and what it means to "mother". The role of the mother has traditionally included the caregiver and "diet curator" roles. Marjorie Devault's work, *Feeding the Family, the Social Organization of Caring as Gendered Work* (1991), describes the experiences of mothers in the household as caregivers in charge of all things food. Devault (1991) suggests that "doing" feeding is to "do" gender and to be recognizably woman. Caring, feeding, and procuring items for the household is the woman's responsibility not only for material sustenance, but also as a source of emotion and identity. Caring is an expression of love that is distinct from paid work and is a woman's duty (Devault 1991). Mothers not only have the biologically-based female experiences of pregnancy and childbirth, but they also have socially constructed experiences of being a "mother". The social experience of mothering creates a sense of responsibility for their children and an awareness of the importance of feeding (Devault 1991). Both the biological and social constructions of "mother" assign them responsibility for feeding their families.

Sharon Hays, in her work, *The Cultural Contradictions of Motherhood* (1996), describes how fathers are exempt from child-rearing duties in many ways. In terms of emotional labour, fathers have historically had the opportunity to remove themselves from the responsibilities of the home and focus on economic responsibilities. On the other hand, mothers are engaged in the intensive practice of caregiving and are "in charge of the worrying" (Hays 1996:104). Mothers can feel pressure to offer unconditional love and commit time to their "sacred child" who is innocent, pure, and protected from the corruption of adult life (Hays 1996:122). Mothers in Hays' study spend four times the number of hours that the men do as primary caregivers (Hays 1996).

Protecting the Child

Mothering also includes protecting the health of the child. For example, they need to employ “precautionary consumption”, meaning the mother needs to be careful when choosing food for the baby to avoid harmful chemicals (MacKendrick 2014:707). For example, some mothers acknowledge risks by the modern food technologies and globalized food chains that may lead to contamination of baby food products (Keenan and Stapleton 2013).

The protection of the child from contaminants and the “evils” of globalized food chains represent an ontological shift for motherhood. Motherhood shifts from a singular identity and the responsibility of “fending for herself” to a relational identity that is tied to the new child. No longer is the mother only thinking about and caring for herself, but she is now sacrificing herself for her new child (Carrigan and Szmigin 2013).

The efforts to protect the child start long before the child is born and, in many cases, even before conception. Mackendrick (2014) highlights that men and women carry a “body burden” through exposure to what they drink, eat, touch, and breathe. For pregnant women and nursing mothers, this body burden is perceived as extremely sensitive because they are direct “pathways” to the child. Infants are highly vulnerable to these body burdens due to their relatively small body mass (MacKendrick 2014). Norah MacKendrick’s study with mothers found that a naturopath recommended eating organics prior to conception to reduce the potential body burden for a potential new baby (MacKendrick 2014). The sensitivity to the health and purity of the child is so pervasive that it imposes certain feeding and consumption behaviours for women prior to, during, and after pregnancy.

It is also understood that feeding is associated with sleeping, which is critical for the child and the wellbeing of the parents. Early doctor appointments with newborns focus on weight gain becomes a primary metric for parenting and mothering success.

Definitions of good mothering today are deeply influenced by concerns about the risks of modern food technologies and can be observed in how many mothers seek the organic ideal and the “organic child” by purchasing organic foods to protect their child’s purity through ethical and conscientious food purchases (Cairns et al. 2013). There is a pride in crafting the child who is “99.999%” organic and providing “safe” and “clean” food (Cairns et al. 2013)

During all phases of “motherhood”, the mother is the guardian of health (Beagan et al. 2008). The mother is responsible for the child’s health in the present and is responsible for securing the child’s future health outcomes by eliminating all health risks to children (MacKendrick 2014). The mother, in her new relational identity, is a mother as a consumer and, in turn, mother as protector (Halkier 2013). Mothers assume the new

roles of caregiver and protector who must navigate the marketplace for appropriate items to protect herself and the child. It is in this marketplace that the mother has the capacity to act and protect her family and child.

Neoliberal Setting and the Individual in the Marketplace

Scholars have suggested that this definition of motherhood is neoliberal in character, focused on individual choice and action as a sovereign consumer. Neoliberalism is an economic model and ideology that emphasizes free market competition and deregulation. For individuals, and mothers in this case, neoliberalism supports the notion that making personal decisions in the free market economy is good. Thus, mothers are free to enact change individually by “voting with your dollar” (Cairns et al. 2013). Hence, it is up to the mother and her individual agency to protect the purity of her child and “fend for herself” by making purchasing decisions in the marketplace (MacKendrick 2010). The neoliberal discourse transposes the problem of food consumption from a public issue that the government may help regulate to the shoulders of the mother as a personal trouble.

Methods

This paper draws from semi-structured in-depth interviews with four first-time mothers in Vancouver, BC. These interviews occurred at interviewees’ homes and at coffee shops in their neighbourhoods. In three of the four interviews, the baby was present. The children’s ages range from four-and-a-half months to eleven-and-a-half-months. The names of the mothers in this paper have been changed.

I chose first-time mothers as research participants because the experience of feeding children is new for this group. Experienced mothers may have habitualized feeding habits through experience with multiple children and be less cognizant of their feeding practice as it has developed itself over a longer period. Choosing infants aged four-and-a-half months to eleven-and-a-half-months is significant as six-months is a popular age to introduce solid foods. The transition from a solely liquid diet of breastmilk or formula to different types of foods offers the opportunity for focused discussion on feeding practices and consumption behaviour when buying baby food products.

I recruited these first-time mothers in a variety of ways. Firstly, I posted flyers on my own Facebook page in hopes of recruiting first-time mothers in my network. I posted a number of flyers at thirty-five public locations in the city of Vancouver. These locations include baby clothing stores, maternity clothing stores, community centres, public libraries, coffee shops, health clinics, midwifery centres, restaurants, and outdoor bul-

letin boards. I distributed flyers at the “Babytime” activities at different branches of the Vancouver Public Library where guardians take their newborns to eighteen-month-old children for stories and songs. Snowball sampling was used as a method as participants could send flyers to other first-time mothers in their social network. Snowball sampling consists of existing study participants recruiting their acquaintances for the study.

During the interviews, I asked a variety of questions. Firstly, I asked demographic questions about age, family structure, marital status, and occupation of the participant and their partner. These questions offer some insight into the socio-economic status of my interviewees. Another indication of status is the neighbourhood in which I was invited to interview at the participant’s home or at the local coffee shop. The next set of questions were focused on how mothers feed their children in terms of home cooking and how they approach purchasing commercial baby foods. Thereafter, I asked questions about social networks and the role of family and friend relations in feeding the child. Lastly, I showed participants commercial baby food products for interpretation and asked for their impressions on certain products. This allowed for real engagement with commercial products that elicited meaningful responses. The specific commercial baby food products I brought to the interviews are shown in Figure 1 in the appendix.

These first-time mothers, ranging from twenty-nine to thirty-eight years of age, are all in heterosexual partnerships. Given their partners’ occupation status and the location in which the interviews took place, all four participants belong, socio-economically speaking, to the middle class.

With my position as an “outsider”, so to speak, being a twenty-two year old, cis-gendered man without children conducting these interviews, these first-time mothers expressed excitement that I was studying a topic like baby food and motherhood. I felt that being an “outsider” created rapport with the interviewees and allowed some of them to speak about sensitive issues that they may not have shared with others.

All of the four interviews were audio-recorded and transcribed verbatim. I read through the transcripts looking for evidence of themes that echoed previous literature as well as new, emergent themes. The transcripts were analyzed and coded into four major themes. These themes are discussed in the next section.

Findings

The following analysis explores four themes related to the social experience that research participants find themselves in when feeding their infant. (1) Protecting Purity: When it comes to feeding the baby, home cooking and preparation are the preferred methods of feeding among participants. In contrast to buying commercial baby food, home cook-

ing is preferred and buying “squeezy packs” is simply an “on the go” convenience. In explaining their preference for home prepared meals and control over the diet, mothers in this study echo findings in previous literature. These mothers reproduce the desire to protect the purity of the child that Cairns et al. (2013) found in their understanding of feeding the organic child. (2) Socializing an Inclusive Palate and Family Ritual: This finding departs from Cairns et al.’s (2013) claims in the way that these mothers socialize their babies through feeding practices. In Cairns et al.’s (2013) study, the mothers socialized and trained their children to be ethical consumers in the future. In my analysis, focus is on socializing the baby to avoid being a “picky eater” in the future and to create family routines and traditions of eating together. (3) Social Networks: In this new social experience of being a first-time mother and feeding one’s first child, there is interaction with a vast array of actors within their social network and online on digital social networks for advice and resources. In turn, these mothers framed these social networks and the “advice” that is offered as forms of judgement that have negative implications for their identity as “good mother”. (4) Private Feeding, Public Judgements, and “Mom Guilt”: In this study, mothers shared their experience consulting larger communities on social media platforms and smaller groups of acquaintances. In their online exchanges, they received negative and judgemental reactions from other mothers on Facebook commenting on their food choices and feeding habits. By engaging with different types of social networks, seemingly private market interactions of buying baby food products and private practices like preparing foods at home are transformed into public displays of mothering. These displays are open to judgement and internalize forms of “mom guilt” in these first-time mothers.

Protecting Purity

When describing the way that they feed their new babies, the mothers in my interviews described preferring home cooked and prepared foods because they have more control over what their child eats. This control arises in various forms. Mothers can control and manipulate textures to avoid choking. They have control over the types of ingredients like organics versus non-organics. They are in charge of what kind of proteins they could introduce at specific times.

The babies were described, quite aptly, as little. Their organs, too, were described as little things to be kept pure because of their size. The sound of steaming milk got into my audio recording of my coffee-shop interview with Jesse on Commercial Drive. I was lucky to be interviewing both Jesse and her six-and-a-half-month-old son, Levi. Levi sat silently on the table and reached for my latté a few times to which Jesse said, “Don’t drink the coffee.” During the interview, there were little pauses in conversation to talk to Levi, “What are you looking at? You are an organic baby.”

Levi was described as an “organic baby” by his mother. An organic baby or the organic child found in this interview is the type of baby that was echoed in my other interviews and reflects the ideals of feeding of the organic child, as discussed by Cairns et al (2013).

Protecting the purity of the new child was a priority. Like the mothers in Cairns et al.’s (2013) study, feeding organics and preparing meals at home rather than purchasing commercial food items were tactics to protect the purity of the child against the toxins of “bad” food. Jesse continues to describe why she buys organic when preparing Levi’s meals, but does not purchase organics for herself and her fiancé.

Jesse: For him, until he is about a year, I am doing mostly organic. . . For me I don’t eat all organic but he’s so little. His kidney and liver are so little.

Hugh: Uh-huh. So, why is organic important for him right now do you think?

Jesse: Yeah, just because he is developing a lot. His organs are really little and sensitive, and his digestive system is really sensitive so yeah, I think it’s just easier for him to assimilate foods that are more pure and have less toxicity to them. Yeah, the organs are so little, he can’t detoxify as easily as an adult. Yeah.

Jesse’s voice of concern for sensitivity of her son’s little organs highlights the desire for more “pure” foods. Jesse, with her size and age, can afford to eat conventionally-grown foods because she has the capacity to break down the less “pure” foods. Jesse has control over the purity of the ingredients of the foods that Levi ingests to protect his “little and sensitive” body.

Anne shares another reason why she likes to prepare her own food versus buying commercial baby foods for her four-and-a-half-month-old baby boy, Cameron. In response to the question, “Why do you make your own baby food?” Anne responded as she was spoon feeding Cameron a mixture of peas, oat cereal, and breastmilk:

It’s important to me because one: I like to cook and also the nutrients that he is going to get out of it. I love fresh foods and for me if I am cooking fresh foods for myself and that’s what I want to eat, then it’s important that my child has it as well. I would like him to get all the proper or as best of nutrients as possible.

In discussing nutrients, I was able to both hear and see her feeding practices in action. Anne was in control of the nutrients that she herself was able to eat and also what Cameron was exposed to. Her love of fresh foods and cooking made it important that her son have the same access to freshness and nutrients. Anne framed the types of foods that were suitable for her son as foods that she would eat herself. In response to questions about

buying commercial baby food products, she says,

I will not get it if I can't read half of the words that are on the packaging then to me, I don't really buy it for myself, so I don't think I should be putting it into a newborn child or a little kid that you know is developing their immune system and building that up. Some of it too could be linked to autism or stuff like that and I have a few friends with kids that have sensory issues and autistic and they do notice a difference when they do buy a lot of pre-packaged foods.

Anne screens the foods for Cameron as the ones that she would eat herself. The avoidance of preservatives is salient in deciding what foods to buy because they are potential threats to the health of her child. Anne also exhibits knowledge from her social network that preservatives can lead to health problems in a child's future. Anne's awareness of chemicals and preservatives, especially in terms of health outcomes and conditions like autism, represents the precautionary principle that Norah MacKendrick describes. Anne deploys precaution "at the individual level through 'better safe than sorry' logic to avoid chemicals in foods and commodities" (MacKendrick 2014:707). This awareness goes beyond simply protecting the purity of the child by providing organics for their "little bodies"; it is embedded in the practice of preventative and precautionary consumption.

I found the same wariness of preservatives when I interviewed Mia and her six-month-old son Beau. The lights and sounds of the baby bouncer mixed with Beau's laughter as Mia echoed the sensitivity to preservatives:

Preservatives, additives, right now I am staying away from gluten and dairy for him so anything with yogurt I don't buy. I just want the fruit or the vegetable [emphasis on 'the']. Anytime I start seeing a whole bunch of chemicals and preservatives and additives, I don't take it.

In preparing home cooked meals, Mia has the control to offer Beau the whole foods that she sees missing in commercial foods. Mia is enacting caution against chemicals like preservatives and additives and other worrisome types of food like gluten and dairy. These ingredients are distinct from typical ingredients like chemicals that mothers practice precautionary consumption against. Mia notes that she stays away from dairy and gluten in a precautionary sense because when Beau was younger, he had infantile colic, a health condition that included digestive problems like abdominal pain and vomiting.

Hugh: Why no yogurt or dairy?

Mia: Just because he did have so many digestive concerns when he was a baby that, I like, just want to hold off until he is more mature and his digestive system is more mature.

The precaution against gluten and dairy is informed by a different set of food precautions

but is still directed at the health of the child. The prior, traumatic instances of infantile colic for Beau and his mother influence feeding practices to this day and engage a new sensitivity to certain ingredients like gluten and dairy. Why are gluten and dairy the response to past gastrointestinal health complications? It seems that avoiding dairy may be a popular response to intestinal issues, but why is gluten included in this new preventative feeding practice? This might show that other popular food trends like “gluten-free” inform the ways that new mothers like Mia feed their child especially in response to health concerns.

Mia is wary of these ingredients and will introduce them again when Beau is “more mature”, and when his body can handle it. How Mia determines when Beau’s body is suitable to re-introduce these sensitive ingredients is not alluded to. I assume that the “timeline” that Mia imagines for Beau’s digestive system is a difficult concept to envision. How will Mia determine when he is mature enough? These sensitive ingredients provide a tension for Mia in her cautious feeding practice because, one day, she wants to re-introduce these ingredients onto Beau’s palate.

Despite the caution of new categories of foods like dairy and gluten, it seems that chemical ingredients like preservatives and additives are the main focus of Mia’s precautionary consumption practice. Her discomfort with chemicals and preservatives echo Anne’s worries of future health conditions:

Mia: I just don’t know that these little guys need to have so much preservatives and chemicals because preservatives is a chemical, right. I don’t know if they need to have so many chemicals at such a young age. That’s my issue with packaged. So, if I am going to buy packaged, I want something that’s like the least chemical as possible, but it’s still I guess it is chemical.

Hugh: What do you think chemicals would do to a young child?

Mia: I don’t know. I just think it’s unnecessary if there is an alternative. Which there is, it just takes effort. The alternative is making your own and freezing it, it just takes a lot of time and effort. I think just over time, chemicals can lead to like health problems maybe, but yeah.

Mia is clear in communicating that she has issues with packaged foods full of chemicals like additives and preservatives. Yet, it is notably less clear as to why exactly there is such a practice in place to avoid these chemicals. Her strategic feeding practice avoids these chemicals but is less directed than Anne’s in that Anne notes her preventative measures against conditions like autism. In contrast, it is understood that chemicals are to be avoided, but there is little evidence as to why exactly this distinct form of precautionary consumption is enacted.

This section of detailed accounts aligns with the literature in that it highlights how

the mother is the guardian of the health of her child (Beagan et al. 2008) and is ultimately responsible for eliminating all potential health risks to the child (MacKendrick 2014). In guarding the child's health, two notable forms of protection occur. These mothers protect their children by feeding organics and engaging in precautionary consumption against chemicals and sensitive ingredients like gluten and dairy that can have negative health implications.

Socializing an Inclusive Palate and Family Ritual

Controlling the preparation of the food for the baby also brings the control of how and when the baby eats. This control is a method that mothers use to socialize the child into an inclusive eater and what I call a "family eater" by starting family traditions of eating together. Not only does control of the feeding practice ensure purity in the child, but control is also used to socialize the child in two ways. Firstly, control is to socialize the child to be an "inclusive" eater in the future with diverse tastes to avoid craving only limited types of foods.

Anne is attentive to the socializing effects of her feeding practices and wants to introduce a variety of foods in her son's diet. She curates a culturally inclusive menu for her son's plates.

When I was younger, my parents were very old fashioned. They were meat, potatoes, and a vegetable. So when I moved out, growing up in a small town, I didn't have a lot of options for different cultural foods and so I want to make sure that he has that option and that he sees what else is out there and he is not restricted to a couple. When he gets older and if he decides to eat the same three foods, that's fine, but at least I would feel better knowing that I did give him lots of options. He was never restricted to what he did eat. And hopefully he enjoys going out and trying different foods and not being scared. I know I was really nervous going down to try sushi or whatever and now I love it. At first it was the concept of, "Oh, raw fish? Is that safe?" I was very skeptical, and I don't want him to grow up with that.

Anne is reflective of her own skepticism of diverse foods like sushi and is actively engaging in Cameron's diet to avoid the same skepticism in the future. Anne even notes that if Cameron chooses not to eat a diverse range of foods in the future, she finds comfort knowing that she is putting in the time and energy now to open up his range of tastes to a point that is greater than in her own upbringing. She hopes to reduce the "fear" that she experienced when trying out new foods. Not only is her socialization method a way to develop variety, but it is also a method to avoid fear of diverse foods and tastes. This socializing technique of curbing potential fear highlights the ideals of urbanism and living

in a cosmopolitan city like Vancouver. Anne is preparing Cameron to be an urban eater who welcomes diverse foods.

Variety and balance were important descriptors of the child's diet not only in protecting the purity of the child, but also in preparing the child for the future. As Jesse unconsciously picked up her son's dropped pacifier for the fifth time from the coffee shop table, she mentioned,

I just don't want him to be a picky eater so get him used to bitter flavours, sour, sweet, pungent just so he is exposed to everything and not craving a certain flavour all the time. And they all have different properties like in the body so it's important to be balanced.

As with Anne, Jesse wants to avoid a situation in which her child is craving certain flavours. Jesse is actively developing an inclusive palate for her son to avoid having the "picky eater".

The sharp sounds of chairs being stacked at the coffee shop cluttered my interview with Jamie, a new mother who emphasizes her control over variety and how it was important to socialize variety onto her child's palate. Jamie communicates a similar perspective in that she does not want her child to be a "picky eater later on":

So, for me, and I don't know why, I guess it's just in my head that it's good to be exposed to a variety of different things not just like one type of fruit... So different minerals, vitamins, different tastes, I want him to, I guess, also get used to different foods so that, I don't know, hopefully, he doesn't become picky later on so, I don't know if that has, I really don't know if that has anything to do with it but I don't know maybe.

Being a picky eater is something to be avoided and is the responsibility of these first-time mothers to instill as the curators of the babies' diets. Notably, Mia engages in training against the picky eater label, but also seems to be uncertain if her feeding practice will work. Anne describes the desire for variety in fruits in a similar way as Jamie:

Hugh: Could you tell me again why holding off on sweets is important right now?

Anne: I think it's important that we feed him vegetables and meat first. Because if he tastes the sweetness and just gets attracted to that and drawn to that more, I'm a little bit worried that he won't want to try more of the vegetables. So, I don't know if it's a mental thing for me or what but if I have a good base of vegetables and meat and eggs down, then when I do introduce fruits and even some yogurts, that he will obviously enjoy it but he will still be able to come to the dinner table and not say, "I want the apple or the sweeter foods."

He will just sit down and [say], “This is dinner, perfect. I have got to eat this and be okay with it.”

As seen above, Jamie and Anne said, “I don’t know maybe”, “it’s in my head”, or “I don’t know if it’s a mental thing”. Feeding a variety of foods and developing an inclusive palate are important but hard to fully describe. However, Jamie and Anne are clear in communicating that they do not want their children to be picky eaters when they grow up. Anne wants to avoid creating a “sweet tooth” in her son by laying a foundation of “good vegetables and meat and eggs”. In laying “a good base” of these whole foods, Cameron will be inclusive of foods that are not just sweet fruits or other foods high in sugar.

The last part of Anne’s comment points to the second theme of the socialization of the child through feeding. Anne is socializing Cameron to be a responsible and open “family eater”. Anne’s current feeding plan seeks to ensure that when Cameron is older, he will come to the dinner table and engage in the social family experience of a communal meal with little resistance.

The child is socialized to eat with family in the “ritual of meals”:

Jesse: He can eat what we eat. Say I make... oh, he has had salmon so if I make a salmon, I can just grind it up for him after. So, he gets used to also the ritual of meals, he eats what we eat, he eats when we eat. Yeah, just controlling what goes in it as much as I can [laughs].

In tandem with protecting the purity of the baby’s health, Jesse describes that she makes her own baby food because she can train the baby into eating with family. Anne takes this sentiment further as she describes her feeding as a socializing process to create a valuable legacy for the family.

I think that it’s important to keep that routine of when they eat so they eventually have that understanding you know when it’s breakfast, lunch, and dinner and also, I am hoping that at that point too when it comes to eating with us, then he has got that routine and he knows. I would like to keep it at that... If he is hungry, we would like to feed him but when if he does get dinner and it falls with us, we put him at a high chair, we stick him at the table in between us and we eat our dinner and feed him at the same time and you know I am hoping that that as well, you know, nice little family traditions that we get to start. Then he knows this is the routine you know, we get to enjoy a family dinner at night and if his dad’s not working late, right.

These “nice little family traditions” are what Anne is preparing for herself and preparing Cameron for. Cameron is being trained to spend time with the family, which is important for Anne and her fiancé’s non-standard work hours.

The control of the variety in the diet helps to avoid creating a “picky eater” that craves only a limited amount of flavours. Mothers described laying a foundation of balanced foods and flavours to ensure that their children are not scared of different flavours. The mother’s task of feeding seems to grow more complicated. In addition to providing a spread of organic and “clean” foods, the mother attempts to simultaneously develop a diverse, cosmopolitan palate.

This section highlights just how individual the responsibility is of the mother to create an ideal feeding practice. Cairns and Johnston (2015) highlight how the failure to ensure proper foods in the neoliberal setting transforms the problem of food consumption from a public issue to a private trouble that falls upon the mother’s shoulders. The tastes of the child are the mother’s responsibility and their future tastes are an individual project for the mother. Despite being an individual responsibility, these acts are shared with a variety of actors in different social networks. In the next section, I analyze just how public these apparently private acts of feeding the family can be and how social networks influence feeding practices.

Social Networks

My last question during my interviews was “Is there anything else you would like to observe, in relation to feeding children, or baby food more specifically?” I will admit that often times during interviews, this question seems to be futile and merely a nice way to say, “We are pretty much done, if there is anything else to say, now is the time, but usually this is the end.” For Jesse, this part of the interview was a prime moment of departure to talk about something that I had missed during the interview. Jesse brought up, “I think there is a huge like social element to it. Like what other moms are talking about.”

In feeding the child and protecting purity, socializing a diverse palate, and creating family ritual, there is another critical facet to feeding the baby: how other mothers go about doing it. The experience of feeding the first child is not an asocial one. A lot of interactions with the baby are embodied with advice and thoughts from other mothers.

Jesse continues her thoughts about the social element to feeding:

I think that some circles, you know there is talk about the baby-led weening and maybe the pressure to do that. Whereas other circles of moms talk a lot about how they wouldn’t do that and only eat purées. I think that whatever another mom recommends, another mom will look for. Especially like if they have multiple children or I don’t know. You trust peoples’ word of mouth and recommendations. I think there is a huge element of that with feeding; it is for me because I am around a lot of other moms. I guess if someone is isolated,

not really.

Here, Jesse touches upon the practices of feeding that arise from what other mothers do. There is a significant sense of trust that comes from learning practices from other mothers who have tried them out and can speak to the efficacy of certain practices. Recommendations and word of mouth can be a barometer for trust and confidence in feeding the baby. Jesse finishes her comment by admitting that she is around a lot of mothers. She speculates that for isolated mothers, these forces of trust and word of mouth may not be so important to the feeding experience. Jesse continues,

But yeah, I tried [baby-led weening] once because this other mom said, “Just give him the melon,” and then he choked on it and it scared the hell out of me. It was somebody else coming in and saying, “Oh this is what I did and it’s fine.” Just other peoples’ experience, I think it’s really big with the community of moms. They all talk to each other.

The trust and experimentation of different feeding methods comes from other, experienced mothers who have implemented a variety of feeding practices. However, Jesse highlights how she also comes across difficulties when trying out new feeding practices. As much as the network is a resource for trusted feeding techniques, Jesse still must experiment and evaluate the feeding techniques compatibility with her own child as a unique being.

What else is notable in Jesse’s quote is how she refers to other mothers. She uses the word “they” in the sentence, “They all talk to each other,” rather than a word that would suggest she feels included in the group of mothers in that network, like the word “we”. This may suggest that there is some form of othering occurring where Jesse sees herself as an outsider compared to those mothers. One hypothesis could be that because she has yet to perfect feeding practices for her child, she identifies as someone in the “out-group” compared to these mothers who she may assume have more experience with feeding and “getting it right” with their children. One implication of perceiving herself as a member of the “out-group” may be that Jesse is more attentive to online social media suggestions and seeks out more information to join the elusive or illusory “in-group”.

Jamie echoes Jesse’s insight about the network of other mothers:

I consult with my other girlfriends who have older babies and say, “Okay, you know, think about doing this, but you know literature says not to introduce this at this stage, what would you do?” “Well, I did this and blah blah blah, and it totally works out.” And I am like, “Okay!”. So, there is a lot of lot of you know consulting and questioning with other moms.

Here, Jamie describes how mothers with older babies are used as consultants. The older mothers have tried out feeding techniques that these new mothers can try with some com-

fort and confidence that it works for other children. Jamie also highlights how experimentation can undermine what the “literature” says. Advice from doctors or online resources are put in tension with actual experimentation that other mothers do. Word of mouth from older mothers seems to carry a lot of weight.

Word of mouth is really important for knowing what types of foods to buy as well. Mia notes this in the following exchange:

Hugh: Do you have an idea of what your friends or family think about the baby food that Beau eats?

Mia: They are all doing the same thing, friends and family. There is a group of us that have the same age group of kid and so we are all making and texting back and forth what to make, showing pictures of it, buying. A lot of my friends buy Love Child [brand]. So, if they are out and about, they will give them Love Child and a lot are making. So pretty similar.

Mia notes how these social networks of mothers exist intimately in the digital space. Her friend group of mothers with children the same age as Beau communicate text messages to discuss which commercial foods to buy. In this case, this group of mothers prefers the brand Love Child. Jesse, who is in Mia’s social network reinforces the value of word of mouth in reference to her experience in the baby food aisle at the market:

I think that like, when you talk about advertising and packaging and things like that, word of mouth is the strongest thing. Like, if I hear that Love Child is organic, simple, the ingredients are good and then I only look for that one. I am not going to look at the ingredients of the other ones. I am like, I know the name, I look at the back and it checks off and that’s what I get. It’s more word of mouth I think.

Instead of relying on the packaging and the advertising of certain commercial brands when shopping, Jesse highlights just how important word of mouth is. She showcases how word of mouth provides brand trust and even creates a mindset when shopping that totally ignores other brands. Jesse only looks for the brands that her social network advises. However, Jesse does investigate the back of the package for the final “check off” before departing with the product. Word of mouth from the social network of mothers is heavily valued.

Anne, as she wiped the excess peas and cereal from Cameron’s mouth with the fluid motion of a painter, brought up other mothers in her social network:

Talking to my mom, my grandma, and my mother-in-law, they all did the same things and it seemed to have worked for them obviously great. So, they are kind of my main sources if I need help.

For Anne, the mothers who had done it before for a long time were the main sources of knowledge for feeding practices. Cameron also might be getting some special attention and treatment as he is the first grandchild on either side of the family:

All in all, we both have very supportive families, which is really nice. He is the first grandchild on both sides, so they're very interested in how everything happens.

Anne notes that she has a really supportive family network that provides advice and feeding knowledge for her and Cameron. In contrast, Jesse notes how the family network can be quite "annoying". In the following exchange at the coffee shop, Jesse shared with me her frustrations in between laughter:

Jesse: Like my father-in-law is pressuring us a lot. . . That's like stressful. The most pressure, it's so annoying. Because things were done differently when they were raising kids and I know things are different from person to person and I think they feel entitled to say something because it's their grandchild. Have you heard of Pablum?

Hugh: My mom was telling me something about Pablum.

Jesse: Right! [laughs] It's not our generation. The older generation is like, give him Pablum, he will sleep through the night, there is all these studies. So many times, I have heard, "Just give him Pablum, he will sleep way longer." And there are all these studies that show it doesn't matter what they eat before bed, they sleep the same. So, I don't know it's this older way of thinking that we are supposed to stuff him full of this cereal that's like rice cereal powder. That's the most pressure I have had actually: in-laws.

Instead of the special treatment that Anne and Cameron received, Jesse struggles with dealing with a sense of entitlement on the part of her in-laws. She highlights the rather rapid pace at which feeding techniques change. Pablum is suggested, which frustrates Jesse, because it is an old, obsolete way of feeding. Here, she highlights just how different the generations are in how they feed their children. These tensions and pressures from family networks and other social agents in these mothers' networks can be difficult when crafting your own newly-forming identity of "good mother".

Anne expands on Jesse's discussion of internalized questions of good mothering in her interactions with different social networks. Anne highlights how the practices of other mothers project questions of "good" mothering into one's own imagination. Particularly central to Anne's questions of her own motherhood is that she pumps breastmilk for her baby instead of doing direct breastfeeding:

I think a lot of it too, comes from social media and the internet. Meeting other

moms and talking to them about how they feed their kids. I guess an example for me is that I would pump milk. So that takes about 20 minutes for me to get a bottle for him. I have to do it about six times a day, sometimes more because I think he eats six meals a day usually, so I need to pump six times a day but if he gets up in the middle of the night, I pump because that's an extra bottle because he got up and ate. I have a friend who, she started out breastfeeding and then went to pumping and then within the first few days of her son being born, she is like, "I feel like when I am pumping, I am not spending enough time with my son." It had me thinking for quite a while like a couple weeks like, "Am I being a lazy mom for not sitting there on my floor while I am pumping? And I second guess every time I would sit on the couch and he would be on the floor playing, you know. Am I a horrible mom for not investing that amount of time into him?"

Anne's openness and reflexivity offers insight into how distinctions of good mothering come about from other mothers. The descriptors that she comes up with are "lazy" and "horrible". Anne discusses how she talked with her fiancé, Sean, to deal with the way she was feeling in response to her friend's comments:

Eventually, I ended up talking to my fiancé about it and talking about it, it doesn't make me a lazy mom even though that's the way I felt because of what she had said. I am still a good mom because I am still, I am getting him the breastmilk which was my ultimate goal was when he was born. The breastfeeding didn't work but he is still getting that nutrients from the milk, right. That's one example of talking to other moms and you know just how they do something could affect the way that I think about it and I always remember to talk to Sean if I feel this way because you know there is reasons why and just because I talk to a couple moms and that's how they do something, you know, that's great, I am not going to judge you because you made that judgement call that you feel is the best for your kids whereas we decided to pump because he is getting all the nutrients that he needs and to help build his immune system up. . . They don't recommend it before a year so, that's 20 minutes a day, six times a day that I am now going to still be pumping. Especially when he starts moving around a lot more, I think it's going to be a lot more difficult, but I guess I'll know I have to remember that you know he is fine on the floor playing by himself. It's helping him with independence and it helps with him learning how to play on his own, so he can get bored and he can get creative, but I am still giving him, in my opinion, the best milk that he could get.

It seems contradictory that using a complicated apparatus six times per day for twenty minutes each instance to ensure that her child gets breastmilk can be described as "lazy". However, Anne labels herself just that. Her basis for "lazy" mothering is the absence

of time in which she can be playing and spending time with Cameron. The opportunity cost of pumping breastmilk is spending time playing with Cameron and, in turn, is the foundation of “laziness” for Anne. This is a great example of Hays’ (1996) concept of intensive mothering of the “sacred child”. Anne feels pressure to constantly be present and give undivided attention to Cameron. When she is pumping, she worries about the missed time and attention. Despite this, Anne highlights a tension and understands that this absence of playtime can be good for Cameron’s creativity and independence. Anne is reaching her goals of feeding breastmilk but ends up internalizing the label of “lazy”. Here, Anne is navigating the tensions of reaching her goals of providing breast milk, but also feeling as if she is not doing enough for being absent in parts of her child’s day. There seems to be a larger discourse around bottle vs breastfeeding and what is considered the ideal way to feed your child. It is in these tensions that questions of identity and good versus bad mothering arise.

This section provides evidence that social networks of mothers are an extremely valuable resource in informing feeding practices. Serving as consultants and “buyers guides”, a network of mothers can help inform best feeding practices and give insight into what products to purchase. Family networks can be a supportive system that offers special attention to the baby. On the other hand, like in Jesse’s case, the family network can be “so annoying”. Her in-laws offer a more frustrating type of special attention to their grandchild by arguing for feeding practices from older generations that Jesse has to fight against. However, Anne and Jesse highlight the tensions and complications that arise from an involved social network. In the next section, I will analyze how the internalized guilt and labelling of “lazy mother” arises from these social networks.

Private Feeding, Public Judgements, and “Mom Guilt”

The social networks in new motherhood create a space where the seemingly private act of purchasing baby food or preparing baby food at home can become a public act. First, in this section, I will describe how interviews with these first-time mothers were valuable in learning about the individualization of responsibility for feeding in the neoliberal setting and how it intensifies and expands the expectations of normative mothering (Maniates 2001; MacKendrick 2014). Thereafter, I analyze how these mothers describe how judgement exists and is internalized from social networks.

These mothers, in their own ways, describe how the responsibility of feeding rests on their shoulders alone. As Jamie was sharing her feeding practices at a West End coffee shop, she was simultaneously responding to her husband’s text messages as he was taking care of the baby at home. Near the end of our interview, she was typing on her phone and said to me, “Sorry it’s my husband, the baby is cranky. Yeah, keep going though.”

Jamie, much like most of the other mothers I talked to, is in control and responsible for feeding the baby. When I asked Jamie if her husband had a role in feeding their child, she responded:

No, no, no, no. Because [laughs] ooohhh [smiling] because that's a whole other thing because I do all the reading and I do like in terms of routine and what he eats and likes and doesn't like and how to put him to sleep. Like, I do all of this, he doesn't know so much of that.

Here, Jamie prefaces her statement by laughing and smiling and then continues to share that it is her individualized responsibility. She is in control of research, feeding, routine, and sleep for their child. Mia shares a similar sentiment of "being in control of it all". However, Mia shares an enjoyment and empowerment in the control of her feeding responsibilities that is not prefaced by laughter or a smile:

Hugh: And when you make your own baby food, how does it make you feel?

Mia: Great. It's time consuming, it's a big job but I feel good about it. I just go to the store, I buy all the veg and fruit, put it in the Vitamix, purée it and pour it into ice cube trays and freeze it.

Hugh: Does he [husband] have any input on what Beau should be eating? Does he tell you, "Buy this"?

Mia: Nope. Nope. He hates cooking, he hates shopping, he like despises the kitchen so I do it all. He cleans up, I cook.

Hugh: Mhmm. How does that make you feel?

Mia: Awesome. I am in control.

Mia shows how her absolute control is empowering and how she "feels good" about her time-consuming individual responsibility. From research, to shopping, to cooking, and to preserving, Jamie and Mia bring light to how the mother's responsibility is so extensive and simultaneously so individualized. Anne echoes Jamie's responsibility of doing research. Here, however, Anne reflects on how the research component of feeding can be grounds to internally judge herself:

I don't have time to sit there and look up every single ingredient that I can't pronounce. If a lot of it is that, then why are we eating it? Why aren't we eating proper whole foods? That's kind of the main thing. I don't want to go and research what a lot of it is. I don't know if that just makes me a lazy mom, but I'd rather just feed him whole foods, like what we would eat going forward.

Anne's questioning of herself as a lazy mom came up from social networks and also comes up in reference to research. She provided an instance in which she was in the aisle of the supermarket looking at baby food products and searching Google for details of certain ingredients. Mothers conceive of feeding and research as their duty, distinct from fathers, who seem absolved from the task. This reflects Hays' points that the father's responsibilities are primarily economic and the mother's responsibilities are to be the caregivers "in charge of the worrying" (Hays 1996:104). Anne continues, "I am the one that decided to have my son and he is in my care, so it's up to me to research as much as I can before I give it to him." Anne, Jamie, and Mia describe how individual and gendered the responsibility of feeding the baby really is. They also show just how broad the activity of feeding is as it expands beyond just mixing ingredients in the Vitamix.

The broad range of responsibilities for first-time mothers mixed with the public element of social networks, both online and offline, shows how the private market exchange of buying commercial foods becomes a public display to other mothers in their social network. Jesse describes how much socializing goes on during new motherhood and how the private act turns in to a public act:

... It's chalk full of judgement. It's a big thing because when you're not working, you're socializing a lot with other moms or when you're at story time [at the public library], they ask, "What's your baby eating?"

In this transition from a private act to a public act of feeding and shopping, there is ground for peer pressure and judgement. Coming with this peer pressure and judgement from social networks is "mom guilt":

There is a lot of "mom guilt". I think some people would feel like people feel bad if they give like store-bought versus homemade. I mean some do, some don't. I mean, I don't really care about what other people think but a lot of people feel that kind of guilt or peer pressure or judgement. Like judgement is a big thing with babies especially because they are so important to us and we want to do the best thing for them, but you know, we are also exhausted and a lot of the time doing most of the shopping alone and preparing alone. So, I think there is a big like guilt element.

Jesse highlights how the individual market exchange of buying commercial foods versus making homemade foods can turn into a public act that is subject to judgement among social networks. When put into the public eye of other mothers, the market exchange of buying commercial baby food products falls victim to peer pressure and judgment. Jesse thoughtfully admits that judgement exists because we care for our babies, but it can be a draining experience to be preparing food and shopping alone. The individual responsibility combined with judgement and peer pressure is exhausting.

In addition to “Googling” ingredients in the aisle of the supermarket, Anne’s interview brought to light how doing research through online social networks like Facebook can also be spaces of peer pressure and judgement. Building on Jesse’s insight of judgement in social networks, Anne describes her experience online searching for resources:

I have tried to go online to look things up, but it is pretty difficult, and you get a lot of judgemental moms putting stuff up. If you say you started on a certain fruit or vegetable it seems like someone always has a comment on it and it really sucks because I truly believe you are the mom of your child and you have to figure out what’s best. So, constantly trying to read about what other moms have done is kind of a bit difficult.

Anne’s difficulty in finding advice or sharing her own practices comes from immediate negative responses that seem to be uniquely facilitated in the digital space. What other mothers do is “a bit difficult” because online advice is full of judgement and pressure. Anne also discusses her experience offline when simply talking to her friends who are also mothers. This could either ostracize mothers who do not have access to online resources from valuable knowledge or liberate them from the judgement and confusion that accompanies a vast amount of information.

As shown in the previous section, Anne mentions how her friend made her internalize questions about good mothering and playing with her child:

Am I being a lazy mom for not sitting there on my floor while I am pumping?
And I second guess every time I would sit on the couch and he would be on the floor playing, you know. Am I a horrible mom for not investing that amount of time into him?

Anne takes her friend’s previous thoughts and internalizes them to understand her own mothering and breastmilk pumping practices. The impact of the social network here transfers another mother’s concerns into Anne’s own imagination of her mothering status. The judgment and pressure of online research and in-person interaction with other mothers is so subtle that it does not have to be a direct criticism or comment, but rather, as seen in Anne’s story, a simple reflection from another person that can be internalized. A lot of the peer pressure and judgement comes from within for Anne, and the question she asks, “Am I a horrible mom for not investing that amount of time into him?” seems to be pointed at nobody but herself.

Discussion

New mothers face a tremendous responsibility to be the ideal guardian, food expert, and caretaker of their child. One signal of the mother's character is how well a child intakes food. When the child faces difficulty intaking food, it becomes a clear marker that the elusive status expectations of "good mother" have not been met. This status of "good mother" is not clearly defined but the mothers in our study hold the ideas of what an ideal mother is not. They know what it is not because of the information they gather from Facebook pages, text messages from other mothers and family, and other unnamed sources of cultural moulds of what it means for them to be a "good mother". A greater visibility of mothering with social media platforms and photo sharing on personal devices puts mothering on public display, increasing the pressure to "get it right" and meet the expectations these mothers put on themselves.

These mothers actively protect the purity of their child through feeding practices. In preparing home cooked meals, they exercise control. They have control over the ingredients and can avoid certain ingredients like preservatives and chemicals that they themselves would avoid. The avoidance of preservatives is to limit the chances of negative health outcomes for their children.

These participants emphasized control over their child's diet to avoid commercial baby food products' preservatives and chemicals. In response, they feed clean, organic, whole foods to protect their "little bodies". These accounts and details of sensitive ingredients like gluten and dairy highlight how precautionary practices can be enacted in response to health issues but also hopefully withdrawn in the future as certain ingredients will be re-introduced. To avoid negative health outcomes described by mothers in their social networks and to avoid feelings of blame, control over the purity of the ingredients in home prepared food is crucial.

While the mothers emphasized control, it is important to note that the food choices available to mothers are dependent on a number of factors. Factors include the milk supply of the mother, allergies, the sucking and feeding ability of the infant, professional support for breastfeeding, access to food shops, money to afford foods, the built environment in which cooking and food preparation can be done, and many more. These structural issues are hugely impactful for the health of the child and, in turn, the status of the mother. Here, being a "good mother" is reduced to render the aforementioned factors that lead to feeding as invisible. Instead, individual consumer choices and feeding practices are the key indicators of a healthy baby and "good mother". This illusion of control over the child's health and feeding practices is the false promise that being a "good mother" can be attained through the right feeding practices.

Mothers are "held responsible for child outcomes and thus for the health of families,

future citizens, and the nation” (Blum 2007:202). Thus, preventative, individual measures and feeding practices are not only enacted to ensure the health of the child, but to also curb blame away from the mother.

This blame that mothers experience comes partially from how increasingly public the display of mothering has become given online platforms like Facebook and other blogs. Social networks of friends engage in-person, communicate through instant-messaging, and exist fully online on websites like Facebook. This abundance of social interaction, both in-person and digitally mediated, makes the act of feeding and mothering more visible and, thus, increasingly subject to judgement.

The sections of this paper regarding socializing the palate departs from Cairns’ et al.’s analysis of socialization in feeding the organic child. In my analysis, the mothers do not describe training ethical consumption habits, but bring the desire to socialize routine and “nice little family traditions”. Eating together with Mom and Dad is an important part of the social experience of feeding. These mothers were starting to develop a routine of family eating that will continue in their child’s development. I assume that this routine for the child also serves as an ideal for the parents in crafting the identity as a family unit in their own new relational identities. By having dinner together as a family, it could help solidify the new identity of the father and mother in that they see the family they are a part of in plain sight. Additionally, the parents may attribute family dinners from their own childhood or drawn from popular media as a culturally significant signal of a “happy family”. The socialization of family routine is to train the child to become a family eater, and possibly an act of self-actualization for the parents in crafting their own identity as a family and “good” parents.

Conclusion

In feeding the child, mothers have to navigate a multiplicity of ideals and social reactions from friends and people from online social platforms to weave feeding ideals like health, inclusivity, diversity, urbanism, and family routine into individual, actionable tasks at home. To add to this challenge is the need also to navigate the changing levels of visibility of one’s feeding practices. Social networks and social sharing transform private actions of feeding the child at home into public displays of mothering. Questions like, “What is your baby eating?”, prove to be incredibly complex and sensitive.

There are numerous limitations to this study. The small sample size of this study, four mothers, is a limitation of this study’s reliability. It must also be noted that this study dealt with mothers who were living the challenges of being a “good mother”. Thus, they may not have felt comfortable sharing sensitive feelings or information with me during our single session. It is critical to contextualize this study being conducted by, and findings

interpreted by, a mixed race, young, cis-gendered male. This habitus of mine comes with biases of how I think of family, motherhood, children, and feeding myself that are imbued in my research planning, conversations, and interpretations.

These detailed narratives illustrate the tensions and ideals that these first-time mothers engage with in their feeding practices. Further investigation into how experienced mothers navigate these tensions would be valuable to add depth to this discussion. I chose first-time mothers as my unit of analysis as they provide an opportunity to reflect on a very new experience that has yet to be habitualized and normalized. Participants in this study are feeding their children for the first time while dealing with advice from those around them both in-person and online. Does more experience being a mother, for example, with more children or with children at older ages affect one's response to judgment online or in social networks? How do feeding practices transform with multiple children over a longer period of time?

An additional worthy investigation would be to analyze how different families and mothers from different socio-economic levels, races, physical ability, and degree of communal in-person support affect feeding practices and their identity as "mother". The sample in this study was limited to middle class, white women.

Another area of investigation is to look more closely into the tension between being confident in their claims about food choices and their uncertainty and hesitation to know what is best for their child. Several mothers expressed hesitancy in asserting their thoughts about what the right food choices were or if they had enough information to "make the right call". Is this experience of motherhood the first time many of these women have had complete control over something external to them? Does this illustrate something larger about how women and mothers are socialized to play in society? Is this a method of communication used in response to being heavily scrutinized?

It is significant that this research project takes place in the urban metropolis of Vancouver. Dense communities and busy streets may lend themselves to involved social networks and interaction. How do first-time mothers in rural areas engage in feeding the child? Is there a difference in the visibility of feeding the child in urban versus rural areas? Examining same-sex couples may offer a different experience of feeding the infant.

Couples with more egalitarian child-rearing arrangements may also have a valuable perspective on feeding the child.

More research on the effect of social networks on new mothers can be investigated to help this study engage more comprehensively with the effects of other mothers and online social networks. The findings in this study illustrate the social experience of new motherhood that intersects in online and offline social networks. Nonetheless, insight from other researchers on the effects of social networks and the transition to motherhood

would be valuable.

Mothering consists of a seemingly endless list of activities. When it comes to feeding the child, we can see just how complex and intricate this practice is. Balancing a variety of ideals and dealing with a new visibility of one's actions highlights the intense experience of feeding the child. During this study, I have felt that the word "feeding" alone does not seem to capture the whole essence of the experience that these first-time mothers brought to the fore in their rich narratives. Maybe the words that define this practice should include "feeding", "protecting", "preventing", "training", "sharing", and "evaluating". Yet again, these words still do not seem to capture all of what it means to be a mother feeding their child.

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Appendix: Baby Food Samples Discussed in Interviews

