Local Landscapes of Breastfeeding: a comparison of breastfeeding experiences amongst mothers in low- and high-income neighbourhoods in Bristol, UK

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Introduction and policy context

Public health policy promotes breastfeeding as the ideal form of infant nutrition for babies in both high and low-income countries, recommending breastfeeding as the sole form of food for the first 6 months and continuing until age 2 or older (WHO 2003; Unicef 2017). Despite this, most mothers in England stop breastfeeding by two months post-birth (Public Health England 2018) and the UK as a whole ranks last in the world for breastfeeding duration (Victora e*t al*. 2016, Public Health England 2018). Within this picture, however, significant variation exists. Breastfeeding in the UK varies widely by socio-economic status, age, education level and ethnicity, with older, more affluent women, women educated to degree level, and women from Black and Minority Ethnic (BAME) backgrounds breastfeeding longer; and younger, less affluent white-British mothers with lower levels of educational attainment stopping breastfeeding sooner, or not breastfeeding at all (McAndrew *et al.* 2012). As breastfeeding rates vary by demographic characteristics, and demographics have a variegated geography to them, breastfeeding likewise has a geography to it. Breastfeeding rates vary by region, with Scotland and England having higher rates than Wales and Northern Ireland, and London and to a lesser extent the South of England having higher rates than the North and the Midlands (McAndrew *et al*. 2012).

Yet while we know that rates vary by demographic factors and between regions, we don't know much about how different rates of breastfeeding translate into different experiences of breastfeeding on the ground or from one neighborhood to the next. This paper seeks to fill this gap. In this paper we explore these differences by comparing experiences of breastfeeding in two neighborhoods in Bristol, UK. While we know that there are places where breastfeeding is

normative and places where it is not (Tedstone 2015; Boyer 2016), little is known about how experiences of breastfeeding vary between local areas where it is the norm and where it is not. This research seeks to address this.

Bristol received Unicef designation as England's first "breastfeeding friendly city" in 2010 and has some of the highest rates of breastfeeding in the UK (Bristol City Council, 2017). In 2014 breastfeeding initiation in Bristol was 80.7% overall, 6.8% higher than the England average (Bristol City Council 2014). Yet within this picture significant variation exists. To make the sharpest comparison, we compared neighborhoods where breastfeeding rates 6-8 weeks post-birth were the highest (85% in the affluent neighborhood of Clifton), and lowest (just over 30% in the economically disadvantaged neighborhood of Whitchurch Park) in 2016 (Symes, 2017). Findings are based on an analysis of interviews with 22 breastfeeding mothers (11 in each study area) conducted in 2017.

Approaching space as socially produced, we seek to extend scholarship in feminist geography that analyses breastfeeding as an embodied practice that is enacted with and through different kinds of material, social, affective, normative and technological contexts. We advance literature on maternal bodies by exploring how local "landscapes" of breastfeeding emerge across local areas as mothers encounter and react to different socio-material landscapes and locally-differentiated norms about "appropriate" maternal embodiment. We argue that the synergies between these elements can lead to different orientations or ways of approaching space on the part of mothers seeking to breastfeed in public, as well as different kinds of maternal identities.

We hope this paper might inform future policy by extending understanding about factors that can make it more difficult to breastfeed in some local areas than others. Understanding more about the barriers women face breastfeeding and how these barriers vary by space and place is an important health justice goal, since closing the gap in breastfeeding rates between high and low income groups is recognized as an important step in reducing health inequalities (Victora *et al.* 2016). While not wholly determining how long any given mother will breastfeed, we nevertheless

argue that the local culture of breastfeeding in a given locale can work to either support or hinder mothers based in that area. This paper has four parts. We will first situate the study within the literature, discussing most-relevant conceptual work in contemporary feminist and health geography then reviewing scholarship on breastfeeding in public in the UK. We will then discuss our study and methods. After analyzing our findings we will conclude with suggestions for future work and ways this work might inform policy.

Literature review

Lactating bodies

As Longhurst notes, maternal bodies are always "socially, sexually, ethnically, (and) class specific" (2008: 3), going on to observe that maternities are constituted through discourses and are "inseparable from the spaces and places of their (re)production" (ibid). Building on this, Boyer and Spinney (2016) note that maternal subjectivities are also formed *materially* through engagements with built form. We build on these framings to consider how breastfeeding mothers relate to different kinds of built form and normative contexts, and how these encounters can influence how mothers approach breastfeeding in public.

Scholarship on breastfeeding in human geography is represented by a small but exciting group of studies. This growing body of scholarship now includes work on: lactation activism (Boyer 2010); the socio-spatial politics of breastfeeding (Pain *et al.* 2001; Mahon-Daly and Andrews 2002; Boyer 2012; Newell 2013); mothers' feelings of distress relating to breastfeeding (Robinson 2016) and women's affective experiences of breastfeeding in public (Boyer 2016). Adopting a post-medical geography perspective, Mahon-Daly and Andrews (2002) posited breastfeeding as a liminal activity in which women's bodies and spaces are re-negotiated and women's spatial freedom can be constricted. Together with Dowling and Pontin (2017), this work has argued that UK women can

have difficulty breastfeeding in both public and private spaces, and that women often negotiate their breastfeeding so as to cause as little discomfort to themselves or others as possible.

In a study on this topic in this journal Pain *et al.* (2001) investigated infant feeding practices in Newcastle in North-East England. They highlighted the way ideologies of parenthood and infant feeding are constituted in and through space, arguing in particular that infant feeding intersects with regional and class-based cultures (Pain *et al.* 2001: 263). While making many excellent insights that have informed scholarship since, this work did not consider breastfeeding in public or intra-urban differences in breastfeeding experiences, as is the focus of this work. Newell's (2013) work expanded on Pain *et al.* by conceptualizing infant feeding as embedded within broader webs of maternal identities and moralities as well as social and physical spaces. Newell argued that these myriad entanglements interplay with infant feeding practices to create what she terms "feeding maps" (Newell 2013: 260). Building on this we explore how women's experiences of breastfeeding emerge in and through norms and dispositions that vary by class and ethnicity; discourses of what it is to be a "good" mother, and built form which all vary between localities. Having summarized scholarship on breastfeeding in human geography we will now turn to consider the broader context of breastfeeding in the UK focusing on breastfeeding in public.

Breastfeeding outside the home in the UK

Departures from breastfeeding can occur due to a wide range of reasons. In addition to lack of support, pain, the need to return to work and other reasons, negative experiences of, or anxiety about, breastfeeding in public can also be a contributing factor (Stearns 1999; Bartlett 2002; Boyer 2012; Leeming *et al.* 2013; Dowling and Pontin 2017; Boyer 2018; Grant 2016). Although the right to breastfeed in public in England and Wales was established through the 2010 Equality Act, and in Scotland by the Breastfeeding (Scotland) Act, 2005, doing so can still be difficult due to social taboos (Grant 2016). As research has established, women's breasts are powerfully sexualised (Hausman 2003; Bartlett 2005; Giles 2010) and this can lead to discomfort and feelings shame for women

seeking to breastfeeding outside the home (Leeming *et al.* 2013; Dowling and Pontin 2017; Grant 2016). Pressure to meet expectations around discretion can be difficult to achieve (Pain *et al*. 2001; Bartlett 2005) and even non-verbal affective signals from strangers can cause stress (Boyer 2012, 2018). We know these factors can cause women to stop breastfeeding before they planned (Smyth 2008), and to hide breastfeeding beyond the first few months (Dowling and Brown 2013). Indeed one report found that 42% of UK mothers who breastfed up until 8 months had *never* done so in public (McAndrew *et al.* 2012), revealing the sizeable proportion of women that are unable to successfully negotiate public space when breastfeeding. These factors are some of the reasons eight out of ten mothers in the UK report that they stop breastfeeding before they planned to (Unicef 2017).

In line with Longhurst's argument that maternal bodies are always "socially, sexually, ethnically, class specific bodies" (2008: 3), research suggests that experiences of breastfeeding (including breastfeeding in public) vary by social position and intersectional differences of race, class and ethnicity. In the UK context (and in Bristol specifically), one study found middle-class women successfully breastfeeding in public by appealing to the "baby imperative" (Johnson 2016: 38), referring to the belief that a baby's care is more important than how strangers might react to that mode of caring. In contrast, research on experiences of low-income mothers breastfeeding in public suggests a less sanguine picture. Groleau *et al*. (2013) for example, investigating the breastfeeding experiences of economically disadvantaged mothers in Quebec, found breastfeeding in public to be particularly significant barrier to breastfeeding continuation, concluding that economically disadvantaged women can have a lower capacity "to negotiate and resist the gaze imposed on… women breastfeeding in social spaces" (Groleau *et al.* 2013: 255). Similarly, Owens *et al.* (2016) investigating the experiences of African-American mothers found both heightened opposition to their breastfeeding in public and heightened sensitivity to opprobrium.

These studies show how for mothers who already face other kinds of discrimination breastfeeding in public can be especially challenging. While this scholarship makes many important advances, no work has compared experiences of breastfeeding in low and high-income neighborhoods of the same city, or considered how these experiences can affect mother's spatial practice. We extend existing scholarship by exploring how breastfeeding assemblages (Newell 2013) manifest at the local scale as mothers negotiate different types of built form, discourses about good mothering, and appropriate forms of public embodiment; and how these encounters can shape women's experiences of maternal embodiment, their orientations to spatial practice and their identities as mothers.

Methodology and Study Sites

Our analysis is based on 22 semi-structured interviews with mothers of babies up to one year old in Bristol, UK: 11 from the high-income neighborhood of Clifton and 11 from the low-income neighborhood of Whitchurch Park. We modelled the size of the interview set on that of both Pain *et al.* (2001) and Boyer (2012) (each of whom interviewed 11 mothers). We selected the neighborhoods with the highest and lowest rates of breastfeeding in the city to capture the most variation. We carried out the interviews in 2017.

We highlight the fact that this method focused on experiences of mothers who were *successful* in negotiating obstacles to breastfeeding in public at the time of the study. Although we view the experiences of mothers who have been overcome by such challenges to be of equal importance, these experiences were beyond the remit of this study. We define breastfeeding in public as breastfeeding anywhere outside the home. However we appreciate the fluidity of the public/private distinction whereby the presence of certain people in the home can render the private *public* (McAndrew *et al.* 2012); the way the use of muslin covers when breastfeeding in public can arguably create private (micro) spaces (Owens *et al.* 2016; Giles 2018); and the way social

media is further blurring public-private distinctions as through breastfeeding selfies (Giles 2018). We will now turn to outline our methods and then trace out brief pen-sketches of each study area.

We accessed mothers through local breastfeeding support groups, where support workers generously allowed us access to participants. Participants were also accessed through a local breastfeeding Facebook group. We gave potential participants informational leaflets and a written description of the study was posted to Facebook by the group administrator. Snowballing was used to grow the sample once initial contacts were made in each study area. The study received ethical approval from Bristol University, and participants all gave informed consent and have been anonymised. We recorded the interviews, which were held in locations decided by the mothers (these included breastfeeding support groups, cafes and mothers' homes). Interviews were then transcribed, coded and analysed drawing on Braun and Clarke's (2006) thematic analysis approach. This approach centres on identifying themes in the literature relating to the research questions on the understanding that themes "represent some level of patterned response or meaning within the data set" (Braun and Clarke 2006: 82).

Although we made efforts to include women of colour and from a broader range of ethnic backgrounds the sample ended up being entirely White British**,** and we flag this up as a limitation of this study. Mothers in the Whitchurch Park sample had a mean age of 31 (range 24–36), with the mode educational level being completion of A-levels/college, and the mode job type was "administrative support staff". Mothers from the Clifton sample had a mean age of 35 (range 32-40) and a mode educational level of a Master's degree. Most mothers in the Clifton sample were in professional employment (please refer to table one for a fuller list of demographic characteristics of the participants). We also note that this sample skewed to mothers who had already successfully established breastfeeding routines with only 3 of the 22 mothers interviewed breastfeeding babies under 6-months old (and only 2 of those mothers had not breastfed before). This is an important factor to consider, with most women speaking from a position of overcoming difficulties. It is also

important to recall at this point that while breastfeeding rates 6-8 weeks post-birth were 85% in Clifton they were only just over 30% in Whitchurch Park: as such the Whitchurch Park sample were very much in the minority as breastfeeders of babies 6-12 months old in their local area.

As a final point on our methodology we would also note that we approached our data collection and analysis reflexively, cognizant that our own subject positions shaped both the data we got and the sense we made of it. The research team was composed of three people. Researcher A does not have children and is in her 20s. Researchers B and C (in their early 50s) both have school-age children whom they breastfed. Researcher A designed the methodology in consultation with researchers B and C, and then undertook the data collection, transcription, coding and analysis. Researchers B and C collaborated in fixing the study design, analysis and writing up the findings.

The Bristol context

As noted, Bristol has some of the highest rates of breastfeeding in the UK and has been one of the UK's front-runners in promoting breastfeeding, signalled by its designation as "baby friendly" city by Unicef in 2010 (Bristol City Council 2017). This means that all maternity, health visiting and peer support staff are trained to actively promote breastfeeding continuation in line with Unicef BFI Standards (Symes 2015). Harmonizing with this the city features a "Breastfeeding Welcome Scheme" (Bristol Bristol City Council 2016) in which over 320 venues since 2008 have self-identified as breastfeeding-friendly including cafes, restaurants, leisure centres, museums and the *First Bus* company. However as will be discussed presently the geography of where these sites are located is highly uneven. Let us now turn to briefly outline our two study areas.

Clifton is an in-town suburb that is amongst the most affluent neighborhoods in Bristol. It is characterized by tree-lined streets featuring imposing homes dating from the 18th and 19th centuries including from monies generated from the tobacco, sugar and slave trades. It is the home of centres of political and cultural power including City Hall and the Cathedral, and is bordered by the

Avon river gorge on one side and an expansive parkland (the Downs) on another. It features numerous prestigious fee-paying schools (some of which date back several hundred years) as well as Bristol University which draws in both international knowledge workers and students. Its retail district features numerous stylish, breastfeeding-friendly coffee shops, a mix of boutique retail and up-market eateries. Just 5% of residents of Clifton are income deprived, significantly lower than the Bristol average of 17% (Bristol City Council 2015) and the average house value in Clifton in 2018 was £560,000. 80% of Clifton's population are White British (ibid). Clifton features 22 establishments signed up to the "Breastfeeding Welcome Here" scheme.

On the Southern border of the City lies the second of the two study sites: **Whitchurch Park**, where house values are less than half of those in Clifton. 28% of residents in this neighborhood are income deprived (which is above the average for Bristol), and some areas of Whitchurch Park fall into the top 1% of most-deprived areas in the whole of the UK (Bristol City Council 2016). 43% of all children live in income deprived households (ibid.), and 93% are White British. Its central shopping area features a pub, an ASDA supermarket (Walmart in the US), a betting shop, an opticians, a tanning salon, and the Whitchurch health centre which includes a Lloyds pharmacy. This pharmacy is the sole participant in the area in the Breastfeeding Welcome Here Scheme (Bristol City Council 2016). In contrast to Clifton Whitchurch Park lacks "comfy" cafes or coffeeshops. Having outlined our methodology and study sites we will now turn to our analysis.

Findings

Participants in both study areas reported finding breastfeeding outside the home challenging, particularly in the early days. However participants from both areas drew strength from going out with others and (to some extent) knowing they were supported by the law. As Amy from Whitchurch Park (WP) commented: "*I was nervous at first. I did it with other people around".* Similarly, Eloise from Clifton (C) noted: "*if somebody had to breastfeed, you were in a group and you felt a bit more protected".* Meanwhile the power of knowing the law was behind them was

articulated by Holly (WP): "*I fed wherever, I think it helped knowing that actually legally I could feed wherever".* These comments echo the importance of social and legal support in helping mothers negotiate breastfeeding in public.

Taking forward Newell's (2013) idea of "feeding mapping" in relation to the way breastfeeding is entangled with both the materiality of built form as well as norms and dispositions, we first consider urban morphologies, and then turn to consider infant feeding norms in each site, exploring how these factors can shape women's efforts to breastfeed outside the home. In particular we compare how mothers' experiences breastfeeding in public are shaped by the presence or absence of physical spaces conducive to breastfeeding; together with messages from loved ones in each area about the appropriateness of breastfeeding in public.

Participants reported that at the time of this study Whitchurch Park did not have many public spaces in which to breastfeed. As one participant noted "*I can't say there's anywhere …I've sort of been out and about in Whitchurch Park to breastfeed" Hannah (WP),* while another mum noted that she "*would normally go to places outside of Whitchurch if I'm out" Amy (WP)*. Mothers from Whitchurch Park noted that the presence of a "comfy" cafe in their local area would enable them to breastfeed locally, but noted the lack of such establishments. As one participant told us: *"I mean, I only really go to ASDA or here [the breastfeeding group]. I'd go to town for anything else. Yeah I feed in the cafes there'" Jane (WP).* Going into "town" (Bristol City centre) from Whitchurch Park entails either a 30-40 minute bus ride or car trip with typical rates of parking costing between £4-8 depending on visit-length (together with the preparation these journeys would require).

This contrasted sharply with Clifton which had numerous spaces in which participants reported they could breastfeed easily, including myriad cafes and several large parks with benches. As one participant noted of Clifton; "*'it's a bit mummyville around here, this area, it's very much mummyville" Thea (C)* while other participants described Clifton as a "breastfeeding bubble" to convey just how amenable this neighborhood was to breastfeeding. Together these comments

suggest the very different kinds of socio-spatial affordances or landscapes the two study areas present in terms places to breastfeed comfortably, such cafe's and coffeeshops. They further suggest the way in which Clifton mothers articulated a feeling of *ownership* to space in their local area --being a mum in "mummyville"-- and a comfort-level breastfeeding there. Indeed a number of participants in Clifton noted their reticence to breastfeed *outside* their local area. For example, referring to an outdoor public seating area in a large shopping district in the city centre, one Clifton mother claimed she wouldn't breastfeed there, as she imagined, *'"that's where you'd hear those stories of women being chastised by people for feeding!" Liz (C).* Another Clifton mum remarked that, (in contrast to Clifton): *"down in the city…there's more groups of guys just hanging around" Thea* (C). For these reasons when in the city centre some of the Clifton mums noted using feeding rooms instead of feeding in a café or coffee shop. One participant from Clifton specifically noted using such rooms despite the fact that they were "*really not very pleasant" Liz* (C) because she felt she could not comfortably breastfeed in a café in the city. Other Clifton mums reported consulting the "Bristol Breastfeeding Welcome Scheme" in advance of their journey in order to find places to breastfeed in the city centre where they would feel secure. Referring to the scheme, one Clifton mother narrated her preparation for feeding in the city centre thus: "*Initially I did look up on the council website, those cafes that are signed up to it, more for when I go down to the city centre as that's where I'm a bit more unsure." Louise (*C).

In these quotes we see a range of approaches to breastfeeding, with Holly from Whitchurch Park reporting being happy to feed "wherever", and Liz, Louise and Thea from Clifton expressing hesitancy about whether it will be socially acceptable to breastfeed in particular locales despite it being a legally protected right, echoing Grant's work on the ongoing spectre of breastfeeding outside the home as a social taboo (Grant 2016). Further, we suggest the comments from some of the Clifton mums about being "unsure" about breastfeeding in the city centre also signals how relatively *assured* these participants were about breastfeeding in their own neighbourhood. In the

tacit negative comparisons of breastfeeding in (upper middle-class) Clifton vs in the city centre (which draws in shoppers from more socially and economically mixed neighbourhoods) made by Liz, Thea and Louise we can thus see Longhursts's point about the importance of intersectional differences in shaping understandings of the maternal body (Longhurst 2008). To summarise, the Clifton mums experienced their locale as a "mummyville" a social and morphological landscape in which they felt confident and supported in their breastfeeding, expressing reticence to breastfeed outside their local area (and specifically in the city centre). In contrast, breastfeeding mums in Whitchurch Park faced a very different kind of landscape, crucially different from Clifton in its lack of physical spaces in which to breastfeed comfortably. Going out with their babies for anything other than to a grocery shop or the breastfeeding support group meant a trip outside their local area, typically into the centre of Bristol.

Bound up with differing urban morphologies, participants' comments also suggest significantly different norms about maternal bodies and appropriate forms of bodily comportment between the two study sites. Several participants commented on how breastfeeding was the norm in Clifton, as we would expect given the demographics in that area. This view is evident in such comments as: "*here (Clifton) it's not very likely that people are going to be funny with me about it. So that was quite reassuring in a way because I knew I had that… on my side already" Sophia (C).* Having a supportive environment "on her side" enabled this mum to feel confident breastfeeding in public in her local area, and in this confidence we can see Longhurst's point about the way understandings of the maternal body emerge discursively and in ways that are place-specific (Longhurst 2008). As well, like the quote from Louise (above), it demonstrates the importance of social validation for breastfeeding rather than solely legal entitlement.

Variation in breastfeeding norms across the two sites were further suggested in participants' differing perceptions of breastfeeding rates within Bristol. For example one Clifton mum told us "*I think the UK's got one of the lowest records, which I find weird because I don't really know that many*

people that don't breastfeed. I'm like really, the lowest rate? But.. I think I'm in a little bubble really'" Jess (C). By the end of her reflection we see this participants' (perhaps dawning) acknowledgement that her experience and neighborhood is not representative of the UK as a whole. The view that breastfeeding was the "done thing" in Clifton contrasted sharply with perceptions amongst participants from Whitchurch Park. Rather than being the norm, for Whitchurch Park mothers, breastfeeding was instead something a minority of mothers did. In contrast to the earlier quote, one Whitchurch Park mother told us: "*I think Bristol's quite low on breastfeeding, um, but I think people are just getting used to it now" Ella (WP).* Whilst Bristol's breastfeeding rates (overall) are actually some of the highest in the UK, this mother's statement illustrates how *perceptions* about the prevalence of breastfeeding can vary sharply across the city, with residents living in areas where breastfeeding is common believing that most mothers breastfeed, while those living in areas where rates are low having the quite reasonable perception, based on what they see around them, that most do not.

Thus far we have considered how built form and perceptions about breastfeeding in public differ between the two local areas and suggested some of the ways these different socio-material landscapes can shape experience and spatial practice on the part of breastfeeding mothers. Taking forward existing conceptual work we suggest that physical spaces (and in particular the presence or absence of "easy" places to breastfeed) can be an important component of the assemblages that (support or hinder) public breastfeeding. Through these data we begin to see clear differences in local landscapes of infant feeding at the intra-urban scale. In addition to influencing where mothers breastfeed, the nature of public and retail spaces in a given locality likewise influence women's perceptions of what it might be like to breastfeed there, their orientations to space and the choices they make in negotiating those landscapes as breastfeeding mothers. Having considered the different morphologies and perceptions about breastfeeding outside the home in the two study sites, we will now consider breastfeeding outside the home in each area as a social experience.

In contrast to participants based in Clifton (with "mummyville" on their doorstep) residents of Whitchurch Park, (with its relative absence of either breastfeeding mothers or breastfeeding-friendly locales), spent more time (and did more breastfeeding) in the city centre. Echoing concerns articulated by the Clifton mums, some of the Whitchurch Park mums noted that they had received negative reactions from strangers while breastfeeding, and felt concerned about public reaction when breastfeeding in the city centre. As one mum noted: "*people can stare, you do get people staring" Lydia (WP),* while another Whitchurch Park mother commented "*because I think there's still some stigmatism on it I suppose, you just feel, like, the need to hide" Ella (WP),* echoing work on how the sexualisation of breasts can acts as a barrier to breastfeeding in public (Hausman 2003, Bartlett 2002, Giles 2010). Along similar lines, another Whitchurch Park mother told us: "*I'm not overly shy about if I expose myself, that didn't worry me, it was conflict was the main thing that was worrying me'" Jane (WP).* We note that fear of confrontation or feeling the need to hide were wholly absent as concerns from the Clifton participants in discussing their experiences breastfeeding in their local area.

Relating to our earlier point about neighborhood-scale variation in views about breastfeeding, some Whitchurch Park mums noted that misgivings about breastfeeding in public were reinforced by loved ones. For example, one Whitchurch Park participant recalled her brother commenting that it was strange she was still feeding her 6-month old, and specifically told us that this comment influenced her experience of breastfeeding in public. As she told us: "*people make the odd negative comment about feeding as they get a little bigger, and it makes you kind of, you know that if family are saying that, other people in public places would think it and stuff as well" Katie (WP).* Katie went on to say that her brother might view breastfeeding a 6-month old as inappropriate "*because so many people do it for the first…month or so, or not even that, and then give up".*

In light of such comments some participants modified their breastfeeding practices when family was present, taking certain "precautions" to placate partners or other family members (while not modifying their behaviour other times). As Amy told us: *"I only ever cover myself up if my partner's with me because he doesn't like the thought of other people seeing me" Amy (WP).* Other participants told of partners playing an active role in choreographing their breastfeeding, as with Holly who told us: "*I think it's more my husband. He'd be like 'oh you sit there, and I'll sit here', to be kind of like, find a more discreet... I think like, he's always a bit more like, protective, but me not so much, I don't really care" Holly (WP).* This comment shows how mothers can sometimes have to negotiate not only the reactions of strangers but of their own partners, undertaking "modesty protocols" they may not bother with when on their own. For other women however, messages from partners about the "uncertainty" of breastfeeding in public appeared to become internalised, as with Olivia who told us: *"If I'm on my own, because he's kind of influenced me in that way, I would probably kind of automatically do it now. So that would be, I think it's just my husband's influence... I suppose he's very conscious that not everybody accepts breastfeeding" Olivia (WP).*

These comments show some of the ways messages from loved ones can shape mother's spatial practices relating to breastfeeding, leading some women to feel pressure to exercise "caution" or work to conceal their bodies while breastfeeding. However, we would also note that for several participants (Amy and Holly) if they weren't in the presence of the family member who viewed such modesty protocols important, they would not bother with them. We were struck in undertaking this research by the fact that no participants from the Clifton sample reported any messages from partners raising concerns about the "appropriateness" of breastfeeding in public, nor did mums from the Clifton sample tell of shaping breastfeeding practice to mollify partners. We suggest this stands as further evidence of the existence of locally-differentiated landscapes of breastfeeding, and highlights how infant feeding cultures (and parenting cultures more generally) can differ by class and neighbourhood (Holloway 1998; Pain *et al.* 2001).

Herein we have explored commonalities and differences in how breastfeeding can be experienced differently by women in different local areas of the same city, and argued how different socio-material landscapes can shape women's orientations to space, spatial practices and sense of maternal embodiment. Mothers from both local areas reported feeling at least some uncertainty about breastfeeding outside the home and, especially in the early days, many would try to go out with friends. And some mothers from both areas reported feeling uncertain about breastfeeding in the city centre. In addition to these similarities there were also some pronounced differences. Clifton mothers had plentiful spaces in which to easily breastfeed in their local area, and felt a sense of ownership and entitlement to those spaces. Clifton participants themselves identified this neighborhood as a "bubble" of class privilege where (upper) middle-class norms prevailed, and they typically knew lots of other mothers who breastfed. Mothers from this sample did not report being made to feel uncomfortable breastfeeding in their local area, nor were they made to feel, via messages from loved ones, responsible for comporting themselves in a certain way to make their breastfeeding acceptable to others. In contrast mothers from Whitchurch Park largely avoided breastfeeding in their local area due to lack of breastfeeding-friendly locales combined with the fact that breastfeeding was not in line with local norms. Instead, they did most of their breastfeeding outside the home in the city centre, where they reported feeling qualified support (at best).

On the whole Clifton mums' orientation to space in their local area could be characterized as one of ownership and agency, while they expressed hesitancy about breastfeeding outside their local area. In contrast Whitchurch Park mums were more likely to report feeling constrained in their breastfeeding, shaping their use of space and maternal practice around local understandings about appropriate forms of maternal embodiment. Nevertheless we would also highlight that in spite of having their breastfeeding questioned by loved ones; concerns about being stared at; "the need to hide"; and even concern about conflict when breastfeeding outside the home, the Whitchurch Park participants exerted their agency and strength in refusing to let these numerous

barriers stop them, through tactics such as the strategic placation of loved ones and refusing shyness in order to breastfeed “wherever”.

Conclusions

In this paper we have compared experiences breastfeeding outside the home in two local areas of one British city. We have shown how experiences breastfeeding can vary sharply not only at the regional level but at the intra-urban level from one neighbourhood to the next. We have extended existing scholarship on maternal bodies by exploring how varying socio-material landscapes and local norms can shape breastfeeding women’s orientations to space and spatial practice, and argued that varying kinds of spatial affordances within the built environment coupled with varying understandings of what constitutes appropriate bodily comportment for breastfeeding women can translate into significantly different dispositions to breastfeeding in public. As this research suggests, in higher-income neighborhoods mothers can walk out their doors to local areas in which both partners and members of the public are largely supportive of breastfeeding, to high streets that are likely to have spaces amenable to breastfeeding like cafes and coffee shops. Meanwhile mothers in lower-income, majority white-British neighborhoods are less likely to be able to do this, instead having to go outside their local area (with all the extra work such journeys involve), to more central parts of the city, where they still may have to contend with unsupportive responses from members of the public (a worry that may be reinforced by loved ones). We suggest that this variation in socio-material landscapes at the local level can make breastfeeding much more challenging for mothers in economically disadvantaged neighbourhoods.

While recognizing that breastfeeding is a culturally specific practice (Cassidy et al. 2015) we nevertheless suggest that the findings presented here may well resonate in other cultural contexts, and suggest that our findings may be particularly relevant in social contexts marked by high levels of social inequality. Building on existing work we argue that breastfeeding in public is not stigmatised “equally” across different parts of the city but rather that experiences are highly uneven across

different local areas. Even in a city known for being "good for breastfeeding", the effort required to successfully negotiate breastfeeding outside the home can vary tremendously between one local area and the next.

This has clear social and health justice consequences given breastfeeding's established links to better infant and maternal health. We suggest this paper might inform policy by enhancing our knowledge about the interplay between social experiences of breastfeeding and decisions about breastfeeding cessation. One of the most important messages for policy makers to come out of this research is the importance of the intra-urban or neighbourhood level as a scale for policy intervention, together with the value of focusing on neighbourhoods where mothers have the least support. As the Whitchurch Park case shows, breastfeeding support groups are beneficial but on their own are not enough. In addition to working to raise levels of acceptance and support for breastfeeding in areas where it is not common, this research suggests that economically disadvantaged areas would also benefit from informal "pro-breastfeeding" spaces such as coffee-shops with comfortable chairs/sofas, or designated breastfeeding-friendly areas in surgeries, libraries or other public spaces. As a matter of health justice Local Authorities need to commit (and commit resource) to equalizing access to breastfeeding-friendly spaces across all local areas so that breastfeeding is not a post-code lottery. For this to be done we suggest that attitudinal barriers faced by women in low-rate areas should be targeted by policy-makers (such as through partner education programmes) in order to remove some of the barriers that mothers in low-rate areas currently face (and their counterparts in more privileged neighbourhoods do not).

Finally, we suggest that this study flags up the need for further scholarship along a number of lines. Larger-scale work is needed, as is work in other cultural contexts, comparing experiences of mothers from equivalent study areas earlier in their infant feeding journeys. While we have illuminated the breastfeeding experiences of a small number of economically disadvantaged mothers, more work is needed to better understand the breastfeeding experiences of BAME

mothers, immigrant mothers, younger mothers, lesbian, bisexual, trans and non-binary mothers, and explore how these intersecting identities combine to shape socio-spatial experiences of breastfeeding.

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APPENDIX A

Table One: SUMMARY OF PARTICIPANTS' INFORMATION

Note: *all participants were White British.*

Name	Age	No. Children	BF before?	Age of child breastfeeding	Education	Job Type
CLIFTON						
Kate	40	2	Yes	11 months	Master's degree	Trained professional
Liz	36	2	Yes	7 months	Master's degree	Project manager
Sophia	33	1		7 months	Undergraduate degree	Business owner
Louise	37	1		9 months	Master's degree	Trained professional
Deborah	32	1		8 months	Undergraduate degree	Doctor

Elise	40	1		10 months	Master's degree	Trained Professional
Emily	36	1		7 months	Undergraduate degree	Trained professional
Thea	35	2	Yes	8 months	Master's degree	Trained professional
Jess	33	1		6 months	Postgraduate degree	Consultant
Natasha	35	1		4 months	Undergraduate degree	Trained professional
Isabelle	37	2	Yes	8 months	Undergraduate degree	Trained professional
WHITCHURCH PARK						
Holly	28	1		10 months	Completed college	Support staff
Lucy	24	2	No	11 months	Undergraduate degree	Trained professional
Katie	32	1		5 months	Some college	Trained professional
Jane	34	1		6 months	Undergraduate degree	Freelance
Olivia	35	1		6 months	Some college	Support staff
Amy	31	1		6 months	Undergraduate degree	Administrative staff
Hannah	30	1		8 months	Completed college	Administrative staff
Lydia	36	3	No	2 months	Completed college	Senior manager

Ella	32	2	Yes	8 months	Completed college	Administrative staff
Nicole	33	1		7 months	Completed college	Administrative staff
Sarah	33	2	Yes	6 months	Completed college	Administrative staff